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Original Communications.

CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D., M.Ch. Q.U.I.

Assistant Medical Officer to the Mayfield Factory Dispensary, Portlaw, late Assistant Surgeon to the North Tipperary Light Infantry Militia.

Valvular Disease of the Heart.

CASE II.—Timothy Reardon, æt. 45, labourer. (Notes taken July 31st, 1871.)

Symptoms.—Complains of being "caught" in the chest at a point midsternum, opposite the articulation of the second rib, the slightest exertion producing dyspnœa. For some time past has noticed a growing inclination to sleep during the day. Has never been troubled with palpitations, headache, or vertigo. Feels better after meals than when the stomach is empty.

Physical Examination.—No enlargement of the area of cardiac dulness, or of the area of impulse. Cardiac action strong and regular. A loud, well-marked murmur resembling the sound made by a carpenter when sawing wood, is heard in its maximum intensity, at the articulation of the second rib right side, this murmur is propagated in the direction of the long axis of the heart, towards the apex. It is synchronous with the closure of the semilunar aortic valves, replacing the second sound, and alternating with the heart's impulse.

A similar but more marked "bruit" synchronous with the heart's impulse and radial pulse, is heard, below the sterno-clavicular articulation, on the left side, the direction of its propagation being in the course of the arch of the aorta, and great vessels of the neck. It is not to be detected over the aortic valves.

At the ensiform cartilage to the left side, a well-marked murmur of a smoother character, is heard preceding the radial pulse and cardiac impulse, resembling closely the noise made by a carpenter's plane passing over a smooth piece of deal board whilst taking off pretty deep shavings. Respiratory system normal.

History.—Previous to the month of June, 1869, always considered himself to be a healthy man. In that month, he had a bad attack of rheumatic fever, in the course of which presystolic mitral, and systolic aortic murmurs developed themselves. The present attack commenced about three months previous to the date of these notes (July 31st, 1871), with a sense of oppression about the chest, anorexia, frequent fits of vomiting, severe lumbar pain, followed by spasmodic attacks of pain in the left hypochondriac region; this latter disappearing, was succeeded by a constant pain at the articulation of the second rib on the left side. He was under treatment for some time previous to the taking of these notes, and had tried without success various remedies—iodide of potash, aconite, digitalis, &c., &c. The pain still continuing, and interfering with free respiration; preventing him from working or making any exertion, a blister 4 x 4 inches was directed to be applied to the chest. Mist. Pot. Iodidi, j.; aconite continued.

August 8th, 1871.—The blister acted energetically, and gave speedy relief to the pain. The blistered surface now nearly healed. Expresses himself, as able to go to work.

August 12th.—No return of the pain; resumed work.

Sept. 19th.—Again presented himself for treatment, being much troubled with cough and uneasiness about the chest. Physical symptoms continue the same as when last seen, with the exception of the murmur supposed to be systolic aortic, which is scarcely audible. Repeated the treatment by blister, and continued the iodide of potass and aconite mixture.

Oct. 8th.—Cough relieved, uneasiness of the chest gone. Feeling strong and well, he resumed work.

Nov. 4th, 1872.—On examining him to-day find the presystolic bruit heard in its maximum intensity at the articulation of the fourth rib on the left side, with the sternum, and the post-systolic aortic murmur by which the second sound is replaced are both well marked. Has never been troubled with any cough, soreness, or other unpleasant symptom since the last blistering, and he affirms that there is not a sounder man in Portlaw than he is at present.

Remarks.—The points worthy of notice in this case are —1st. The marked characters of the murmurs. 2nd. The absence of any enlargement of the area of dulness. 3rd. The slight amount of constitutional disturbance when compared with the extent of lesion which, on first thoughts, one would suppose necessary to the production of "bruits" of such a marked character as I have described. 4th. The change of character in the case of the aortic obstructive murmur when examined Sept. 19th, 1871. 5th. The relief from pain and all the symptoms, for the treatment of which he presented himself, by blistering, constitutional treatment alone having failed.

As a note, I would add, that although I have set the case down as one of valvular lesion, yet I still question whether it might not be one in which the seat of mischief was the *peri-* not the *endo-cardium.* An autopsy or the further progress of the case, can alone satisfactorily establish which it is.

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ON THE RELIEF OF PAIN BY THE CONSTANT GALVANIC CURRENT.

By H. Stanley Gale, M..B. Lond.

Miss B., a maiden lady of fifty, very thin and "meagered" but otherwise healthy looking. Had perfectly good health till four years ago, when in the evening about seven o'clock, she was seized with violent cramping pain in the bowels, and a "strong bearing-down pain." This lasted about one hour, and then disappeared completely. It recurred in about a week, and has come on regularly every three or four days from that time till now. She stated in May 4th, 1871, that she then suffered the most excruciating pain in the womb, and down the inner sides of the thighs. So severe was the pain, that perspiration would at times pour off her face "like rain." This came on pretty regularly every third day, lasting about four hours. She had been under the treatment at different times of four eminent London physician-accoucheurs. One said there was ulceration of the os, a second fibrous tumour, a third amenorrhœa, and the fourth a tendency to prolapsus. Neither one did her any good. She then took, on the prescription of a country practitioner, small doses of ext. belladonna, and hypodermic injection of morphia. These only gave temporary relief. The local application of heat seeming to do more good than anything.

Miss B. then came under my care. I did not examine her then, as she was tired of being meddled with. I applied to her in the ordinary manner, a current from four cells of Dr. Althaus' battery. The current was quite inappreciable to my own sensations, but the moment she felt it, she screamed out with pain, turned deadly pale, and passed almost into a state of collapse. A little brandy soon brought her round, but she kept her bed for three days, and was in much pain all that time.

I should have said that although she suffered so much, she was a cheerful and *particularly* strong-minded woman with nothing fanciful about her. I had difficulty in persuading her to undergo a course of galvanism after this, but at last she did. I then began with two cells, and increased by two cells every other day until I used thirty. The pain gradually diminished, and at the end of five weeks she was perfectly from free it. She had a slight recurrence about a month after, which was cured by one application.

I have never before met with any person so extremely sensitive to the current as this lady was at first.

Miss D., æt. 42, also a maiden lady, hearing of the relief which Miss B., had experienced at my hands, and suffering from pain in the pelvis and the thighs, which, however, was not nearly so severe, consulted me some time afterwards. The pain was more regularly periodic in character, and lasted a shorter time. It was relieved by quinine, but this caused most acute headache. I applied the constant current for about six weeks without the least effect. I then galvanised the sympathetic with six cells of Stöhrer's battery for one minute at a time, every morning. At the end of a week the pain had gone. It has recurred occasionally, but is readily cured by a renewal of the galvanic current.

It is but fair to say that many milder cases have undergone little or no benefit from the application of the constant current, still we shall, no doubt, in a little time, find out what cases are suitable, and meantime, I for one shall continue to use the constant current as one of the most wonderful and useful remedies we possess for the relief of pain.

Hyde Road, Manchester.

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POPLITEAL ANEURISM CURED BY THE LIGATURE OF THE FEMORAL ARTERY AFTER FAILURE OF COMPRESSION.

Reported by Denis Walshe, L.K.Q.C.P.I.,

Senior Resident Medical Officer to the Chorlton Hospitals, near Manchester.

Edwin H., æt. 61, joiner, married, no family, was admitted into this hospital on the 28th August last. He was then suffering from what he supposed was rheumatism of the left knee. Upon examining the joint, however, I discovered a pulsating tumour somewhat larger than the closed fist, occupying the popliteal space, and which I diagnosed to be an aneurism. He gave the following history. About last April he began to feel some pain in the knee, and noticed a swelling there. To relieve this he applied fomentations, vinegar, hartshorn and oil, &c. He next began to feel some stiffness in the joint, and noticed that in coming downstairs he could not bear his weight upon the leg, and was obliged to step out with the *right* foot, and then bring the left down on the same step of the stairs. When admitted, he complained a good deal of pain both at the joint and down the back of the leg. I put him on iodide of potassium, with a quarter of a grain of morphia at bedtime. This treatment very soon relieved the pain. He also suffered much from indigestion, which was relieved by the mineral acids and gentian. A careful examination of his heart revealed no disease of that organ.

On the 19th of September I attempted a cure by digital compression, but as I had to rely upon his fellow-patients to compress the artery the attempt failed. As the tumour was not then increasing much, I tried large doses of Pot. Iod., but without any effect.

On the 3rd of October I tried compression with a pair of Skey's tourniquets, one being placed near the groin, the other about the middle of the thigh, and each being screwed up alternately. Being unable to stop by the patient myself, or to procure a competent person, to whom I could intrust the management of the tourniquets, this plan failed too. I made him keep the instruments on, however, for, although they did not compress the artery properly all this time, they still diminished the pulsation in the tumour, and at least prevented it from enlarging. On the 22nd of October I was obliged to remove them, as the skin showed signs of sloughing from the pressure. After their removal the tumour rapidly increased in size, and on the 4th of November, after consulting with Dr. Leech and my colleague, Dr. Law, it was decided to place a ligature on the femoral.

Accordingly, on November 6th I ligatured the femoral in the usual situation. The ligature used was of carbolised cat-gut, both ends being cut off close to the knot. The wound was closed with iron wire sutures, and dressed with carbolic acid. Three hours after the operation the left limb was nearly, if not quite, as warm as the right.

The patient recovered his appetite on the third day after the operation, and from that time to the present he has steadily progressed without the occurrence of one bad symptom. The wound healed by the first intention, with the exception of a small spot near its upper part, where the incision ran through a small slough produced by the tourniquet. When pressure was made around this spot a little discharge welled up from the bottom of it. This continued till the twenty-first day, when it entirely ceased. The patient is now able to get about the ward with a sling under the foot. The aneurism is gradually getting smaller and harder.

This operation has been performed so often for the cure of popliteal aneurism that this case would scarcely merit a place in your pages were it not that there are two points in connection with it that deserve notice. These are—

1st. The good effects of compression even when it fails to effect a cure, and—

2nd. The great advantage obtained by the use of a cat-gut ligature.

The tourniquet places the limb in the same condition with regard to the circulation in it, as if the artery had been tied. In this case the collateral circulation was pretty well established before the artery was tied (as evidenced by the speedy return of warmth to the limb) and, therefore the chance of gangrene was reduced almost to *nil.* The danger of secondary hæmorrhage was obviated by the use of a cat-gut ligature, which, according to theory, is absorbed without dividing the coats of the artery. Practice bore out the theory in this case, for I have seen nothing of the ligature and do not expect to. Gangrene and secondary hæmorrhage :—The two great dangers of the operation were therefore avoided, the one by the employment of compression, and the other by the use of cat-gut.

Hospital Reports.

MERCER'S HOSPITAL.

Penetrating Wound of the Abdomen; Extrusion of a Portion of the Great Omentum; Recovery.

(Under the care of Mr. MacDowell, F.R.C.S.)

John Kavenagh, a healthy-looking labourer, æt. 22, was admitted to Mercer's Hospital on Monday night, the 2nd inst., suffering from a penetrating wound of the abdomen, which he had sustained less than an hour previously to his admission. He stated that he had been drinking at a public-house, when, for some trifling cause, a dispute arose between him and a Norwegian sailor, whereupon the latter suddenly stabbed him with "a sort of dagger in the belly."

Upon admission to hospital the man was extremely blanched and nervous, and his pulse small, but there was no sickness of stomach or hiccough. He held both hands over the site of the injury, as if for the purpose of lessening the pain caused by the motions of the diaphragm and abdominal muscles in inspiration. His clothes, which had been transfixed by the instrument, having been removed, a wound in the abdominal wall, of about three quarters of an inch in extent was discovered. Through this opening a portion of omentum protruded, which was about the size of a hazel-nut. This latter did not include any portion of intestine that could be detected. There was no evidence, so far as an opinion might then be formed, that the intestine had been wounded, or that any extravasation had taken place into the peritoneal sac; nor did there appear to be sufficient grounds for the belief that any hæmorrhage had taken place into that cavity. The man's blanched appearance might fairly be accounted for by the natural dread he entertained of the consequences of the dangerous injury he had received.

The external loss of blood was certainly slight, as the man's clothes testified. The extruded omentum was of a livid colour, and it was moist from sero-sanguineous effusion, no doubt the result of strangulation; but there was no hæmorrhage or other indication of wound or mutilation of any kind.

Under these circumstances, and particularly having regard to the recent occurrence of the injury, and healthy state of the protruded structure, I determined to make an effort to replace the mass within the cavity of the peritoneum; accordingly, having bathed it with a stream of tepid water, I tried the taxis, observing the greatest gentleness in manipulation. This measure proved unsuccessful.

I now enlarged the wound with a curved probe-pointed bistoury, upon a director to the extent of about half-an-inch externally, and not more, I should think, than one-eighth of an inch at the internal stricture. There was but little blood lost by this proceeding, and the protrusion was reduced without difficulty, through both external and internal strictures—a fact of which I made myself certain by following it with my finger as it passed fairly into the peritoneal sac. The wound was drawn accurately together with strips of adhesive plaster, and these latter were supported by pads, maintained in position by fresh plaster strips. A broad and evenly-adjusted bandage was applied over all. No sutures were employed. It was directed that the patient should be kept constantly in a state of perfect quietude, and lying upon his back. In order to relax the abdominal muscles and to prevent traction upon the wound, I had his body slightly inclined forwards. His legs also were kept semi-flexed by pillows with the same objects.

He was ordered a draught containing thirty minims of tincture of opium and four drops of diluted hydrocyanic acid at once, and a suppository including one grain of opium every fourth hour afterwards. He was allowed to have, if awake, small quantities of beef-tea and ice every second hour. All solid food was forbidden. Next morning, eleven hours after the accident, I found he had had several hours of refreshing sleep, and that there was no sign or symptom existing to cause alarm. The opium, beef-tea, and ice to be continued. On the morning of the fourth day the wound was examined and found to be united by first intention. It was highly gratifying to observe that there was not the faintest evidence of peritonitis, or, it might be said, of even local tenderness. On the fifth day he had a natural evacuation from the bowels without inconvenience; the opium was discontinued; and on the seventh day he was discharged from the hospital quite well. He was directed to continue to wear the abdominal bandage.

The reparative powers of nature, as exemplified in this extremely interesting case, are admirable, and serve, at all events in some degree, to confirm the opinion which appears to be gaining ground, and which I have frequently seen verified in practice, namely, that the peritoneum, while it should not be meddled with unnecessarily, is not so much to be dreaded as surgeons were formerly wont to suppose, and that under proper after-treatment, judicious regimen, and fair hygienic conditions, wounds of this membrane will, in the great majority of cases, heal without any of the alarming symptoms we have been taught to apprehend.

29 York Street, Dublin.

Transactions of Societies.

THE MEDICAL SOCIETY OF LONDON.

Monday, December 9th, 1872.

T. Bryant, Esq., President, in the Chair.

INFANTILE PARALYSIS TREATED BY THE CONTINUOUS CURRENT.

Dr. Sansom treated the following cases by the current transmitted through the spine by the means of a large

Pulvermacher's chain:—1. E. P., æt. 2½ years, admitted into the North Eastern Hospital for Children June 26th, 1872; quite unable to walk, but irritability of muscles fairly good. Current for half an hour night and morning, mist. ferri and ol. morrhuæ. Improved, and on the fourteenth day discharged, able to walk quite well. 2. M. A. M., æt. 4 years, admitted 12th Sept. with inability to stand and rigidity of left arm with incurvation of the thumb. The child was rachitic; the condition had followed an attack of pertussis. Treatment—Mist. ferri, current down spine for half an hour night and morning, and after a fortnight current in addition for half an hour from nape of neck to palm of left hand. Great improvement followed. On Oct. 5th she walked very fairly, and very soon could run about the wards. Subsequently, at the Convalescent Home, she has been able to move her thumb at will. 3. E. C., æt. 3½ years, admitted Sept. 28th, unable to walk or stand, and no reflex action could be excited in the lower limbs. The condition followed an attack of measles. Treatment—Mist. ferri, liq. strychnia; current half an hour night and morning. Greatly improved, and on Oct. 12th could stand and walk by herself; on the 23rd quite recovered. Though the collateral treatment may have had a share in the production of these good results, it appeared to all who observed these cases that the galvanism contributed largely to the restoration.

Mr. Spencer Watson hardly supposed that a current could pass from the spine through the anterior cords by merely applying poles to the skin. He would like to know how the chain was applied.

Dr. Routh wanted to learn the influence iron and strychnia had exerted, and also the duration of the paralysis. If the patients got well in a year he thought the result good. He was satisfied with the chain, and considered also Stohrer's battery very useful.

Dr. Sedgwick reverted to Mr. Barwell's plan of injecting strychnia under the skin: he should like to know the opinions of the Fellows on this point. He should also like to hear more of the history of Dr. Sansom's cases, and thought we should seek higher up than the spine. The diseases often set in with cerebral symptoms.

The President thought the subject of Infantile Paralysis was one that called for more investigation. Where could he find reference to sclerosis of anterior column of spinal cord? Paralysis attacked groups of muscles, and was generally paralysis of motion and not of sensation. Electricity could scarcely be regarded as a means of removing sclerosis of the cord; it was injurious in the earlier stages, and only used by himself in the later. He thought the interrupted current the best. Iron and cod-liver oil were good in the early stages, and in the later strychnia and electricity.

Dr. Sansom, in reply, said to Mr. Watson that there could be no doubt that the current traversed the spinal cord. The cases were chronic, and his treatment was applied in the later stages of the disease. He would use Mr. Barwell's treatment in cases which did not yield to any other. He referred the President to the French edition of Niemeyer's work for an account of sclerosis of cord by M. Corniel.

Dr. Wiltshire mentioned that Mr. Charcot had worked at the subject of Sclerose en Plaques in connection with the pathology of ataxy, and referred the President to his writings. For his own part, thought the suddenness of attacks, and sometimes of recovery, indicated that occasionally, at least, cases were of reflex origin. Some patients got well of themselves, and he doubted whether sclerosis of the anterior column was a constant pathological change in such cases. Improvement of the general health was the chief thing to aim at. Electricity is valuable for keeping the muscles in action, so as to prevent fatty degeneration from disease.

Mr. Streeter showed an engraving illustrating the

TALIOCOTION OPERATION,

which was not uncommon in India, and had long been performed, originating during the Mahratta War, when it was the practice of Tippoo to mutilate his prisoners by cutting off the nose and the right hand, after which means were taken for restoration of the former.

The President brought forward a specimen of

FRACTURE OF THE NECK OF THE THIGH-BONE

from a woman 80 years of age, who died of erysipelas. There was really a vertical fissure of the neck of the femur, which was much rarer than impaction. The specimen showed all the progress towards formation of a false joint.

Mr. Adams said that it was an impacted fracture external to the capsular ligament.

Mr. Bryant said it was an extra capsular fracture of the neck of the bone by a blow from behind on the trochanter. Violent manipulations loosen the impaction and do harm.

The President also showed a very interesting case of

LARGE SWELLING IN FRONT OF THE SHOULDER.

The humerus could be rotated without pain or crepitation. The man, æt. 50, had been treated for rheumatic pains without good effect. The abscess was opened, and half a pint of semi-purulent fluid discharged. He died suddenly after four days' illness. It was a case of acute disease of the joint producing slight symptoms.

December 16th, 1872.

TRAUMATIC PERICARDITIS.

The patient was accidently stabbed while playing with a companion, the knife entering the chest close to the upper border of the sixth rib, and penetrating half an inch in depth. On recovering from the shock of the accident, symptoms of pericarditis were apparent, supervened with a transient friction bruit, and signs of moderate effusion. A few days later it was evident that a considerable quantity of fluid had accumulated in the left pleural cavity, but recovery was rapid and uninterrupted, and the patient was enabled to return home twenty-one days after he first came under notice. In considering the practical bearings of this case, Dr. Farquharson first referred to the very rapid disappearance of the friction bruit, and stated why he considered this due to moderate effusions in the sac, rather than agglutination of the surfaces of the membrane. The quality of the fluid in the left pleura was next discussed, reasons were assigned for the belief that it consisted of blood, and in making a few concluding remarks on treatment, rest, quiet, and avoidance of all disturbing causes, were believed to be the true indication.

Mr. Bryant referred to Dr. Fisher's able paper on the subject, and said these cases usually did pretty well. There was no exact analogy between traumatic and other cases of pericarditis; he would use ice and such like, but neither antimony or calomel.

Dr. Symes Thompson asked whether in these cases blood escaped with pericardium and separated into clot and serum, the latter being absorbed. He referred to a remarkable paper by the late Dr. Stroud, who speculated on the physical causes of the death of Christ. He agreed generally with Dr. Farquharson.

Dr. Routh would have given the patient small doses of turpentine as an astringent and as a stimulant. If blood did escape quickly and in quantity; the separation referred to by Dr. Symes Thompson, occurred, but if guttative, it did not do so. He would scarcely suppose much blood escaped into the pericardium in Dr. Farquharson's case. The treatment for pericarditis should be much the same whatever its origin. He would use ice locally.

Mr. William Adams mentioned a case which had come under his notice. A man had fallen on a small chisel which punctured the heart. After a long collapse the man recovered.

Dr. Wiltshire asked what became of the solid portion of the clot referred to by Dr. S. Thompson.

Dr. Symes Thompson said that he thought life was usually but short after the escape of much blood, and knew of no evidence of what became of the clot.

Dr. Farquharson thanked the Fellows for their suggestions, and had he known the value of turpentine in shocks, he would have used it.

Mr. Brudenell Carter showed a man who illustrated the advantage of a new operation for cataract, which was devised by Dr. Taylor, of Nottingham. This operation would, he thought, supersede most other operations for cataract, scarcely any irritation of the eye was produced. He related details of cases upon which he had performed this operation, and showed some drawings.

The President asked whether the opening in the iris was elastic, in reply to which Mr. Carter said no, but the openings in the iris and in the cornea were co-extensive; there was but little hæmorrhage.

Mr. Davy asked whether the pupil was mobile and the vision good.

Mr. Carter found the mobility perfect and the vision was good when the tissues of the eye were sound.

Mr. H. R. Hardy enquired whether Mr. Carter had tested the mobility of the iris by atropine, and what he thought of ether in eye operations.

Mr. Carter had used atropine and fully dilated the pupil. As regarded ether, he had not found it relax the muscles sufficiently. Mr. Joy Jeffries, of America, had given ether with perfect success for him; at St. George's Hospital much ether was used. He had since used ether with satisfaction, and would not, if he could avoid it, return to chloroform.

Mr. Richard Davy showed the pelvis of a man, æt. 43, who, having fallen ninety feet in May, 1871, died a few hours after of internal hæmorrhage. The left auricular facette of the sacrum was completely broken off and dislocated upwards with the left ilium, the symphysical end of the left ilium was half an inch higher than the right, but the osseous abrasion at this part was very slight. The left sacral margin, and left lumbar transverse processes were roughly rasped off; the coccyx was pulverised, and the left femur simply comminuted, the right rami of the ischium and pubis were fractured on their pelvic aspect only. Mr. Davy mentioned that the sacro-iliac articulation preferred fracture of the sacrum to ligamentous separation, whereas the symphysis permitted dislocation. The sacrum had six vertebral coalescences.

The President thought the specimen shown resembled generally those of vertebra when the bone gave way rather than the ligaments.

Dr. Routh said he had known the sacro-iliac cynchondioses separate in women after labour.

Mr. Braine asked whether these patients recovered, when Dr. Routh answered in the affirmative.

Mr. Royes Bell showed a specimen of a tumour occupying the lower and inside part of the right forearm just above the wrist. On dissection it appeared to spring from the ulna artery and to involve the lower end of the ulnar bone; it was about the size of a Tangerine orange, and projected in front and behind the forearm. There was ulceration where a puncture had been made in its anterior aspect; behind it was covered with skin, discoloured in places, and superficially ulcerated here and there. The specimen had been hardened in strong spirits so that it appeared firm, but at the time of operation it was clothed with blood. The patient from whom it had been removed was a woman, æt. 61, she suffered with it five years; frequent hæmorrhage had taken place from the opening caused by a puncture in front. Its origin was attributed to a blow.

Mr. Bryant thought it was a very uncommon specimen of a blood cyst, for the end of the ulnar had been partially absorbed. The whole subject of cysts in bone was of great interest. He related a case in point.

Mr. Davy asked whether the limb should be removed summarily or an exploratory incision made.

Mr. Bryant preferred the latter.

Mr. Bell would also have preferred the exploratory incision if it had appeared desirable, on the whole, he and his colleagues thought amputation was demanded.

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STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By W. Handsel Griffiths, Ph.D., L.R.C.P., L.R.C.S.Edin.,

Assistant-Librarian Royal College of Surgeons in Ireland.

TROCHISCI (LOZENGES).

This form of administration is adapted to such medicines as may be given in small doses and which have not a disagreeable flavour.

There are ten formulæ for them,—viz.:—

Trochisi Acidi Tannici.
„ Bismuth.
Trochisi Catechu.
„ Ferri Redacti.
„ Ipecacuanhæ.
„ Morphiæ.
„ Morphiæ et Ipecacuanhæ.
„ Opii.
„ Potassæ Chloratis.
„ Sodæ Bicarbonatis.

The following table gives the composition and strength of each:—

	Each contains.	Active Ingredient.	Extra.	Refined Sugar.	Gum Acacia.	Mucilage of Gum Acacia.	Distilled Water.
				oz.	oz.	oz.	
T. Catechu	1 *gr. of Catechu*	Pale Catechu, 720 grs.		25	1	2	q. s.
T. Ferri Redacti	1 *gr. of Reduced Iron*	Reduced Iron 720 grs.		25	1	2	q. s.
T. Ipecacuanha	¼ *gr. of Ipecacuanha*	Ipecacuanha, 180 grs.		25	1	2	q. s.
T. Potassæ Chloratis	5 *grs. of Chlorate of Potash*	Chlorate of Potash, 3,600 grs.		25	1	2	q. s.
T. Sodæ Bicarbonatis	5 *grs. of Bicarbonate of Soda*	Bicarbonate of Soda, 3,600 grs.		25	1	2	q. s.
T. Acidi Tannici	½ *gr. of Tannic Acid*	Tannic Acid, 360 grs.	Tinct. of Tolu, ½ oz.	25	1	2	1 oz.
T. Morphiæ	*1-36th gr. of Hydrochlorate of Morphia*	Hydrochlorate of Morphia, 20 grs.	Tinct. of Tolu, ½ oz.	24	1	2	½ oz
T. Morphiæ et Ipecacuanhæ	*1-36th gr. of Hydrochlorate of Morphia and 1-12th gr of Ipecacuanha*	Hydrochlorate of Morphia, 20 grs., Ipecacuanha, 60 grs.	Tinct. of Tolu, ½ oz.	24	1	2	½ oz.
T. Opii	*1-10th gr. of Extract of Opium*	Extract of Opium, 72 grs.	Tinct. of Tolu, ½ oz., Extract Liq'rice, 6 oz.	16	2		q. s.
T. Bismuthi	2 *grs. of Subnitrate of Bismuth*	Subnitrate of Bismuth, 1,440 grs.	Carbonate of Magnesia, 4 oz., Precip. Carb. of Lime, 6 oz., Rose water, q. s.	29	1	2	

It will be noticed that the first five of these lozenges have no extra ingredients, and, moreover, that the proportion of refined sugar, gum acacia, mucilage, and water, is the same in each case. It will also be presently shown that the directions for the preparation of each of these lozenges are the same. The next four lozenges in the table have ½ oz. of tincture of tolu as an additional ingredient. Extract of liquorice is used in *Trochisci Opii*, in lieu of the mucilage, and rose water is substituted for distilled water in *Trochisci Bismuthi.*

The following direction for preparation applies to all the lozenges, except *Trochisci Acidi Tannici, Morphiæ, Morphiæ et Ipecacuanhæ*, and *Opii.*—

"Mix the dry ingredients, and add the mucilage and water to form a proper mass. Divide into 720 lozenges, and dry these in a hot-air chamber with a moderate heat."

In the preparation of *Trochisci Acidi Tannici* and *Trochisci Morphiæ*, the active ingredient is first dissolved in the water, the tincture of tolu and mucilage mixed are then added, and, finally, the gum and sugar also previously mixed. In *Trochisci Morphiæ et Ipecacuanhæ* the same process is performed, but the ipecacuanha is to be mixed with the gum and sugar. In *Trochisci Opii* the extract of opium is to be moistened with a little water, and added with the tincture of tolu, to the extract of liquorice heated in a water-bath; when a proper consistence is obtained, the mixture is to be incorporated on a slap with the sugar and gum previously mixed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 1, 1873

THE NEW YEAR.

TO-DAY we begin a New Year, and at the same time a New Volume. We shall not attempt a complete Retrospect of the year just gone by, nor shall we attempt to penetrate the prospect before us. It will suffice to mark the occasion with a few reflections respecting it, bearing on Medical topics, and so start each reader on his own musings.

Few things come so near some of us as the losses we have sustained through death, and the Obituary Record of the Profession for 1873 is a sad one. As we write we hear the melancholy story of the decease of Mr. Holmes Coote, Senior Surgeon of St. Bartholomew's Hospital, and who discharged the duties of other highly responsible positions in the Profession for many years. It is most melancholy to think that he, who for so many years did Lawrence's duty at Bethlehem, should have expired in an Asylum, and that his offspring should be in want. Surely the Governors of the Royal Medical Benevolent College will not hesitate to vote for the son of such a man now he is a candidate for admission to their school.

Among other names of men who have died in the year we may recall:—Dr. Aldis, Dr. James Baker, Dr. Cowdell, Dr. George Edward Day, Mr. Thomas Heywood, Dr. Augustus Bozzi Granville, Henry Curran, Dr. William Henderson of Edinburgh, Mr. Thos. Hewlett of Harrow, Dr. Thomas Barnes of Carlisle, Mr. I'Anson of Newcastle, Mr. Bickerton of Liverpool, Sir Andrew Smith, K.C.B., Frederick Carpenter Skey, Alfred Poland, Dr. Neil Murray, S. Jeyes, M.D., Dr. Renton, Dr. Mackesy of Waterford, Dr. John Neil of Croydon, Dr. Duguid, Dr. Archibald Simpson, and Dr. Walpole, &c., &c.

The loss of Louis, even at a ripe old age, is one that affects the Profession everywhere. His work was done, but he lingered long, and his removal breaks a tie with the past that was pleasant to know existed.

Laugier, too, is a name no more among the living, and by some few will be missed as much.

But why linger on this, the part of our Retrospect most full of regret? With the new year we must begin a new round of duty, and if we cannot equal may do our best to help supply the places of those who have finished their career.

As journalists we may be expected next to allude to the legislation of the year. The passage of the Public Health Act signalises 1872, in spite of all its imperfections. These, indeed, we had anticipated, and again we protest against the manner in which it seems likely to be administered.

If the Government had intended to show their contempt of Medical men they could have selected no more effectual way than to ignore them in a great legislative Act on Public Health, and if the Local Board desired to imitate their superiors they could scarcely do it more effectually than by committing sanitary inspection to lawyers or other hangers on to the exclusion of the only Profession that could be supposed to possess information on the subject.

This, however, is the way in which successive Governments have behaved to the Medical Profession, and in spite of all the boasts of its supports, the present cabinet seems to be destitute of the courage to do an act of justice that would be really popular.

It is all very well to say that a K.C.B. and a baronetcy have been given to those who were called to attend a prince, but such honours would have been as well declined when it has transpired that they would leave others as well deserving of their country unrecognised.

We averred at the time that Jenner should have been made a peer; but it seems that a Government which has no hesitation in sending any number of lawyers into the Upper House to make way for others is absolutely afraid to let medicine be there represented. And worse than this other distinctions half promised by the party long ago remain unconferred. Verily, medicine has not much cause to care for the gentlemen who rule the country, and favour physic with no notice, except in the income-tax schedule.

But, have we not a petty parliament of our own—yclept—General Medical Council?

We had almost forgotten that. It seems to do so little. As a talking machine it is, indeed, a representative of parliament that may serve to parody them; but a glance at its year's work shows that it has done but little.

It met, indeed, and took into consideration, the subject of Conjoint Boards. It approved the scheme of the English boards as far as it went, and we are obliged to confess it was not complete. It then postponed action for the Sister Kingdom, and what is the result? It is nearly a year since the meeting, and some expect another session will soon be opened with no better result than the former. Ireland, indeed, has a plan, and that may be approved; but the Scottish bodies make no sign, and probably will not.

Are we all to wait their pleasure, or must other means be found to compel them to unite?

All this seems as uncertain as the hope of comprehensive legislation, for which so many have been willing to wait so long. For ourselves we may as well confess that we look forward to the year now opening before us with as little hope as we did a year ago to that which has thus slipped away.

There are, however, cheerier subjects. The progress of medicine and the allied sciences has not been hindered, and if the Profession has gained nothing politically, it has in these things which are so much higher.

As it would be impossible to give a statement of all these in the space at our command, we need only say they have been all represented in our pages; and we hope to make the Medical Press of 1873 as good as, or better than, it has been in 1872, or in any of the thirty-five years in which it has pursued its work.

THE METHOD OF ELECTION IN THE IRISH COLLEGE OF SURGEONS.

The election of a successor to Mr. Hargrave, in the Chair of Surgery in the Irish College of Surgeons, recorded in another part of our issue, ought not, we think, to be permitted to pass without some further consideration as to the expediency and equity of the method of proceeding which, under the authority of the charter, is adopted in the selection of Professors and Examiners in the College. In discussing the subject we desire it to be understood that we have no intention either of quarrelling with the choice which has been made, or implying in the electors anything but a perfectly honourable discharge of their duty; and in condemning the system we do so not at all because it has resulted in the selection of Mr. Wilson, Dr. Little, or Mr. Stokes, but because in these three elections the haphazard and untrustworthy characteristics of the procedure have been abundantly manifested. The following is the clause of the charter which settles the method of election:—

"Whenever and so often as it shall be necessary to elect an Examiner or a Professor, the President or Vice-President, together with not less than two-thirds of the said Council, shall meet and assemble together, pursuant to a special summons in that behalf to be issued and transmitted as aforesaid, three clear days at least before such meeting and assemblage; and being so assembled shall choose and appoint by lot seven members of such Council, or as near thereto as may be; which said persons so chosen and appointed, shall proceed forthwith to elect by a majority of voices, such Examiner, provided the said members of the Council, so by lot appointed, shall find among the candidates for the said offices of Examiner or Professor a person or persons having such qualifications as the Council may from time to time determine by bye-laws to be necessary, and also being in their judgment, or in the judgment of a majority of them, fit and competent to discharge the duties of said office of Examiner or Professor, as the case may be: and the said members of such Council, so by lot appointed or chosen, shall thereupon make and subscribe the following declaration:

"'I,   do solemnly and sincerely promise and declare that I will, to the best of my knowledge, skill, and judgment, without hatred, evil will, partiality, affection, favour, or fear, justly, equally, and faithfully discharge the trust now reposed in me to elect the most fit and proper person to fill the situation of Examiner or Professor of   . And further, that I consider myself bound to elect the candidate who affords the most unquestionable proofs of good character and of ability, acquirements, industry, and perseverance applied to the branch for which I am now called upon to elect a Professor or Examiner; and that I do not consider previous services in the College, in this or any other department as establishing a peculiar claim to a preference. And also, that I have not, directly or indirectly, promised to vote for or favour any particular candidate.'

"And such declaration shall be duly administered to them respectfully by the President or Vice-President, or any member of the Council who shall be then present, and such declaration shall be taken, and such appointment by lot of seven members, to make such election, shall be made at a meeting of the Fellows of the College duly convened as hereinbefore provided."

We presume that the intention of this enactment was to defeat the exercise of influence by persons who might have the advantage of previous official connexion with the College, and, as far as possible, to throw open the Professorships and Examinerships to outside competition. It does not seem, however, that it has at all served this purpose, for we are aware that personal canvas is pursued as actively as possible. We object to the system, firstly, because it takes away from two-thirds of the Council the power to give effect to their opinion, and, secondly, because it makes so grave an issue the subject of a sort of pitch-and-toss. In two of the three elections to which we have referred it was strongly believed that an individual candidate would be supported by a large majority of the Council, and accordingly the chances ran high in his favour. By the fortune of the lottery-box, however, the forecast was completely reversed, and the favourite candidate was beaten. We think we are justified by the opinion of the Profession in Dublin in saying that, assuming that the best man was in each case chosen, nevertheless the seven persons on whom the lot fell did not in either case fairly represent the voting of the Council at large, that if every member had voted the result would have been different.

A method of election which may make a Professorship the subject of a "fluke" cannot be defended and ought not to be perpetuated. The success of a candidate ought to depend solely on his merits. He should know exactly the jury by whom the verdict will be given, and he ought not to be encouraged to hope for a cast of the die which will be altogether in his own favour.

Another point will, we think, require adjustment before the next election takes place. When the seven electors retire to their jury-room are they to give their votes *viva voce* or by ballot? The clause of the charter quoted above, which provides that they shall elect "by a majority of *voices*," would appear to indicate that the method should be uniform in all cases. With the ballot vote it is plain that the unfriended candidate will have a much better chance of success against a competitor who is backed by influential support. In these matters the Council have no power other than to interpret the law. We shall look forward to the time when this, with other well-known blots, may be erased from the charter.

THE "MEDICAL PRESS" FORTNIGHTLY RETROSPECT.

The world of medicine runs round so rapidly in these times, and the additions to the armamentarium of the physician and surgeon are so numerous and ever recurring that the taste of the Profession in matters of Medical journalism is materially affected by it. The prolix scientific discourse is now relegated usually to the "heavy" quarterlies, and the weekly periodicals devote themselves specially to short papers and reports, and to brief gleanings from the hebdomadal harvest of medicine and surgery.

That we may keep pace with this growing taste, we have made arrangements for the publication each fortnight during the coming year, of a complete Retrospect of the Medicine, Surgery, Obstetrics, and Pharmacy of all countries and languages. We shall devote considerable space to this new Department of our Journal, and we shall endeavour to make it terse—practical, accurate—and acceptable to our readers. The compilation of this Fortnightly Retrospect is in the best hands, and we shall feel much surprised if the contributions will not do justice to the Editors and to the Medical Press.

THE OPHTHALMIC CONGRESS AND OPHTHALMOLOGY.

III.

Quacks and quackery are everywhere fattening and preying upon the public, and who will put them down? cries Dr. Warlomont. It almost surpasses belief that, approaching as we are to the latter part of the nineteenth century, people of education, as much as the illiterate clodhopper, still give every encouragement to the absurdities of the itinerant quack doctor, and are willing to bleed freely in their purses. We blush to find this detestable fraternity of cheats maintain their footing among civilised nations. Yet such is the fact, for Dr. Warlomont utters a fierce and indignant remonstrance against a race of quack oculists, still flourishing and numerous on the Continent, wandering, he tells us, from town to town and from village to village, and driving a thriving and nefarious trade, or holding their motley revels in the taproom of the small public-house. This disgraceful kind of practice in Germany is not confined, as in this country, to men without a particle of knowledge of medicine or of surgery, but it is practised also by a higher class, men who hold diplomas from some recognised university, and who occupy at stated periods some more elevated or lucrative place in society. Many having some standing do not scruple to make periodical visits to country towns, the more fashionable places of resort, and in an artful manner take care to have their wonderful skill blazoned forth, and with a flourish of trumpets the coming man is duly announced—men who do not scruple to resort to the meanest of tricks to attract and secure a patient.

Such a poacher on other's preserves is adroit,—"You must submit to an operation, must you, says Dr. So-and-so, does he? Well, wait a little, and try my wonderful skill, and perhaps you will escape his knife, which, in confidence, is said not to be a very skilful one." The victim falls into the trap, and is imposed upon by various strange devices and wonderful applications; weeks pass away and no benefit is obtained, and reluctantly he submits at last to be operated upon, and ultimately finds himself mutilated and robbed. But this matters little to the wonderful practitioner, who passes on to the next town to find and secure another dupe. Unfortunately, this kind of practice often wags well with a class of men who dishonour their calling. Cannot the Ophthalmic Congress do something to put them down? asks Dr. Warlomont. The passing of a stringent rule, and entirely excluding them from holding any place among men of science, or from appearing at the Congress. But would this have the effect of lessening the evil? Such men are no longer amenable to rules which govern those whose *mens conscia recti* is above all price and money-getting, and who set some value upon the good opinion of their fellow men, and are far above all baser considerations. The still and small voice of conscience left behind is seared and hardened to a degree not likely to feel the prickings of the sharp but delicate needle employed by the oculist. But quite apart from this, some regard should be had to the drained purses and damaged eyes and health of the victims of such a system, although people voluntarily and with eager credulity offer themselves to be despoiled, and scarcely deserve sympathy. We, however, heartily join Dr. Warlomont in his manly protest against the existence of a state of things most discreditable to the judgment, science, and learning of our time. His feelings are the more keenly excited on the subject from having just returned from an atmosphere which he believes to be freer from the dishonest doings of the charlatan fraternity than his own; but we fear the difference between us is only in degree, and that we are no better off in this respect than our neighbours.

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Notes on Current Topics.

The Professorship of Surgery in the Irish College of Surgeons.

The election of a successor to Mr. Hargrave was held on Tuesday, the 24th ult., in the Board room of the College. The competitors for it were Mr. Henry Gray Croly, Surgeon to the City of Dublin Hospital; Mr. William Stokes, Surgeon to the Richmond Hospital, and Lecturer in Surgery in the Carmichael School; Mr. J. K. Barton, Surgeon to the Adelaide Hospital, and Lecturer in the Ledwich School; Mr. Corley, Surgeon to Jervis Street Hospital, and Lecturer in the Carmichael School; Dr. Nugent, formerly of Drogheda, and now Examiner in Arts in the College; and lastly, Dr. F. Thorpe Porter. As the issue of the Medical Press and Circular was despatched within an hour of the termination of the election it was impossible for us to communicate the result to our subscribers.

The President, Dr. F. Kirkpatrick, having taken the Chair, and the Letters of Application having been read by the Secretary of the College, Mr. Colles, the selection by lot of seven from the twenty-one members of Council was proceeded with as provided by the Charter. The lot fell upon the following Councillors:—The President, Dr. Kirkpatrick, Mr. Porter, Mr. Smyly, Dr. MacNamara, Mr. Adams, Dr. Robert McDonnell, and Mr. Edward

Hamilton, who retired to deliberate, and after a lengthened absence declared Mr. William Stokes to have been elected. In this election, for the first time, the exhibition of preparations, apparatus, casts, and drawings, contributed by the candidates from their own practice, was made a part of the ceremonial.

Alcohol.

Tweedie's "Temperance Year-book of Facts and History," for 1873 contains a full account of the Licensing Act for 1872, the evidence on habitual drunkards given before the Select Committee of the House of Commons, and a variety of other useful information. The Profession will be interested in the careful epitome of the discussion caused by the now famous Medical declaration on alcohol. The discussion on alcohol started by Dr. Dickenson, is another indication of the attention this subject is exciting.

Veratrum Viride in Hæmorrhage and Aneurism.

Dr. H. N. Eastman, of Geneva, N. Y., has successfully employed veratrum viride as a sedative in pulmonary hæmorrhage, when no acceleration of the heart's action was present, for the express purpose of reducing the *normal* circulation to the lowest point compatible with the safety of the patient, for the sole object of giving the pulmonary vessels rest, so to speak, to distend them as little as possible with the incoming blood, and thus prevent further rupture of the capillaries of the part, and afford an opportunity for the vascular lesions already existing to be obviated, by temporarily reducing the normal circulation. In the veratrum viride we seem to have just the article to hold the heart temporarily, to lay our hand on that organ, as it were, and thus restrain its action while the pulmonary capillaries have time to recover their tone, and the ruptured branches to unite, and that, too, without detracting from the vessels an ounce of blood or depressing the vital energy on the one hand, or doing any considerable injury to the digestive apparatus on the other, since it is ordinarily unnecessary to produce nausea or intestinal irritation in order to secure the full sedative influence of the veratrum if judiciously administered.

Dr. J. W. Collins, in the *American Practitioner* and the *Medical and Surgical Reporter*, says :—

"After an extensive use of the drug in different forms of hæmorrhage, I am thoroughly satisfied that it possesses the property in a very remarkable degree. I esteem it the promptest as well as the most reliable of all our means for controlling both active and passive hæmorrhage. The first case in which I had occasion to test the hæmostatic powers of veratrum was one of hæmoptysis, which had resisted all the usual remedies, but yielded almost at once to five drops of Norwood's tincture, given every hour for six hours. It is worthy of remark that the tolerance of the drug was very striking in this patient, the large quantity given having produced neither nausea nor other unpleasant symptoms. The next was one of aneurism of the left subclavian artery, the result of an injury to the vessel in its second part, or just behind the scalenus anticus muscle, from the small blade of a pocket knife. The tumour was about the size of a hen's egg, and involved all the second portion, and probably the first also, of the vessel. It was accompanied by the characteristic thrill, pulsation, pain in the shoulder and arm, absence of radial pulse, coldness of the limb, &c. Not deeming an operation advisable, and digital or other compression being impossible, I determined to give the veratrum, in the hope that it might so lower the action of the heart as to favour the formation of a coagulum in the aneurismal sac. I began with five drops, increasing the dose by one drop every third hour, until the full sedative effect of the medicine was produced. I continued it, in doses of from five to twelve drops, for ten days, at the end of which time the tumour had almost entirely disappeared, a small, hard lump only remaining, with very slight pulsation, no pain in the arm, no thrill, and considerable pulse at the wrist. The patient, a stout young negro, thinking he was well, quitted me, but returned at the end of two weeks, with most of the symptoms as well marked as at first. I put him on the same treatment, and continued it for fifteen days, the last six days merely to make sure of a cure, for the tumour, with all the attending symptoms, had disappeared, the radial pulse had become normal, and the natural temperature of the extremity restored. At the end of twelve months I saw him again, when he informed me that he had been uniformly well.

"In epistaxis, seemingly independent of the cause which gave rise to it, the veratrum has been in my hands uniformly successful. It has been equally so in menorrhagia, active or passive. In a case of secondary hæmorrhage, occurring on the third day after amputation of the cervix uteri, I believe the remedy saved my patient's life. It has unfailingly arrested the hæmorrhage which has occurred in two cases of uterine carcinoma now under my care, and in one of these without at any time producing the least nausea. Indeed, the control which it exercised over the floodings, which had previously worn the patient almost away, has allowed her to actually gain in both flesh and strength, and awaken in her mind the delusive hope that she will recover. My friend, Prof. J. T. Gilmore, of Mobile, informs me that, at my suggestion, he used the veratrum with entire success, after other means had failed, in a secondary hæmorrhage following amputation of the thigh; also in a case of epistaxis, which was so obstinate as to threaten life. Dr. Gilmore further says that the veratrum, given in doses of fifteen drops, is regarded by the Profession in Mobile as being the most efficient remedy in certain cases of puerperal eclampsia. I myself have not had an opportunity of using it in such conditions, but do not for a moment doubt that it would prove a most reliable agent in a certain class of these cases. I have seen the best results follow its use in the periodical hæmorrhages which occurred in two cases of placenta prævia. It should be given in doses of from three to fifteen drops, repeated every one, two, or three hours, according to the urgency of the case, always carefully watching its effects."

The editor of *Cosmos* says—"The remedial influence of veratrum in such cases would doubtless be greatly enhanced by the addition of ergot to contract the vessels, and turpentine or other styptic to increase the plasticity of the blood, with sometimes morphia to allay undue excitement in active disorder, or in passive conditions such stimulants as electricity and strychnia to excite tonicity of the tissues implicated, and strengthen the general system."

A Pin retained in the Throat fourteen months.

In the *American Journal of the American Sciences* we find the following case related by Dr. A. Ady, M.D., of West Liberty, Iowa :—

I was called to J. W., May 11th, 1872, who stated that fourteen months previous he had got a pin in his throat. It was attended with considerable pain and loss of voice. After an interval of some two weeks, efforts were made by an intelligent surgeon to remove it, but it could not be found. His voice gradually returned, so that in three months he could talk distinctly. The pain and soreness abated somewhat, but were never entirely absent. About three days before I called, his throat commenced troubling him more than usual. He experienced a feeling as though the pin was loose in his throat, and by the time I saw him he was suffering acutely. Passing my finger down his throat I felt the point of the pin extending forwards from the lower part of the posterior wall of the pharynx. It projected upwards at an angle of about thirty degrees, the point resting against the arytenoid cartilages. The head was firmly imbedded in the pharyngeal wall. I made several attempts to remove it with a pair of common œsophagus forceps, but they would not hold tight enough. I then took a small pair of polypus forceps, and slipping them down over the blades of the outer forceps as near the pin as possible, I succeeded in grasping it tight, and pulled it out. The pin was found to be $1\frac{3}{8}$ inch in length. For the space of an inch from the point it was corroded; the rest, including the head, was bright, showing how much had been imbedded in the tissues. The pin must have left the pharynx and travelled through the neck to some extent. It was evidently not in the pharynx or the œsophagus when its removal was first attempted, for the sponge probang was passed the whole length of the œsophagus without encountering anything. Sticking into the throat point foremost, would indicate that it had made a circuit great enough to reverse ends. Patient complained for some months, during the time that it was retained, of severe pain along the course of the omohyoid, which would look as though the pin had been in contact with the descendens noni nerve.

Jolly on the Dangers of Chloral Hydrate.

We have reported so many observations from various sources on chloral that we may well add the following summary of Jolly's paper in the *Bayer. Aertz. Int. Bl*, 1872, No. 12, from the last issue of the *New York Medical Journal.* In the course of two years, during which the author employed chloral hydrate in diseases of the mind, he observed two cases in which death occurred suddenly after the use of five grammes at one dose, which is much below the ordinarily employed maximum doses; the preparation presented in both cases all the characteristics of chemical purity. The psychical phenomena in both patients were preceded by a state of acute excitation, without any symptoms of paralysis, in one case from abuse of alcohol, in the other from unknown etiological causes; during life the patients presented no contraindication against the employment of chloral. The one, after receiving for four days at evening 5·0 grammes, expired with the fifth, a few moments after the administration of a similar dose, with instantaneous stand-still of the movements of the heart and of respiration; the *post-mortem* showed anæmia of the brain, acute œdema of the lungs, abnormal congestion of lower abdominal organs, completely normal heart, the vessels intact, blood dark and thin. The other had for twelve days received 5·0 grammes, with normal hypnotic effects, after a short stage of excitation; on the thirteenth day he sank a quarter of an hour after the administration of a similar dose, and expired after a few rattling inspirations. The *post-mortem* in this case presented only an extensive œdema of the lungs, thin fluid blood which was normally distributed in the organs; the heart, however, was large and flaccid, its muscle pale but not friable. In concluding these observations of his own, the author sums up all that is known thus far of the toxical phenomena caused by the continued use of chloral hydrate, and attributes them to the following three causes which have been proved experimentally to follow the use of chloral:—1. To the retardation of respiration, which may finally become stertorous, and cause stupor, coma, and death. 2. To the paralysing influence upon the vaso-motor nervous system (the insufficient innervation of the cutaneous vessels produces erythema, petechiæ, &c., in the use of chloral). 3. To the direct paralysing action upon the heart itself and its contractibility. The sudden occurrence of this last cause of death by paralysis of the heart was also present in the author's cases.

Ether.

We must direct the attention of our readers to Dr. Morgan's Address on the Ether question, which has been brought by him before the Surgical Society of Ireland, and which appeared in our last issue. The subject attracted unusual interest, and a Special Committee has been appointed to investigate the relative merits of both ether and chloroform, and to scrutinize the results of their administrations in Dublin.

The Committee met on Saturday last, and have framed a system of investigation throughout the Dublin hospitals which promises to secure the co-operation and attention of the Profession.

The Half-Yearly Abstract.

We have received the Half-Yearly Volume, edited by Dr. Dowell Stone, and find it as full as its predecessor of select extracts. The Appendix this time contains the abstract of Professor Humphry's lectures from our own columns, and also Dr. Hartshorne's Vaso-motor Physiology, also from the Medical Press.

Diaries.

We have before us Letts's Medical Diary for the New Year, in which we find besides their well-known arrangement for entering visits, some useful tables of poison, metric weights and measures, &c. We have also the Monthly Professional Diary of the same firm, which seems to us specially adapted to all who dislike to carry a pocket-book. Here, small enough even for a vest pocket, is all they can want for one month, and the twelve fit into a neat case to keep.

Typhoid Fever at Birmingham.

Such is the alarm created by the spread of this disease in the minds of the inhabitants in some districts around Birmingham, that an exodus has commenced in magnitude as to be almost termed a panic. On Friday a public meeting was held, at which it was stated, on the authority of the Medical officers of the Moseley district, that there existed nearly 50 cases of fever in 400 houses. For many years the imperfect drainage of Birmingham has been patent to all versed in sanitary matters, we therefore sincerely hope that the present state of things will compel those whose business it is, to at once adopt such measures as will, humanly speaking, prevent a recurrence of such a calamity.

On Measuring the Chest.

Dr. Frœhlich, of Dresden (*Virchow's Archiv.*), gives for chest measurements the following simple directions, attention to which would insure uniformity of procedure: The person to be examined should stand in an unconstrained position before the physician, breathing with his mouth shut, and should raise both arms, stretching them out horizontally. A tape not broarder than 1 Cm. (about ⅜ of an inch) should be placed round the chest directly under the inferior angles of the scapulæ behind, and the nipple in front, and should then be read off, first after the deepest inspiration and then after the deepest expiration, and both data recorded. The author then sums up the results which he has obtained by this method of observation, of which some of the more important are as follows:—The average circumference of the chest measured in 725 healthy men, 20 years of age, was, after deepest inspiration, 89 Cm. (about 35 inches), and after deepest expiration, 82 Cm. (about 32½ inches), the average play of the chest being thus 7 Cm. A circumference of only 75 Cm. (29½ inches) indicates what the author calls an unripe chest, and should exclude the person from military service A circumference of 750-759 Mm. should, under exceptional circumstances, be considered sufficient for milatary service; but when it reaches 760 Mm. (30 inches), if the person is otherwise healthy, then it ought to suffice.

The Brown Institution.

The Senate of the University of London, has passed the following resolution:—

"That an opinion be obtained as to the limits within which the investigation or study of the diseases of animals can be legally carried on by means of the funds of the Brown Institution, or otherwise, in the buildings of the Brown Institution or one of them."

Seasonable Benevolence.

On Saturday a sum of £1,500, which had been collected at the different ironworks, factories, and other places of business in Wolverhampton and neighbourhood, was presented to the governors of the South Staffordshire Hospital, as a Christmas box, towards the expense that has been recently incurred in the extension of that institution by the erection of a fever hospital and two new fever wards. This is in addition to £500 contributed by the working men for the object in the early part of the year, and it is anticipated that a further sum of £200 has yet to come. This is but an instance of what the poor can do, if they will only exert themselves on behalf of charities which are established and maintained almost exclusively for their benefit. We commend this action of the working classes of Wolverhampton to the attention of those of large towns generally as well worthy of imitation.

M. Littre, has conpleted his great dictionary of the French language.

If the public is not better protected elsewhere than in Salford from the traders in diseased or decomposed meat, the law for that purpose would appear to be of little avail. The Annual Report of the Public Health Committee of that Borough shows us that for 202 seizures of bad meat made, only seven persons were prosecuted, and only five convicted. Although bad mutton was detected in 110 instances, only one person was punished, and he by a fine of only 10s.; while out of three cases of seizure of bad fruit one conviction was had, and the culprit was mulcted in £10. The five persons punished represent twelve tons of bad meat actually detected, and probably fifty times that quantity which escaped observation.

Medical Practitioners in London who are sensible of the depreciating effect on professional services arising from the action of the numerous gratuitous Medical Institutions are invited by an advertisement to attend a meeting to devise what means of redress are in their power. None but general practitioners are invited. The meeting will be held at 7 p.m., at the London Tavern, on Jan. 9th.

It is hardly necessary to say that there is no truth in the statement in the *British Medical Journal* of the 21st ult., to the effect that Dr. Apjohn, Professor of Chemistry in the University of Dublin, has been appointed Præseotor of Chemistry in Caius College, Cambridge. The gentleman who has been selected for this position is Dr. Apjohn's second son.

The Annual Meeting of the British Medical Association for 1873 will be held in August in London, under the Presidency of Sir William Fergusson. The address in Medicine will be delivered by Edmund A. Parkes, M.D., Professor of Hygiene in the Netley School. The address in Surgery by Mr. Erichsen; and that in Physiology by Dr. Burdon Sanderson. The Hastings Gold Medal, value twenty guineas, will be awarded for the best essay on the "Pathology and Treatment of Ovarian Disease.

The rainfall of the past year is quite unparalleled if the report of a single locality can be accepted as a guide. The greatest quantity of rain which fell for the last five years was in 1869. Other years varied between 30 and 31 inches, or about 2½ inches per month. Up to the end of September last, the rainfall for 1873 was 38·142 inches, or as much as 4·238 inches per month. Since then the downpour has been almost incessant, and the total must by this time have reached an unprecedented amount.

Unlike the fire in Chicago, which destroyed the houses and the personal property of Medical men in common with others, the conflagration at Boston was confined to the business portions of the city, and one only of the Medical practitioners has been driven from his home. The flames which destroyed the offices of the *Evening Transcript*, the *Saturday Gazette*, and the *Boston Pilot*, were arrested within a comparatively short distance of that of the *Boston Medical and Surgical Journal*, which is, therefore, able to continue publication. We congratulate our contemporary on its good fortune.

At a late meeting of the Medico-Chirurgical Society of Montreal, Dr. George W. Ross read a paper on Thoracic Aneurism. The patient had always enjoyed good health, till the spring of 1872. At one time, he had been intemperate. Never had had syphilis. Presented himself to Dr. Ross, on the 12th of last July, complaining of pain, which he said had began to attract notice about three months previously. It was described as being at times burning in character, while at others it was lancinating, getting much worse towards night, at times becoming agonizing, and preventing sleep. Resonance of the chest wall was clear throughout. Heart's sounds quite natural. No murmur to be heard either in front or behind. Striking the vertebræ gave no pain, and a diagnosis of intercostal neuralgia was made. A liniment of soap, opium and chloroform as well as fly blisters were used, and in about six weeks the patient had improved so completely, that he proposed to resume his work of a farm labourer. On the 3rd of September, the pain having returned, he was admitted into the Montreal General Hospital, and on the 15th of October, suddenly expired. A *post-mortem* revealed an aneurism of the thoracic aorta, with a firm clot in the sac of the size of a goose egg, and eroisn of three of the dorsal vertebræ.

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Literature.

AN INQUIRY INTO THE THEORY AND PRACTICE OF ANTISEPTIC SURGERY (*a*).

In this interesting *brochure* Dr. Cumming has put forward the germ theory of disease, and agues with much force and ingenuity in favour of the antiseptic treatment by carbolic acid, as being the most common-sense as well demonstrably true one. Not so much by "excluding air" as has been supposed by some to be the essence of the treatment but "admitting air" which has been purified or deprived of its germs by contact and filtration through carbolised solutions.

He briefly reviews the biogenesis theories of Ridi, or as Schwann expressed it "that something was derived from the air which caused putrefaction." The experiments of Helmholtz, Pasteur, and others, are adduced as proving that not only by contact with an antiseptic material but by a simple porous one can germs be excluded.

The writer himself performed a number of direct experiments in confirmation of the influence of antiseptics on germs in the atmosphere as bearing on the important point in practice, that an antiseptic atmosphere is a sufficient condition to exist around a wound.

His inquiry into the varieties of those organisms, bespeaks much pains and research. He describes—1st. Living organisms; and 2nd. Fungi; and divides these into germs characterised by the figure' motion, &c., of the particles. The author concludes—

1. That air at all times contains organised products capable of giving rise to fermentation and putrefaction.
2. That air can be filtered of these.
3. That air can also be purified by acting on them directly by an antiseptic.
4. That carbolic acid destroys these organisms effectually.

The author, it is hardly necessary to remark, is a devoted advocate of the antiseptic treatment by carbolised solutions, and is specially favourable to the carbolised gauze, and the carbolised atmosphere which can be applied to a stump after amputation by confining the carbolised vapour, without contact.

We can commend this work to our readers as worthy of consideration; it is exact, and from being based on direct observation carries with it conviction.

ON PRELIMINARY CLINICAL INQUIRY (*b*).

In a pamphlet on this subject, Dr. Griffiths, advocates the establishment of a "clinical demonstrator" attached to hospitals who would have no "part in the treatment or care of hospital patients," or, in other words, of a "clinical coach." We can hardly agree that a man could be even a good "coach," who had no means of increasing his store and experience; much less one who would expressly have no part in so doing. We believe that experience and observation, which alone can be obtained by time, will prove the best and most serviceable "coach." If test examinations were properly conducted, and carried out on a broader and more searching scale than at present, the student should apply himself earlier more zealously, and more independently.

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Foreign Medical . Literature.

DR. THAON ON TUBERCULOSIS.

(Translated by Dr. C. R. Drysdale, Physician to the North London Hospital for Consumption.)

All who have read the works of Niemeyer, and other German histologists, must know how confused are at present the ideas entertained by most physicians, as to the nature of tuberculosis. A further appeal to Nature is required; and the following notes from a series of papers by Dr. Thaon, of Paris, seem to the writer to be of much value. (*Mouvement Medical*, 30th Nov., 1872).

Virchow, Remhardt, and others, have agreed that there are in the lungs of the phthisical only two kinds of lesions, 1. Small tumours, constituted by nodules, isolated or grouped together. 2. Inflammations, under the form of infiltrations (gelatinous, grey, or yellow), limited to one part of a lobe, or extended to the whole of a lobe. This is according to most persons, the whole of tuberculosis of the lungs. Dr. Thaon affirms that the infiltrations of the lung are not only degenerated inflammations, but that they may also be confluent granulations. He affirms this from the observation of 250 autopsies made at the Hôp. des Enfans, and Lariboisière, of Paris. The histological researches were carried out at the laboratory of the Collége de France.

Granular infiltration of the lung, may attack the tenth, the fourth, or the third of a lobe, a whole lobe, or even a whole lung. Dr. Thaon found it to occupy a notable extent in 8 per cent. of the cases in adults, and only 2 per cent. in children. At one time this is seen in chronic phthisis, and takes place in the lower lobes, when it is secondary. At another time it appears suddenly in the upper lobes, whence it descends rapidly as far as the base; that is to say, that granular infiltration may only be the last term of a phthisis of long duration, or, again, may constitute of itself all the disease and the danger of the disease. These facts were presented to the Society of Bilology, on the 23rd November, 1872.

One lung attacked by granular infiltration presented a heavy mass, which sank to the bottom of the water, although this mass was not so heavy as it would be if attacked with fibrinous pneumonia. The external surface, except where [there was tubercular pleurisy, was normal, with exception of some whitish nodules, seen through the visceral pleura. When cut no liquid exuded, and the appearance of the surface of section varied with the age of the lesions. When recent, the infiltration was quite gelatinous and transparent, slightly rosy in hue; later some circumscribed points are remarked, rounded and whitish; these little points form groups, they become opaque and finally yellowish. The number of the groups augments; they press against each other and become extremely confluent. Lastly, we notice grey masses passing into the yellowish condition; but even whilst in this condition, the yellow surfaces preserve their appearance of large grains, and have not the smooth appearance of habitual caseous pneumonia. When the degeneration takes place cavities form. Then different lesions may be met with, united in the same subject, when the progress of the disease is rather slow; but we meet with lungs which are still gelatinous from top to bottom, with rather rare groups of yellow points.

The true differential characters between cheesy pneumonia and granular infiltration, are furnished by microscopic analysis. After having hardened the lung in picric acid,

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(*a*) "An Inquiry into the Theory and Practice of Antiseptic Surgery." By James Cumming, M.D., M.R.C.P.E., &c., late Resident Surgeon, Royal Infirmary, Edinburgh.

(*a*) "On Preliminary Clinical Inquiry." By W. Handsel Griffiths, Ph.D., L.R.C.P., &c.

gum, or alcohol, we may make very thin and wide sections, which are to be coloured by the picro-carminate of ammonia, and mounted in glycerine. What renders the study of pulmonary tuberculosis very confused is the great variety of lesions in such a complex organ; but we owe also a great number of errors to the insufficient preparations made use of. We must no longer speak of the method of dessication too long employed; alcohol and chromic acid are excellent, but the first does not fix the elements sufficiently, and the second makes them like bladders and gives a network in all directions. Wherever there exists gelatinous infiltration, we find the alveoli filled with little cells (old cytobasts) coloured and closely aggregated. On the walls of the alveoli the capillaries are seen full of blood. A small number of alveoli are quite normal; these were obliterated during life, whence a less tension of the lung than that found in pneumonia. Other alveoli equally few in number, are filled with epithelial elements, swollen, and with a glue-like material.

At this period we may say that the granulation is organised in the alveoli, it arises by buds at the expense of the epithelium of the lungs. This is, besides, the common way in which all tumours of the lungs are developed; lymphadenoma, carcinoma, sarcoma. It has required nothing less than preconceived ideas as to the connective origin of tubercle, to make all the world declare that the granulation in the lung arose exclusively in the periphery of the vessels or bronchi; and it has required very bad preparations not to show its intra-alveolar development. Besides, the fact has, perhaps, been seen but interpreted in favour of caseous pneumonia, even because of its seat in the alveoli; this is to hold the other characters of the neoplasm too cheap.

Thus the granulation exists already in the gelatinous tissue; of the vessels, some are obliterated by end-arteritis, and others by thrombosis. There occur coagulations and heaps of white globules; the whole vessel cut across gives elegant figures, represented by a granular centre of yellowish hue and a beautiful collar of round cells, coloured in a lively way by picro-carminate of ammonia. Circulation is suspended everywhere gradually, the elements crowd together, but are no longer coloured. We have to do with a focus which contains a mass of granules with alveolar walls which are being destroyed, and with fat globules. Both granulations and cheesy pneumonia end then in ulceration, what is characteristic, and separates them are the first steps of their evolution.

What now is the clinical progress of this peculiar form of infiltration? Two are seen. Either the lesion is secondary, it takes place on the last period of phthisis with chronic progress; and in such case it generally passes unnoticed. Or it shows itself at once in healthy individuals, and is primitive. In this latter case, it has a very defined progress; and presents symptoms easily appreciable, but not at all characteristic. The commencement is sudden and accompanied by shivering. We find on listening a blowing sound, with subcrepitant *râles* at one point of the lung, generally at the apex, with dulness on percussion. This dulness and the blowing sound descend, and the whole organ may be attacked, whilst the other lung is attacked in its turn. The patients present a typhoid aspect; the temperature is very high in the morning and evening, 39° 5 C., 40°, 41°; and death comes in about a fortnight. The disease may last a month, or six weeks; and cavities may occur, and the fever is remittent with exacerbations in the evening.

EXCISION OF JOINTS ON THE FIELD.

A Lecture delivered before the Surgical Society of Vienna on 29th May, 1872; from the notes of Dr. C. Fieber.

(Translated from the *Feldartz* by ASSISTANT-SURGEON MACROBIM, Rifle Brigade.)

(Continued from page 182, Vol. XIV.)

OF the greatest importance for the success of this class of operations is the selection of a suitable incision of the soft parts. On the great authority of Langenbeck vertical incisions have been almost exclusively practised, though, however, quite recently a partial reaction against their universal employment has taken place.

The practice is only the revival of an old one followed in the last century by Park, who commenced the first known operation for excision of the knee-joint by a vertical incision over the patella, though obliged, as might be supposed, to supplement this incision by a horizontal one. Again, in the wrist-joint Roux and others, in the beginning of this century, likewise recommended vertical incisions.

What chiefly has led to the employment of vertical incisions has been a regard to the future usefulness of the limb by the preservation of the muscles and tendons, for a vertical incision is less likely to injure these structures than any other shaped incision. But in regarding this object one of still more importance has been overlooked, viz., the providing for a free exit to the pus which the vertical incision in certain joints rather hinders than aids.

In the wrist and ankle joints, it is true, the vertical incision is strongly prescribed on account of the anatomical grouping of the muscles and tendons, while by it, at the same time, in these particular joints, no hindrance is offered to the exit of pus. The same may be said in a less degree of the elbow and shoulder joints. It is different, however, with the knee and hip joints. After an operation on the knee-joint patient must remain a long time in the lying position; and from this circumstance it is clear enough that the vertical incision allows only of free suppuration from the upper half of resected joint, and in this respect is inferior to anterior horizontal or semicircle incisions. The incision is still more unfavourable in the hip joint, for by reason of the great depth of this joint the pus cannot easily flow through a narrow slit wound such as the vertical incision, but requires a gaping, more flap-shaped incision for its easy exudation.

The best incision is that adopted by Hueter, viz., one which describes a semi-circle having the trochanter for its centre, and which cuts through the muscles obliquely, so as to form an inferior flap. It is true that by such practice in both these joints, the cutting through of muscles and tendons must result, but precisely in these joints is this circumstance of minor significance.

In the knee-joint the great object is to ensure ankylosis, consequently the preservation of the quadriceps muscle is of little importance.

In the hip-joint, again, the danger of retention of pus is so great that the more extensive injury of muscles is more than counterbalanced by the more favourable circumstance as supplied by the flap incision for the flow of pus. On the whole, therefore, I consider that we should do better, in the case of the knee and hip joints, to abandon the vertical incision, for we do not act judiciously in compromising the patient's life for an ulterior and secondary good, as the increased usefulness of the limb must be considered to be.

The value of Langenbeck's sub-periosteal incision is, however, of indisputable value.

In cases of injuries of the upper extremities it has been of the greatest use, and more especially in those cases where the shattering of the bone is extensive, and where previously amputation would have been practised. But of the greatest importance of all becomes this discovery in the resection of those joints where the tendons and sheaths of tendons are in close proximity, as exemplified in the ankle, and still more so in the wrist joint. In these joints has the method the great recommendation that the retained periosteum serves as a barrier between the suppurating cavity of the resected joint and the sheaths of the tendons, so accessible as they are to the grafting of inflammation and resulting suppuration; and the preservation of these structures is so necessary that the most complete success of the operation goes for little if the sloughing of the tendons has taken place, for a hand which has a moveable joint, but where the tendons are gone, is much less useful than one where the joint is ankylosed, but where the tendons remain intact, because in the latter case the movements of the fingers still remain.

On glancing at the result of resection with regard to the future usefulness of the limb, it is necessary only to draw a parallel between this result and that of the expectant treatment. Provided the cases for resection are carefully selected, the result is more encouraging than that of the expectant treatment. For while the result, when the bones are injured, of the latter is almost invariably ankylosis of the joint, resection secures for the joints of the upper extremity moderate movements, and therefore an increased usefulness. In the lower extremities much movement is to be considered a misfortune, which only a special supporting apparatus can compensate.

In conclusion, it may be laid down as a broad principle that moderate movement is the best result in the upper, ankylosis in the under; also that a too limited degree of movement, or even ankylosis of the upper extremity, is more desirable than a too extensive movement, viz., where the joint wabbles, and where there is no precision in the motions of the joint. Fortunately, this last result seldom occurs if no more bone that what is absolutely necessary is removed, and if the periosteum be carefully preserved.

SYPHILITIC IRITIS.

(Translated for Medical Press and Circular by Dr. C. R. Drysdale.)

Dr. H. Schmidt (*Berliner Klin. Woch.*, 1872, Nos. 23 and 24), supported by 34 cases observed in hospital, gives this affection a renewed study. In the 34 cases, 1 eye alone was affected in 18; of these, 13 times it was the right eye. There were complications in 31 cases. The great number of complicated cases is far too high to allow us to entertain the opinion that specific iritis is comparatively not dangerous. The writer further remarks that in 24 out of the 34 cases the iritis appeared in the secondary period. Almost all of the cases showed great plasticity; adhesions with the capsule of the lens, exudations into the pupillary region, or hypopion, are remarkably rare. As to Beer's opinion, that the dragging of the pupil taking place inwards and upwards is characteristic of this form, this has not been verified by the author. Pain was generally very severe and widely extended. The loss of vision is generally rather slight; but if notable, we may count on complications, of which the writer gives instances. Condylomata are not rarely seen upon the iris; but these never melt into pus. In very rare forms these gummata also adhere to the ciliary body and the choroid, and may pierce the sclerotic, as Desmarres, Lebender, Arlt, Mackenzie, V. Hippel, Coccius, and the author have observed. In the last-mentioned case—contrary to what has occurred in others named—good vision was retained. We are earnestly cautioned against incision into such a swelling, from the results of the above-mentioned cases.

Another case is mentioned by the author, which was complicated with erysipelas of the face, and where the disappearance of the affection coincided with the commencement of the erysipelas. The author draws the further conclusion from many cases that condyloma of the iris does not occur in non-syphilitic iritis, whereas Desmarres, Arlt, and Mooren say the contrary. Thus, condylomatous iritis is always the expression of constitutional syphilis. With regard to the consequences of this affection, irido-choroiditis only twice was present, and we may therefore say that about 50 per cent. of the patients after iritis possess less than half the power of vision.

As to treatment, mercury was used as general treatment in the form of sublimate or iodide internally; but frequently inunction and subcutaneous injection by Lewin's method in the dorsal region, when no abscesses occurred. The daily dose was about one centigramme. The appearances often quickly disappeared, but often relapsed quickly when the treatment was abandoned. The patients remained, as long as there was pain and the injections were being made, in their room and in bed, and on an average were under treatment from three to five weeks. A solution of five centigrammes atropiæ sulph. to ten grammes (three grains to the ounce) was dropped in twice daily, and small cataplasms used when pain was severe. Leeches on the temples were used when feelings of pressure were felt, and morphia to give sleep. The average time of treatment was from five to six weeks. If the syphilitic iritis withstood all remedies, the author saw good results from repeated paracentesis, in very rare cases, however.

Gleanings.

(From the *Michigan Medical Journal.*)

Dr. de Camp states that in cases of the sickness of pregnancy he never fails to give relief with either oxalate of cerium, calomel, or arsenic. Where bile is vomited and the tongue brown or yellowish he gives calomel. If there be acidity with distress after eating, cerium is the remedy. Where there is loathing of taste, smell, or thought of food, and where there is profuse flow of saliva, there arsenic in small doses is invaluable.

Dr. Broadman, of the Ramsay Co. Med. Society, Minn., mentions a case of typhoid malarial fever, in which, during the worst stage of depression, the subcutaneous injection of 1-48th gr. of strychnia every three hours, had the happiest effect. Dr. Hand, of same place, reports highly of small doses of strychnia with phosphoric acid in minute doses, and gives the following prescription:—

℞ Strychniæ, gr. ss.;
Acidi phosphoric, ʒ ij.;
Syrupi limonis, ad. ℥ iv.;
♏ Coch$^{l.}$ j. min., 3^{tia} vel. 4ta 99hora.

(From the *Detroit Review of Medicine.*)

Dr. Southwood, Ioledo, Ohio, gives a very interesting case of what he terms correctly *neuro-dermic hyperæmia of the hands*, caused by *vaso-motor paresis*. J. N., æt. 23, dry goods clerk, applied for relief for his *bloody red hands*, April 9, 1872. The colour was annoying, and in winter the hands became cold and painful, yet covered with cold clammy perspiration; when pressed the colour receded, and on elevating the hands faded. When he went near a fire he should keep his hands behind him, as heat caused them to itch and burn. After regulating the digestive organs with aperients and quinine, he was given four drops of Fowler's solution, and one thirteeth of a grain of strychnia three times a day, being desired to intermit the use one week in every four. In three months and a half he was quite cured.

Dr. Yandell, in the *American Practitioner*, calls attention to bromide of quinine as a most valuable therapeutic agent in all the sequelæ of syphilis. Dr. Flint, in the same journal, points out that much attention is paid to the effects of over-mental exertion; but that deficient exercise of the intellectual functions, or insufficient activity of the mind is also a great source of morbific agencies, and shows the danger of giving up too suddenly and entirely mental occupation, in which one has been long exercised.

(From the *Philadelphia Medical Times.*)

Opium Poisoning.—The patient took 1¼ ozs. of laudanum. 1-16th gr. of atropine subcutaneously injected dilated pupil, but could not be said to have produced any other evident effect. Constant artificial respiration for three hours, with magnetic electricity, brought the patient through with great difficulty. The magneto-electric and Faradic currents were found more useful for being intermitted and alternative. Benefit was also noted from shifting one pole from over the phrenic nerve to the spinal column.

(*Canada Medical and Surgical Journal.*)

This is a well got-up periodical, and creditable to the Dominion. There are several articles on the outbreak of spinal meningitis of great interest. In the "Hospital Reports" we have cases of idiopathic tetanus, syphilitic ecthyma cured by large doses of iodide of potassium. Severe punctured wound from a bowie knife, separating the coccyx from the sacrum. Amyloid degeneration of kidney and albuminuria. A sound editorial article on sewage ventilation, with several other items of interest. We wish the Editor success, and heartily say, "Floreat Canada."

Correspondence.

THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Fellows of the Royal College of Surgeons in Ireland may, I think, be thankful that they have in the MEDICAL PRESS AND CIRCULAR a guardian which has evinced an anxious interest in the College, and a fearless vigilance, which the Council to whom such matters have been confided might advantageously emulate. The apathy and (I must add) the pusillanimity which the Members of Council have manifested when so great interests were at stake, and so gross a scandal as Mr. Hargrave's continuance of office existed, ought to be remembered by each and every Fellow when the proper time arrives. If I am rightly informed, it is nearly a year ago since a gentleman, who has since resigned his membership of the Council, brought a blush to the cheeks of his colleagues by courageously protesting against the "over-holding possession" by the Representative of the College; but, although I venture to say every single member then felt and now feels the truth, justice, and necessity of the views then urged, not one of the twenty-one councillors has cared to take upon himself the distasteful duty which he could not but feel devolved upon him. It has, therefore, remained for you, Sir, to put the issue in such a form that it can no longer be disregarded either by the Council, the College, or the Medical Council, and you have certainly left no chink in your argument through which the most easy-consciensed or timid could creep. I write, now, to remind the Fellows that it may probably fall upon them to act in the matter, and, in the most earnest words, to conjure them to estimate the urgency of the occasion, and make themselves heard decisively, if it shall appear that the Council is still unequal to the emergency. It seems to me that the executive body of the College has a plain course before it. Whether your exposition of the illegality of Mr. Hargrave's election be correct or not, it is its duty to express by resolution, as tenderly as may be desired, but in the most unmistakeable terms, its opinion that Mr. Hargrave is no longer capable of doing justice to the Collegiate interests, and that the advantage of the College demands his retirement. That such a proposition is true, and that the members of Council know it to be so is beyond question—that the critical position of the College in regard to Medical legislation justifies immediate and peremptory action is equally undeniable. I cannot believe that, in the face of such a declaration on the part of the Council, Mr. Hargrave would hesitate to tender his resignation; but, should he still persist in his immoveability, it would then be clearly the duty of the Council to take the opinion of its law advisers as to the legal points which you have raised. If its members are still reticent, I certainly think that the occasion is one which requires the intervention of the College, and I should willingly join in a requisition of twelve Fellows (as provided by the Charter) to call an assembly of the College to consider the subject.

The object of this letter, therefore, is to prepare the Fellows for such action, and to show them that neither hesitation nor delay are compatible with the well-being of the College. Are the Fellows aware that not long ago the College was saved from imminent annihilation by the efforts of a deputation, which was, at a heavy expense, sent to London as a nurse to Mr. Hargrave, and then succeeded in defeating a Government Bill which would have put the College under the foot of the Universities? Are the Fellows aware that a resuscitation of the same Bill is in active contemplation, and that probably within a month the Medical Council will meet perhaps to settle its provisions? Are the Fellows conscious that, in Mr. Hargrave's present state, the best thing that could happen would be that he should forego being present, and that judgment should go by default? If they justly estimate these facts I am sure they will not hesitate, should occasion require, to take the matter into their own hands, and I have every confidence that, if the necessity arises, you, Sir, will not flinch from advising them to do so.—Yours, &c.,

A FELLOW OF FOURTEEN YEARS' STANDING.

[We shall certainly not draw back from any course that may be necessary to protect the College from the results of mal-representation, or no-representation, or from the present danger which our correspondent does not, in the least, overestimate. We have every reason to hope that the Council will not leave it to the College to express its opinion on the subject. If the subject were to come before the College the discussion could not be confined to Mr. Hargrave's position.—ED. M. P. & C.]

Medical News.

Longevity of Physicians and Surgeons.—During the year now closing the following eminent members of the Medical Profession have died at the ages indicated, viz.:—Augustus B. Granville, M.D. Paris, F.R.S., senior member of the Royal College of Physicians, 89; Robert Wade, F.R.C.S. England, 80; Thomas Leigh Blundell, M.D. Glasgow, 84; Hugh Agnew, M.D. Edinburgh, 94; Thomas Barnes, M.D. and F.R.S. Edinburgh, 80; Robert Venables, M.A., M.D. Oxon, 88; James Alexander Gordon, M.D., F.R.S., F.R.C.P., 80; Thomas Coleman, F.R.C.S. England, 81; Sir Andrew Smith, K.C.B., M.D. Edinburgh, F.R.S., late Director General Medical Department of the Army, 77; Frederick Carpenter Skey, C.B., F.R.S., late President of the Royal College of Surgeons of England, 73; Robert Wight, M.D. Edinburgh, F.R.S., F.L.S., 78; Edward Thomas Beatty, M.D. Edinburgh, late President of the Royal College of Surgeons and King and Queen's College of Physicians, Ireland, 75; Bowyer Vaux, Senior Fellow of the Royal College of Surgeons, England, 91; James Heygate, M.D. Edinburgh, F.R.S., J.P., 73; Samuel Jeyes, M.D. Edinburgh, 78; William Bodington, F.R.C.S. England, 82; John Gardner, F.R.C.S., 82; P. Miller, M.D. and F.R.S. Edinburgh, 94; Henry B. Leeson, M.D. Oxon, F.R.S., F.R.C.P., 73; Hugh Carmichael, M.A., F.R.C.S. Ireland, 79; William Gibney, M.D. Edinburgh, 78; and Robert Buchanan, M.D. Glasgow, 86.

Singular Cause of Death.—The *Standard* reports on Friday, an inquest was held at Leamington, which revealed a singular cause of an infant's death. The deceased, who was found dead in bed on Thursday, was the daughter of a Mr. Harris, grocer, Victoria Terrace. A *post-mortem* examination showed that death was due to the presence in the stomach of a compact and hard ball of cheesy matter nearly the size of a man's fist. Two Medical men gave it as their opinion that the ball had been accumulating for some time, and was caused by the milk having become changed to cheese in the stomach. Verdict—Natural Causes.

List of Entries in the Register of the Branch Medical Council, Ireland, for the month of November, 1872.

Nov. 1st.—Bond, John, Victoria Villa, Rathgar, Co. Dublin, Lic. R. Coll. Surg. Irel., 1868.

4th.—Kennedy, Thomas Augustus, Cavan, Lic. R. Coll. Surg. Irel., 1870, Lic., 1871, and Lic. Midwfy., 1871, K.Q. Coll. Phys. Irel.

8th.—MacMullen, Hamilton, 62 Upper Leeson Street, Dublin, M.B. Univ. Dub., 1871, Lic. R. Coll. Surg. Irel., 1872.

9th.—Kelly, Peter, Ferry Quay Street, Cork, Lic. R. Coll. Surg. Irel., 1869.

11th.—MacNamara, Patrick Joseph, Knockany-Bruff, Co. Tipperary, M.D. Qu. Univ. Irel., 1872, Lic. R. Coll. Surg. Irel., 1872.

12th.—MacDonald, Denis Peter, Kanturk, Co. Cork, M.D., 1872, and M.Ch., 1872, Qu. Univ. Irel.

15th.—Casey, Philip Forth, The Donahies, Raheny, Co. Dublin, Lic. R. Coll. Surg. Irel., 1872.

15th.—Boxwell, John Henry, Infirmary House, Wexford, Lic. R. Coll. Surg. Irel., 1872.

19th.—Healy, Joseph Keane, Miltown-Malbay, Co. Clare, Lic., 1872, and Lic. Midwfy., 1872, K.Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel., 1872.

19th.—Dill, James Scott, Dromore, Co. Tyrone, M.D., 1872, and M.Ch., 1872, Qu. Univ. Irel.

19th.—Molloy, William, Newry, Co. Down, M.D. Qu. Univ. Irel., 1872.

20th.—Peele, Edward, 19 Adelaide Road, Dublin, Lic., 1872, and Lic. Midwfy., 1872, K.Q. Coll. Phys. Irel.

25th.—Myles, Thomas William, Richmond Hospital, Dublin, Lic. Apoth. Hall Dublin, 1871.

26th.—Fleming, John, Newtown Limavady, Co. Derry, M.D. Univ. Dubl., 1872, Lic. R. Coll. Surg. Edin., 1872.

29th.—Torney, Richard, 20 Ellis's Quay, Dublin, Lic. R. Coll. Surg. Irel., 1864, Lic. R. Coll. Phys. Edin., 1865.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Pass Lists.—In the "News Column" of our last week's journal the names of gentlemen given as having *passed* on the 16th were, by a printer's error, inserted under the heading of the Royal College of Surgeons *instead* of the Royal College of Physicians.

We are obliged to postpone several Original Communications, some of them of great importance.

Surgical Society.—The full report of the discussion on Mr. Morgan's paper will appear in our columns forthwith.

Dr. Proll.—Your letter and the statistics have come to hand.

Dr. Morgan.—The continuation of your article "Peculiar Affections of the Hands and Feet" is in type and will appear in our next. The illustrations have been received.

Dr. B. J. M.—It has been carefully read.

Mr. J. H. N.—You will find the announcement in another column.

A New Remedy for Hydrophobia.—A correspondent requests us to give space to the following, which he has clipped from a German contemporary:—

"A Saxon forester, named Gastell, has made public the means which he has used for fifty years, and wherewith he affirms he has rescued many human beings and cattle from hydrophobia. Take immediately warm vinegar or tepid water, wash the wound clean therewith, and then dry it; then pour upon the wound a few drops of hydrochloric acid, because mineral acids destroy the poison of the saliva, by which the latter is neutralised."

The Adulteration Act of 1872.—The Vestry Clerk of St. Pancras, Middlesex, sends us "a few suggestions on the Adulteration Act," but, as they are intended more for the guidance of the public than of the Medical Inspectors, we can do no more than give space to a short quotation of the duties and fees of the analyst:—

"The Analyst should be required to provide a laboratory at his own expense, and all things necessary for the purposes of analysis. He should be paid by fixed salary, and not be allowed to receive any fees whatever, except fees for attendance in a Court of Justice on proceedings being taken by the Vestry."

To the Editor of the "Medical Press and Circular."

Sir,—I shall feel very much obliged indeed if you will kindly in your *next* issue correct a few clerical errors which appear in the communication I sent you on the 29th November, headed "Aquo Capsulitis," and published in the Medical Press of the 11th inst. The prescription should run thus:—

℞ Hyd. chlor. gr. viij.;
Pulv. opii, gr. j.;
Sach. alb., q. s. m

Divide into *eight* powders. One to be taken three times a-day.

The date following the 16th August, instead of being the 21st July, should be the 21*st August*.

I remain, Sir, yours truly,
J. J. McKeogh.

Thurles, Dec. 14th, 1872.

Medical Society of London.—On Monday evening next the first of the Lettsomian Lectures will be delivered by Mr. Henry Lee, F.R.C.S. Subject: "Urethral Discharges."

Erratum.—At page 10 (inner sheet), of this Number, for Dr. Dowell Stone *read* Dr. Domett Stone.

Communications, &c., have been received from Mr. Cole, C.B., Kensington. Mr. Teevan, London. Dr. J. Cochrane, Edinburgh. Mr. G. Stratten, York. Dr. Stead, Manchester. Mr. Hoblyn, Bath. Mr. Le Neve Foster. Dr. Mitchell, Carlisle. Mr. Green. Dr. Bennett, Cheltenham. Dr. Calvert. Dr. MacCormac, Lambeth. Dr. Goedicke, Romford. Dr. Alexander Lane, Ludlow. The Secretary to the Hospital for Diseases of the Throat. Dr. Neville, Chorley. Dr. Abbott, Brigg. Dr. Henry Land, Exmouth. Dr. Woodward, Worcester. Dr. Daly Moore, Glamorgan. Dr. Langley. Dr. Williams, Westminster. Dr. Morgan, Dublin. Dr. Vance, Rathdrum. Dr. Swanzy, Dublin. Dr. Easby, Darlington. Dr. Reardon, Kildarrery. Dr. Walker, Bonmahon. Dr. Clayton, Athy. Dr. Hely, Carrickmacross. Mr. Fox, Manchester. Dr. Jones, Cork. Mr. Black, London. Dr. Lawlor, Tralee. Dr. Harris, Middleton. Dr. Donovan, Skibbereen. Mr. Backhouse, Leeds. Dr. Franklin, Rush. Dr. Soden, Moville. Dr. Fry, Moate. Dr Waring-Curran, Mansfield. Dr. Sheehan, Buttevant. Dr. Mahoney, Clonmel. Mr. J. Holme Nicholson, Owens College. Dr. Beck, Sawbridgeworth. Dr. Jenner, Hunmanby. Dr. J. Smith, Manchester, &c., &c.

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VACANCIES.

Coleraine Union, Portrush Dispensary district. Medical Officer. Salary £70 per annum, exclusive of fees. (See Advt.).

Wallasey Dispensary. House-Surgeon. Salary £100, with residence.

Leamington Provident Dispensary. Dispenser. Salary £70.

Wandsworth District Board of Works. Analyst under the provisions of the Adulterations' Act. Terms to be stated with application.

Metropolitan Free Hospital. Assistant Physician. Honorary.

Manchester Royal Infirmary Dispensary and Lunatic Asylum. Two Assistant-Physicians; two Assistant-Surgeons; one Obstetric Surgeon; Ophthalmic Surgeon, and Dental Surgeon. These appointments are all honorary. Applications must be sent in before the 18th inst.

Parish of Lambeth, Surrey. District Medical Officer for District No. 7. Salary £75, exclusive of fees. Application before the 6th inst.

Chelsea Dispensary, S.W. Honorary Surgeon.

Nottingham General Hospital. Resident Surgeon Apothecary. Salary £150, with board and washing. Applications to be made to the Secretary at the Hospital.

Dental Hospital, London. Dental House-Surgeon. Salary £40 per annum.

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APPOINTMENTS.

Dittmar, Mr. W., Assistant Lecturer on Chemistry and Junior Demonstrator in the Chemical Laboratory, Owens College, Manchester.

Hunt, H. J., L.R.C.P.L., M.R.C.S.E., Medical Officer to the West Sussex Prison, Petworth, vice Roger Turner, M.D., resigned.

Mackern, W., M.D., M.R.C.S.E., Medical Officer of Health for the Shardlow Union Rural Sanitary District, Derbyshire.

MacLaughlin, F. P., A.B., M.B., C.M., L.M., Assistant-Surgeon and Registrar to the County Down Infirmary, Downpatrick, vice Hetherington, appointed Assistant Medical Officer to the Downpatrick District Lunatic Asylum.

Payne, G., M.R.C.S.E., House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice Anderson, resigned.

Runcorn, H., M.R.C.S.E., Obstetric Surgeon to St Mary's Hospital, Manchester.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, January 1.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, January 2.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, January 3.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, January 4.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 2 p.m.

Monday, January 6.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, January 7.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
Royal Free Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1873.

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PECULIAR AFFECTIONS OF THE HANDS AND FEET.

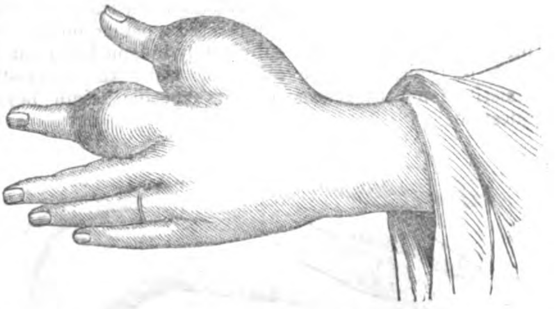
By J. MORGAN, M.D., F.R.C.S.,

Surgeon to Mercer's and to the Westmoreland Hospitals, Professor of Surgical and Descriptive Anatomy, Royal College of Surgeons, Ireland, &c.

(*Continued from Dec. 16th.*)

A VERY typical instance illustrative of a marked form of the milder dactylitis came lately under my notice in a private patient, whose affection presented some peculiarities, and, in whom the previous history was ascertained with accuracy by the gentleman who submitted the case for my opinion.

Her husband admitted that he had infected her some years previously, and both were suffering from unquestionable evidences of constitutional disease; the wife, who was the more robust, was suffering from tertiary ulcerations and pains, together with an exceedingly well-marked dactylitis affecting the thumb and fore-finger, with the milder form of the disease. This condition had existed for some months without causing much uneasiness; the parts could be handled freely, and felt thick and semi-elastic; a peculiar creaking or sub-crepitation could be found at the joints; there was also a leather-creak generally over the swollen parts, the sensation being remarkable, and differing from that of enchondroma or of gouty enlargement, which it most resembles at first sight. The swelling was not abrupt, but gradually merged into the surrounding parts, there was no heat or redness. The illustration shows the remarkable deformity which ensued; yet this condition yielded to specific treatment, and in some weeks had almost disappeared.



A somewhat analogous case is thus given by Dr. Perry in a late number of the *Philadelphia Medical Times*:—

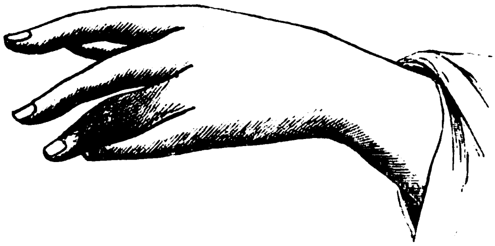
"*May* 29, 1872.—Upon various parts of the body there are the scars of the previous skin-disease. The angles of the mouth are fissured and puckered. On the left cheek is a large rupial crust. The left forearm and back of the hand are covered with the crusts and cicatrices of rupia. The former are from one inch to two inches in diameter. The proximal phalanges of the middle and little fingers of the left hand, and the phalangeal articulation of the former, are much swollen. This is more manifest upon the dorsal than upon the palmar surface, and the former is broader than the latter. The skin over the affected parts is tense, the folds in it are effaced, and the mobility of these fingers is much impaired. The child does not complain of pain in them. They may be firmly pressed or moved without objection on her part. There is no crepitation in the movement of the joints. The outlines of the phalanges are defined with difficulty, owing to the firmness and tenseness of the swelling, but they appear to be slightly thickened, though it is evident that the increase in the size of the fingers is mainly due to disease of the tissues between the skin and the bones. The hand applied to these parts detects no elevation of temperature. The ring finger is much shortened, so that its distal extremity reaches just beyond the proximal phalangeal articulation of the middle finger. It is a quarter of an inch shorter than the little finger. This deformity is due to destruction of the whole of the proximal phalanx. The metacarpal extremity of the middle phalanx has been destroyed, as well as a small part of the distal end of the metacarpal bone itself. In consequence, though she retains but little control over it, the mobility of the member is very great. The nails on all the fingers are perfect and healthy."

In this instance there can be no possible doubt of the specific nature of the disease.

A very interesting case has been under my own observation, which much resembles Dr. Perry's. A boy, æt. 11, suffered from gummatous ulcerations in the following order: on the arm, Nov., 1870; on the nates, Dec., 1870; on the back and shoulder, Jan., 1871; on the chest, March, 1871; and in the fingers and leg in May, 1872. The thumb became affected with a well-marked dactylitis, which suppurated slowly, and comparatively without pain. This boy's sister, who was two years older, had suffered from similar ulcers; and the mother, a person of respectability, admitted that she had been infected by her husband previous to the birth of these two children; the others born previously, and who are still alive, have never showed any evidences of ill health.

As in this instance, a transition may occur from the milder to the more severe form of this affection, which presents more urgent symptoms, and has some features of interest, as it may be, and has been confounded, doubtless, with the more distinctly strumous affections of the fingers, to which, indeed, it is somewhat similar in its course, if not subjected to treatment based on correct diagnosis.

The following is an illustration:—A patient, æt. 23, suffering from nodes on the clavicle and sternum, and also from sore throat, the result of infection by her husband; suffers from a dactylitis of the ring-finger, much resembling that shown in the coloured illustration of Case No. 1. There is a small ulcerated opening on the summit, and the swollen and sub-acutely inflamed state of the skin is typical of the affection, while the co-existing constitutional evidences put its specific origin beyond question.



Ulcerated Dactylitis of Ring-finger.

In this severer form, the symptoms are more active; the swelling is more intense; the skin is so tightly stretched as to be incapable of being pinched up between the finger and thumb; the colour becomes a more or less intense violaceous red, or almost livid hue, and extends over a considerable space; the swelling is very remarkable and tense; there is but little pain; the feel is more of an elastic resistant character than that of fluctuation; and, if a lancet be introduced, instead of the exit of purulent matter, there will be but a thin, viscid, and scanty yellowish fluid exuded, and will much disappoint the expectations of the operator, this is rather a remarkable characteristic of the degeneration of a gummy material; sometimes on passing a probe into the incision a very slight exposure of the bone may be found, as in the following instance under my observation. (*See coloured illustration*).

Case 1.—A boy, nearly three years old, the second child of parents previously healthy, but where subsequently a syphilitic taint was undoubted, showed no evidences till he was two and a half years old. He came under my care suffering from dactylitis of the thumb, which presented all the usual characters of the severer form. There was intense tumefaction; the thumb appeared as if thrust through a ball; the colour was violaceous; there was but little pain. Shortly after the first visit was paid, my diagnosis was confirmed by the occurrence of scattered, but well-marked, papular rash, and the metacarpal bone of the fifth toe became similarly affected; the thumb integument thinned and gave way, and a ragged sinus formed after that the usual thin yellowish fluid had been discharged; a slight roughness could be felt at the bone. A mercurial treatment was had recourse to, which, assuming the affection to have been strumous, would have been contra-indicated; the thumb healed; the rash disappeared; the metacarpal swelling diminished with remarkable celerity; and the child's health became completely robust.

The combination of rash, dactylitis of hand and feet, and cachexia, together with the admitted infection of the parents and the influence of specific treatment, confirmed the accuracy of the diagnosis in this instance.

The following instance is even more interesting, as it points to a confirmation of the disputed question of inheritance from the father alone. (*See coloured illustration.*)

Case 2.—A delicate child of two years was submitted to me in consultation, for dactylitis of both feet. The swelling was tense and violaceous; not very painful, and very obdurate—indeed, its chronicity particularly attracted the attention of the gentleman under whose care the child was, and who had attended the mother in her confinement of this, and of two former children, none of whom had shown any evidence of infection. The father admitted that he had been infected previous to marriage, and he still bore the cicatrices of constitutional ulcers. The case was one of interest and of some doubt. I suggested a specific treatment, which the appearance of a marked rash shortly afterwards confirmed the necessity for. The swelling on one foot became completely resolved, and a small incision made into the other gave exit to thin yellowish matter. It shortly healed, and the child's health became fully restored.

Dr. Perry has also given a case very closely resembling these in history, and where the child had been under observation from the time of its birth.

"*Inherited Syphilis; Dactylitis Syphilitica; Hutchinson's Teeth.*—W. H. H., æt. 10 years, coloured, has been an inmate of the hospital from infancy. Five years ago he suffered severely from nodes on the humerus, ulna, and other parts of the body, with dactylitis, which suppurated after a long period of inactivity, and destroyed the whole of the proximal phalanx of the ring finger on the right hand. The disease is now entirely inactive, but the affected finger is a mere stump, which scarcely reaches the second joint of the little finger."

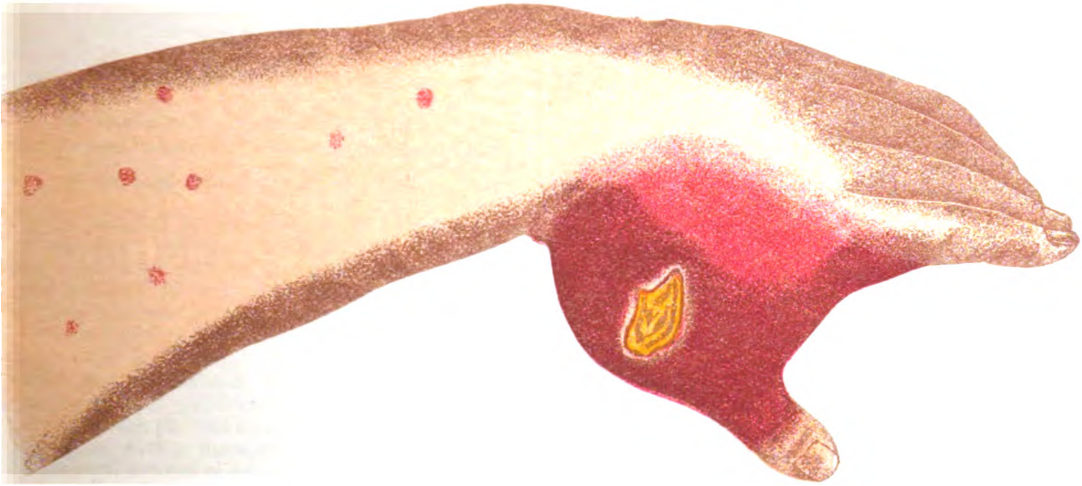
These affections have been chiefly classed as strumous, I am satisfied that in many instances if they be closely examined into, they will be found due to a latent syphilitic taint, and that specific treatment will succeed without surgical interference, or the very extreme measure, of removal of the offending part by amputation or by excision.

The power of reparation under some such circumstances is wonderful, and if early treatment be adopted, much time and consequent drain on the system will be saved. Whether the disease may culminate in a gummatous osteo-myelitis, and destruction of the synovial or articular surfaces may be a matter of speculation in the early stages; I am satisfied, however, that if the disease be recognised, and the previous history of the case scrutinised, a successful termination may usually be counted on, notwithstanding the threatening aspect which may be presented.

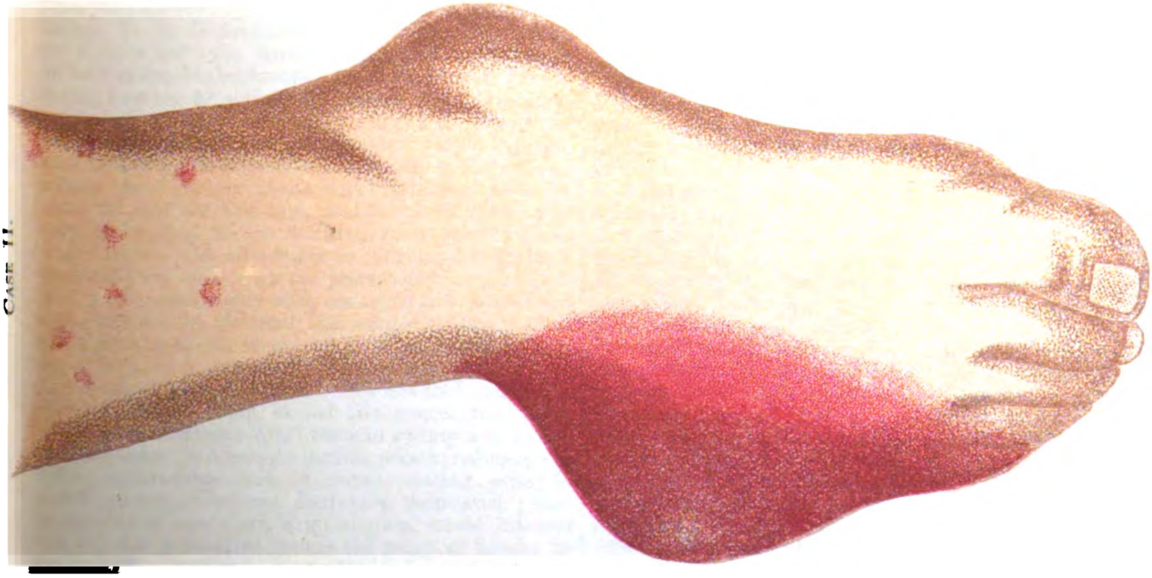
The parts should be kept at rest and warm; gentle pressure should be applied with a bandage, or by strapping, or, what I find very convenient, by painting the parts with one part of tincture of iodine to eight parts of flexible collodion, and specific treatment by inunction, or by the long-established corrosive sublimate and tincture of bark,

PECULIAR AFFECTION OF THE HANDS AND FEET.

Case I.



Case II.



DR. MORGAN'S CASES.

given to such cases under the supposition that they are strumous, should be steadily and carefully employed. Surgical interference by the lancet or knife will be rarely called for. It is needless to remark that the removal of so important an extremity as a finger, without having first had recourse to specific treatment, would be a highly questionable procedure.

23 St. Stephen's Green, N. Dublin.

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MARRIAGE IN THE ARMY.

By Francis R. Hogg, M.D., R.H.A.,

Fellow of the Royal Medical and Chirurgical and Obstetrical Societies.

(Continued from page 432, vol. xiv.)

In India, hospital accommodation for 10 per cent. of full complement of recognised wives, and one half as much in addition for children, is in many stations allowed for cases confined to bed. The dietary for infants is liberal; for children between the ages of 5 and 8 one half, between 8 and 14 two-thirds, above 14 the full diet of adults. On board ship, where those far advanced in pregnancy must not embark, each woman has 15 superficial cubic feet, each child under 10 years of age 7½, and girls above this age the full complement. The wife of an officer provided with a passage can carry 6 cwt. of baggage gratis until arrived at corps or station.

Soldiers.—In 1870 the average strength of troops in the United Kingdom amounted to 82,035; the deaths, 9·48; the invaliding, 37·04 per thousand. It has often been stated that 16,553 men were under 20 years of age; 40,389 under 25; and 52,041 under 30; that Edward the Black Prince held command at the age of 15. Napoleon, Cromwell, and Medical men, prefer maturity, when the bones are perfect. Muscular tenuity, varicose veins, defective vision, flat feet, marks of treatment, heart disease, constituting the main points of recruit rejection. It has been calculated by way of nationality that Englishmen between 20 and 25 give a tractile force of 366 to 384 lbs., the Scotchman from 374 to 404, whilst the Irish range between 399 and 413. Barracks, violently opposed by Londoners, were built in 1739; before this soldiers lived in billets in the beer-houses, livery stables, or lumber rooms of surly landlords. When sickness broke out the surgeon hired a place, sometimes consisting of two small rooms, each 12 feet by 15, for 12 men, with a kitchen attached. To Sir James McGregor the soldier is indebted for a separate bed; the Medical officer also has to thank him for mention in despatches. In old books are records showing how troops suffered in Ireland from dysentery, plague, and malaria, induced by exposure, damp, bad food, and the rascality of contractors. Major Duncan, ever a kind friend to soldiers, and specially to their wives, quotes in the "History of the Royal Artillery" an order dated 1769, that the first man seen drunk or *the least in liquor* be brought to the halberts, there receive three hundred lashes, and afterwards be drummed out with a rope around his neck. In the present day, well-housed, liberally fed, comfortably clad, conveyed in commodious ships, cared for in sickness, the soldier seldom suffers from typhus, typhoid, or scarlet fever, except when contracted from civil population. Dysentery and cholera are in England almost extinct. We are told that if the amount of alcohol taken exceed two ounces, the heart's pulsations are increased 7,000 beats in twenty-four hours, also that tobacco is a vasculo-cardiac poison, reducing the animal temperature, and in excess causing paralysis agitans, vertigo, blindness, dyspepsia, palpitation; that the nicotine of one cigar, if given pure, would kill two men, and that a cannibal prefers the pangs of hunger to lunching off a smoker. Every Medical man knows the ravages of syphilis as wonderfully depicted in Timon of Athens; every tissue is attacked, no organ escapes. How difficult to cure, how rapidly the system becomes poisoned, how easily the sufferer breaks down without the feeblest power of repair; worse than all are the probable consequences to the wife, the almost certain damage to the child, who, escaping scrofula, hydrocephalus, convulsions, or tabes, fatally falls a ready prey to eruptive fevers. This disease is not confined to soldiers. Visit any pathological museum you please, take any town or village of England, in protean shape syphilis will be manifest. Vaccination, railways, as well as the Contagious Diseases Acts, had their opponents, who lived to regret their opinions. Well, the soldier, in addition to the influences of drink, tobacco, and syphilis, suffers from liver, Bright's disease, tropical fevers, and that terrible, subtle, undiscovered poison termed malaria, which science and experience hope to conquer. In 1853 considerable attention was directed to the condition of Plumstead Marshes; sentries on night duty at the Artillery Barracks as well as soldiers' families complained of ague. Dr. John Butler stated that in the months of September and October, 1826, he used daily to visit ninety patients suffering from intermittent fever. Mr. Peter Bossey, who attended the convict hulks, found a difference between 87 and 712 cases of malaria in the ships, *Warrior* and *Justitia*, stationed at Woolwich, owing to anchorage as well as the occupation of prisoners in the marshes. All opinions concurred as to advisability of draining. During the last few years soldiers' families appear to have suffered very lightly. Regarding cholera in India the most recent reports state that Medical science and skill can do nothing secondarily, yet preventive measures in the first instance if feasible might avert the wholesale scourge. Turning to other points, somehow workshops in barracks have scarcely answered expectation. At Woolwich, the soldiers' gardens, each consisting of 1-12th of an acre are let out at sixpence a month, fifteen shillings a year sufficient outlay, the tools and manure provided. At Portsmouth prizes are annually given for flowers and vegetables; and at Peshawur, Sealkote, Mean Meer, and Allahabad the gardens were praised in general orders, but the moving about breaks the interest taken. Respecting barracks many officers are of opinion that the men might sleep in hammocks, and be encouraged to introduce an air of neatness and refinement in their rooms by the addition of neat tables, cupboards, pictures on the walls, indeed, many little things out of the canteen funds. The more men are out of barracks the better. The Roman soldiers, ever on the move, were always healthy and slept well. According to Professor Parkes, each of their tents holding eleven men (allowing 12½ feet per man) were made of skins which, although heavy, were fire as well as waterproof; they also slept on skins.

Foreign Armies.—Let us now consider what takes place abroad, where conscription prevents argument, and the problem is solved how to get good recruits. In France in the Imperial Guard marriage was prohibited; permitted in the Line to about two or three to a regiment of 3,000 strong, the wives acting as vivandières, neither invariably respectable nor comfortably situated. Unmarried soldiers contracting syphilis communicated disease until too ill to drag about. In Spain no marriage under six years' service, even then the woman must have private means. In Sardinia prohibited; in Austria conceded to non-commissioned officers; in Russia encouraged. In Prussia no marriage under three years' service, and to the best of belief in countries where officers or men marry without leave, their children are illegitimate. In the American Regulations there is no information upon this point, nor can any be obtained at present, either from books or individuals. In some newspaper during the graphs found on the dead bodies of French and German late war a contrast was drawn between the various photo- soldiers—the stamp of mistress on the one, that of honest wife on the other. But the French were brave and gallant, and if the reader will turn to Dr. Gordon's most interesting lecture given at Dover it will create astonishment to find such pluck under disadvantages. The pay, about £12 16s. a year, the weight carried on service, about seventy-two pounds, and the allowance of meat, 10½ ounces. Although neither socks, towels, combs, nor razors are included, two pocket-handkerchiefs, drawers, night-cap, and gaiters, figure among the list of necessaries, also two pairs of shoes instead of ammunition boots.

Married Soldiers.—Every man on entering the service subjected to strict Medical examination is considered sound in wind and limb; the diseases afterwards contracted influenced by exposure, climate, vice, or intemperance. Two thousand one hundred and sixty women at various times under treatment were closely questioned about their husbands' health, and the answers tabulated. Those who married twice lost their husbands through phthisis, cardiac affections, Bright's disease, dysentery, cholera, sunstroke, or hepatic ailments. A stated that her husband became paralysed, finally a lunatic; for a long time exposed to tremendous noise, proving guns. B states her husband became suddenly blind whilst undergoing a course of study. C married at 17 a consumptive husband, to whom in Jamaica and Canada she bore five children, who died of convulsions. Next she married another weakly husband, no children resulting. However, the general conclusions arrived at were: Considering everything married soldiers are extremely healthy all the world over when they are fortunate enough to have strong, useful, respectable wives, and in the Artillery we have plenty of them. A dark-complexioned Dorsetshire woman stated that she had six children all alive and well, often nursed two years and a-half; one labour took place on board ship during a storm; she aborted thrice, originally through shock of an earthquake; during pregnancy suffered from obstinate morning sickness invariably with girls, and during lactation menstruated regularly, the climacteric occurring at 45. Had been in Corfu, Malta, Canada, and other places, and was cheerfully packing up to winter at Sheerness. Pressure of other engagements, and preparing to sail for India, interferes with present arrangements, but I trust, when settled down at Meerut, to discuss at length the remaining important professional topics connected with sterility, fertility, labours, fevers, infantile diseases, hospital stoppages, &c., at present in rough original notes. Let me now repeat a former suggestion that soldiers well-recommended should have the first claim, not merely for Government appointments, but also for situations in banks, factories, shops, in short, every branch of civil employ. To soldiers' wives, both of officers and men, feeling indebted for many years' kind appreciation of professional duty, and wishing Woolwich reluctant farewell, allow me to thank the **Medical Press** for the insertion of this paper, also to repeat the words of Sir John Lawrence—"If you wish to *keep* a good soldier make him comfortable at home by treating his wife well."

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CASES IN PRACTICE.

Reported by John W. Martin, M.D., M.Ch. Q.U.I.,

Assistant Medical Officer to the Mayfield Factory Dispensary, Portlaw, late Assistant Surgeon to the North Tipperary Light Infantry Militia.

Case III.—*Cardiac Hypertrophy—Valvular Disease—Hæmoptysis and Dropsy.*—Bridget S——y, æt. 18, servant. (Notes taken Sept. 7th, 1871.)

Symptoms.—Constant pain felt in the epigastrium. A troublesome cough, attended with expectoration of blood, since the 1st of September. Dyspnœa and palpitations produced by making the slightest exertion. Stooping brings on an attack of vertigo, accompanied by great venous congestion of the face. The cutaneous vessels of the face enlarged, and filled with venous blood. Great throbbing of the vessels of the neck, a distinct pulsation being present in the jugulars.

Lower extremities œdematous, marked anæmia; tongue lightly furred; anorexia; bowels constipated; states that she passes water freely (subsequent examination proved the absence of albumen or urinary casts). Pulse very weak, unequal and irregular, 100 per minute.

After meals feels oppressed about the heart, is greatly troubled by flatulence.

Physical Examination.—Nothing to be noted about the appearance of the chest, which seemed well formed and well nourished. Eyelids and face œdematous. Heart's impulse strong; the area of impulse enlarged. Cardiac dulness extended, measuring from the lower border of the second rib on the left side close to its articulation with the sternum, four and a-half inches in the vertical direction downwards, and from the right margin of the sternum at the articulation of the fifth rib, over to the left side three and a-half inches in the horizontal position. When the hand is placed over the area of impulse a slight thrill is imparted to it, with each systole of the heart. A loud single murmur heard in its maximum intensity at the point of impulse between the sixth and seventh ribs, commencing before and accompanying the systole, and masking the first sound. A similar murmur to that just described, heard at the right margin of the ensiform cartilage. Loud murmurs are heard at the right and left borders of the sternum in the second intercostal spaces, synchronous with the heart's systole. The second sound very faint. A bruit present in the carotid arteries. Complains of a constant pain in the left shoulder and arm, also in the back. Symptoms of congested lungs well marked.

History.—Previous to her entering upon her fifteenth year she was always a strong healthy girl. About two years and a-half previous to the date of present notes, first felt a severe and permanent pain in the left shoulder and arm, which she described as rheumatic. There was no swelling, redness, or tenderness of the joints at any time. Never had rheumatic or other fever. When young, about twelve years of age, was subject to "growing pains." Since first attacked by the pain described, her illness has steadily gained ground up to the date of presenting herself for treatment. The slightest exertion now produces violent panting and dyspnœa. Her father died of Bright's disease, albuminuria and uræmic poisoning.

Treatment.—A blister 4 × 4 inches applied over the precardial region.

℞ Potass iodide, grs. 50;
Tr. digitalis, ʒij.;
Syrupi, ℥js.;
Aqua ad, ℥xij.

M Two tablespoonsful to be taken three times a day.

℞ Pulv. scamoniæ Co., ℈j., Tales vj.

One to be taken every second night.

Sept. 11th, 1871.—Symptoms much improved; dropsy diminished; cardiac and pulmonary distress greatly relieved.

℞ Liq. ferri perch., ℥jj.;
Tr. digitalis, ʒj.;
Infusi gentianæ, ad ℥viij,

M Two tablespoonsful to be taken three times a-day.

Sept. 28th, 1871.—Dropsy quite gone; general symptoms greatly improved; the cardiac murmurs still retain the characters already described; the respiratory and other distress, at first so prominent in the case, now much diminished. She is able to walk over half a mile without feeling very fatigued, or out of breath. Previous to treatment she was unable to walk fifty yards. Treatment continued.

Subsequent history.—She continued to improve through the months of October and November. In the beginning of December got fresh cold from a wetting. The old symptoms returned in an aggravated form; albumen appeared in the urine; the lower extremities became œdematous, followed by anasarca. In spite of vigorous treatment she rapidly sunk and died.

No *post-mortem* allowed.

Remarks.—From the enlarged area of cardiac dulness and the increased strength of impulse, there was evidently *hypertrophy* of the walls of the heart. From the presence of the bruit heard in its maximum intensity at the point of impulse, replacing the first sound of the heart, and accompanied by a weak, irregular, and unequal pulse, I inferred the presence of *mitral incompetence.* From the presence of a similar bruit, heard over the right margin of the ensiform cartilage, in its greatest intensity, together with the general constitutional symptoms present, there seemed little doubt that *tricuspid incompetence* existed to a marked degree. From the character of the second sound which, although faint, was distinct, from the absence of a "receding" pulse, said to be characteristic of "aortic incompetence," and from there being no murmur accompanying the second sound, I concluded that there was no patency of the semi-lunar valves. From the presence of an obstructive murmur they were probably the seat of warty excrescences to a greater or lesser extent.

The case was an interesting one, from the insidious manner in which the disease developed itself. No history of acute rheumatism or other exhausting disease to account for it. The tendency to the rheumatic dyscrasia, however, existing in the liability to suffer from "growing pains," or as I suppose they should be termed sub-acute muscular rheumatism, so often met with in children at an age, when from the rapid nutritive changes, to which all the tissues are subject, they are peculiarly liable to suffer from influences of an injurious nature. In the case related above the heart seems to have been the primary organ to suffer, the first decided symptom of mischief that presented itself being the pain in the shoulder and arm in the left side, and from the appearance of which the progress of the disease was steady. I believe this pain to have depended upon the condition of the heart, and to have been a symptom of the mischief present which might, had she presented herself earlier to our notice, have been detected, and, perhaps, arrested. Wherever a marked tendency to subacute muscular rheumatism exists I believe the greatest attention should be directed to the condition of the heart, and the subsequent history of the case carefully wstched.

The late development of albuminuria and the absence of "casts" is in favour of the idea that the kidneys were only secondarily affected by the engorgement of the venous system.

DISLOCATIONS OF THE HIP AND SHOULDER JOINTS, ALSO DISLOCATION OF THE PATELLA, AND THEIR REDUCTION UNDER CHLOROFORM.

By Edward Bellis, L.K.Q.C.P.I., and L.R.C.S.I.

In placing before your readers the following cases, I wish it to be understood that it is not with the intention of offering any new feature in their treatment, but simply to record the difficulties experienced in reducing them without the aid of chloroform in country districts, where Medical assistance is not easily procured, and the future welfare of the patient, as well as the reputation of the surgeon, is at stake. I would strongly impress upon all gentlemen similarly circumstanced, not to rely too much on mechanical means no matter how well applied, without the aid of an anæsthetic of some description, and now that the merits of the various kinds are brought so prominently before the Profession, and each in its turn receiving the praise due to it from the operator. I wish to relate my experience in the use of chloroform in reducing the following dislocations, which came under my care in less than three months, in a country practice in connection with Dr. J. F. Little, and the valuable assistance gained by its administration, relieving the agonising pain which the patient is obliged to undergo in such formidable operations, whilst the advantage gained by the surgeon is beyond description, for it must be remembered, that in a country practice, the surgeon whilst operating is so much exposed to the gaze and observations of many ignorant spectators, which in hospital practice is confined to the Profession only.

Dislocation of the Head of the Femur into the Sciatic Notch.—September 27th, I was asked to see John Horan, æt. 29, a strong, muscular man, who met with an accident under the following circumstances, with one leg slightly in advance of the other :—Working in a quarry, a heavy stone slipped suddenly from his hands, falling on his thigh, striking at the junction of the middle and lower third, the opposite thigh acting as a lever, and tilting the head of the bone out of the acetabulum, and lodging it in the sciatic notch, totally disabling him. On examination, I found the leg semi-flexed, and the knee resting on the opposite thigh, the toe on the dorsum of the foot, slight flattening of the buttocks not well-marked ; total loss of power ; shortening of the leg, and great pain. Further examination revealed the nature of the accident. I had before me a formidable dislocation to reduce under great difficulties. With the assistance of some of the quarry men I endeavoured to reduce it, but soon found my efforts were of no avail. I now resolved upon using the pulleys, and being fortunate enough to possess them, I soon put them into use. I made steady and continuous traction for some time regardless of the cries and moans of my patient. This also I had to give up, and seek further advice. At this time, Dr. J. F. Little, who had already been sent for arrived, and at once proposed the use of chloroform, which he undertook to administer himself. Having got him thoroughly under its influence, I again resumed my efforts with the pullies and four strong men. After considerable difficulty I managed to dislodge the head of the bone, and had the gratification of feeling it return into the acetabulum. The extension being made whilst the man was on his back, the thigh flexed on the abdomen, and the leg on the thigh. The man is now at his work as a quarry man, and can walk without the aid of a stick.

Dislocation of the Head of the Femur on the Dorsum of the Ilium.—December 17th, I was called to see Christopher Walsh, æt. 45, working on the railway, who had received an accident under the following circumstances :—He was riding on the outside of a railway waggon down an incline, and shunting from one line to another, in his course he had to pass another waggon standing near the shunting line, and forgetting his position, he was suddenly caught on the hip and sent headlong on the floor, by the collision of his body and the standing waggon. On being taken up he had lost the power of his leg.

On examination, I found the leg two and a-half inches shorter than it should be, and adducted a great prominence over the dorsum ilii ; considerable flattening of the buttocks, and apparent elongation, with swelling and fulness in the inguinal region.

Having satisfied myself of the nature of the accident, I attempted its reduction as before, without the use of chloroform, but the pain and cries of the patient and former experience, soon convinced me that my efforts were of no avail. I now placed my patient under chloroform, and placing a jack-towel well padded round the perineum, and another by a clove hitch knot round the lower part of the thigh above the knee. With the assistance of some bystanders, to whom I had given the necessary directions to make extension and counter-extension, and grasping the thigh, and by manœuvring slightly, was soon able to reduce the dislocation, and had the satisfaction of hearing the bone slipping home into its proper position, in this instance, having no other assistance than a few labouring men.

The chief diagnostic differences in these two formidable dislocations were as follows :—In dislocation into the sciatic notch, the acting force was applied to the distal extremity of the bone. The peculiar semi-flexed condition of the leg, and the jerking movements of the bone in its new situation when rotated, the head of the femur tilting upwards and backwards against the bony boundary of the sciatic notch. The seat of injury did not show much indications of mischief or deformity, and the great difficulty in reducing it.

Deformity in dislocation on the dorsum ilii; the great amount of shortening; the prominence on the dorsum corresponding to the trochanter; the flattening of the buttocks and apparent elongation; the swelling and pain in the inguinal region; the acting force applied to the proximal end of the bone; and lastly, the greater facility in reducing it.

Dislocation of the Humerus into the Axilla.—November 19th, I was asked to see John Kirby, æt. 62, a carter, a strong muscular man, he had fallen off a load of hay, and in his descent, his shoulder came in contact with a wooden pailing. On recovering himself, he found he had lost the use of his arm. I found the elbow sticking out, the arm semi-flexed and held over his chest, and passing my hand over the acromion, I came to a depression corresponding to the head of the bone, and unusual fulness in the axilla. With the assistance of some men, I endeavoured to reduce the deformity, placing a jack-towel round his chest, and another by a clove-hitch knot round the arm. I placed my foot in the axilla, trying now with considerable force to reduce it. I then used my knee in the axilla, and many other movements, but found it useless. At last I had to give it up, and being five miles from home, it being late, I left it till morning; and accompanied by Dr. J. F. Little, by whom he was placed under chloroform, I again attempted the reduction, and was soon able, under the use of chloroform, to accomplish single-handed, what four strong men failed to do without it. The man is now at his usual avocation doing well.

Dislocation of the Patella outwards on the External Condyle.—December 19th, I was called to attend John Pinnington, æt. 28, strong muscular man, he was wrestling with another, and in making strenuous efforts to throw his opponent, his foot slipped, and he fell to the ground, losing the use of his leg, and soon discovered that the cap of his knee was out. His leg was semi-flexed, with the knee flattened and broader than natural, and the patella displaced outwards. I attempted its reduction for some considerable time without the aid of chloroform, but totally failed. I now placed him under the influenee of chloroform, and whilst undergoing it, I discovered his eyes turn up, his face became distorted, the muscles twitching, the hands and arms became contracted to such a degree, that I was alarmed about his safety, and stopped the administration of chloroform. Turning now my attention to his knee, I was agreeably surprised to find that, during this paroxysm, the patella had slipped back into its proper place, and he soon recovered from his unpleasant position, and was able to walk home. This man, though strong, was so deaf he could only be spoken to by signs, and I attribute the unpleasant symptoms caused by chloroform to his deafness, the result of a former injury.

I trust that these practical hints may prove of service to many country practitioners, where Medical aid is not easily obtained, and when such accidents are left unreduced and sent to the nearest hospital, or may be a "bone setter," it exercises such damaging influence upon the practioner's future career, and materially interfere with his future prospects.

Woolton, Liverpool.

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Hospital Reports.

MEATH HOSPITAL.

Lithotomy.

Mr. Macnamara last week, in the operating theatre of the Meath Hospital, extracted by the lateral operation, and under the influence of ether, a large sized calculus from the bladder of a boy, æt. 14. The ether was administered by Professor Morgan, who employed the instrument invented by himself for the purpose, and which he has already described in the pages of this journal. Nothing could be more satisfactory than the anæsthesia produced; there was no sickness, no struggling, but there was perfect relaxation and complete insensibility, and the rapidity with which these were produced, may be inferred from the fact that the patient was back again in his ward, relieved of his calculus, within twenty minutes of his having left it.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, the 13th Dec.; the President of the College in the Chair.

The discussion on the question of

THE RELATIVE VALUE OF ETHER AND CHLOROFORM

was resumed by Dr. **Robert McDonnell**, who said that Dr. Morgan had, in his opening statement, touched upon a considerable number of topics of interest; but there was one point mentioned by him on which he (Dr. McDonnell) felt he could speak with a little authority. He alluded to the use of ether in America. As he had just returned from a visit to that country and had seen the actual practice there, he could state what had come under his own observation. There, as here, there was a good deal of difference of opinion on the relative merits of anæsthetics. In Boston ether was used. He had seen it administered most freely in the Massachusetts General Hospital, and admitted that he had been greatly impressed with what he had seen. The freedom and the confidence with which it was used, the recklessness (as we would call it here) with which it was given, spoke volumes for their belief in its safety. The anæsthesia produced was profound; it was delightful to witness at once the absolute unconsciousness of the patient, and the easy confidence of the operator, which contrasts with the very partial and imperfect anæsthesia induced amongst us, and the nervous anxiety of the operating surgeon when chloroform is used. The ether was administered by pouring it on a large sponge, and giving it to the patient with a profuseness which bespoke the most perfect confidence in its safety. There was a rule in the Massachusetts General Hospital that they must give ether, and chloroform was absolutely prohibited. He could not help saying, when he heard this, that if he were connected as surgeon with that hospital he would strongly protest against any such rule being laid down by governors who had no right to prescribe rules for the Medical officers on such a subject (hear, hear). In New York there was considerable difference of opinion. In the Presbyterian Hospital he saw ether administered freely for the removal of the scapula. Dr. Marion Sims said he had been using the nitrous oxide gas even in prolonged operations, such as ovariotomy. In ophthalmic hospitals they sometimes gave chloroform, sometimes ether, perhaps more usually chloroform, as being more rapid, and answering well in young subjects; while in the more debilitated and advanced in years, they preferred ether as being more stimulating. Professor Dalton prefers to administer ether to dogs in his physiological experiments. He saw this distinguished physiologist administer it to a dog when putting a tube into the pancreatic duct. He (Professor Dalton) adopted ether, because he had found he lost so many dogs from the use of chloroform. He (Dr. McDonnell) himself found that it was very fatal to dogs, and if they looked to the physiology of the subject, which is a very important matter, they would find that ether was the safer of the two. Dr. Morgan pointed out that in giving ether vapour there should be as slight an admixture of air as possible. In this point there was something new and interesting. Dr. Morgan had kindly administered ether to three or four patients in Steeven's Hospital with his apparatus, and as Dr. McDonnell thought with very excellent effect, both as regards promptness of action and completeness of anæsthesia. It acted promptly and very satisfactorily. The great points they had to consider were the safety, the facility of respiration, the avoidance of hysteria, and sickness of stomach. It must be admitted they had not before them sufficient data to form a positive conclusion as to these points. It appeared to him that upon this subject they had been in the habit of making rather loose assertions. It was desirable that they should obtain more precise information, and he thought that the Society might do a great deal of good if it were to collect accurate observations made with precision. He meant by tabulating cases in which the exact condition of the patient was taken into account—when the last meal was taken; what was the condition of the stomach; how long anæsthesia was maintained. All these and many other points must be examined into before they could say whether ether or chloroform was the safer or the less apt to cause vomiting. With regard to hysterical excitement the same course must be pursued, and there must be careful observation of a considerable number of cases before any definite conclusion can be arrived at. He recollected when ether was first administered in Dublin in the Richmond Hospital by his father, in a case where an arm was amputated above the elbow-joint. He (Dr. McDonnell) was then a student, and he remembered to have made and noted a considerable number of experiments on himself. The thing that struck him most was, that there was a great difficulty in respiring ether vapour as a strong inspiration brought on spasms of the glottis and coughing; whereas chloroform entered the glottis easily, and produced an agreeable feeling within the chest. As to his own sensations, therefore, chloroform had an advantage over ether as regarded respirability. But what they wanted was a large number of cases, so as to give them the statistics; first, respecting safety to life; and next, respecting sickness.

Dr. Wilson said he had been giving ether exclusively in St. Mark's Hospital for the last four months, and was, therefore, able to speak with some slight experience on the subject. Dr. Joy Jeffries, who lately visited this country, was very enthusiastic in its advocacy, and he had seen him give it with very great effect, the most perfect muscular relaxation having been caused by it. As it had been pointed out to him by several American surgeons that ether was free from danger he used it instead of chloroform; not that he had had a bad experience of chloroform, but every time he gave it he had a dread of its fatal effects. He found that in adults and robust individuals it took a very large quantity of ether to bring them under the influence of narcosis, so as to produce muscular relaxation sufficient for operation, and he had found certain persons difficult to render insensible. In one case he used several ounces of ether, but had to put the individual off the table, being unable to bring him under the perfect influence of the drug. On a subsequent occasion, however, by using a different method he succeeded in perfectly narcosing that individual with ether. Again, he found that to avoid sickness ether must be administered on an empty stomach, as he had only given it in one case where there had been no previous preparation of the patient, in which there had not been sickness of stomach. So far as his experience went the sickness was greater than when chloroform was used. He also found the excitement caused by ether was greater than that produced by chloroform, and when he administered the former he always had a larger number of assistants to control the patient. The time of administration differed in various individuals, from one minute in an infant, to twelve or fifteen minutes in adults. He always administered it with a towel, into which a piece of wool was stuffed, and the quantity of ether used was large. As to whether it was an agreeable anæsthetic or otherwise patients varied. One man told him it was like going down into the depths of the ocean; but he admitted he had had no experience of that fact, and only imagined the sensation must be like it. Ether was far more disagreeable to administer than chloroform, the odour remained in the apartment a long time, it clung about the clothes of the patient, and it remained even on his breath for two days afterwards. To sum up his experience he must confess he preferred the administration of chloroform in every respect, and were it not for his inherent consciousness that chloroform was sometimes fatal, he would never administer ether; but he was driven into his administration of it by his dread of the fatality of chloroform. No doubt chloroform had been given thousands of times in this city, and the fatal results were almost *nil*, but he could not divest his mind of that fatality, infinitesimal though it was.

Dr. Morgan—In how many cases have you given ether?

Dr. Wilson—In about forty; and I have usually given an ounce and a half each time on the towel.

Dr. Jacob said the line of practice in which he had seen ether administered was the same as that in which Dr. Wilson had narrated his experiences. In the first instance he might be supposed to speak with some little authority as to Dr. Morgan's mode of administering ether, for he did not think any surgeon in Dublin had had so much opportunity as he had had of observing its effects. He had the pleasure of assisting Dr. Morgan in his first inception of the plan, and he had followed him through the various steps that had brought him to the perfection of his present inhaler. Dr. Morgan admitted that the administration of ether was open to the objections raised by Dr. Wilson; but Dr. Morgan's reply was, that he had obviated all these objections, and that for the future ether, as administered by his inhaler, had superior claims over chloroform on the attention of surgeons. The effect of the experience he (Dr. Jacob) had had up to the time he gave attention to this matter was, that he altogether discarded the use of anæsthetics in ophthalmic practice. He had very good reasons for doing so, for he thought that chloroform as usually administered had certain drawbacks which made it an undesirable agent in ophthalmic surgery—the sickness of stomach, the great excitement of the patient, the inevitable flurry attending the operation, and lastly, the disorder of the head and stomach afterwards, were reasons which appeared to him to counter-balance any advantage which operator or patient could derive from the use of chloroform. He had very good reason to give attention to this subject, for in the very first case he had to operate upon in private he very nearly lost his patient, although he had the assistance of an eminent surgeon on the occasion. He was unwilling to face such a contingency again, and certainly would not do so for the sake of any insignificant detail. This was, therefore, the reason he had resorted to the use of ether, which he had found to act in the most satisfactory manner. Since the 17th of July last he had operated in thirty-seven cases, exclusive of unimportant ones, in the Dublin Eye and Ear Infirmary, the patients being put under the influence of ether by means of Dr. Morgan's inhaler. Dr. Wilson said that it took a large quantity of ether to produce anæsthesia, that only in one instance was there no sickness, that the excitement was greater than with chloroform, and that it took from one to twelve minutes to produce insensibility. His experience was the exact contrary. In the whole of the thirty-seven cases referred to there was not one case of sickness, with the exception of a boy who disobeyed orders, and took his dinner a few minutes before operation, and the only case since in which he operated under the influence of chloroform was sick. As to the excitement, any body who had observed a series of cases in which ether had been given by Dr. Morgan's inhaler would say the excitement was *nil*. In the majority of cases there was no interval between the first administration of the ether and insensibility, there might be some muttering delirium, but nothing of the least inconvenience to the operator. It appeared to him, however, that all these little details sank into insignificance as compared with the question of safety. No one would run the risk of destroying life if he thought chloroform involved that risk and ether did not. Dr. McDonnell thought that that point had not been established by the statistical tabulation of a large number of cases. He thought, however, from Dr. Morgan's statement, that a sufficiently large number of cases had been established to enable them to form an opinion on the subject. It appeared, from the figures collected by Dr. Richardson, of London, that the mortality from chloroform was eight times greater than from ether, and if those figures could be depended upon they went a long way to persuade the Society that Dr. Morgan and the advocates of ether had not arrived at a hasty conclusion. The cases he (Dr. Jacob) had operated on were the ordinary run of ophthalmic cases. To sum up his experience he would say that, whereas he never ventured to suggest the use of chloroform, he now would never think (unless in future he saw some powerful reason to change his mind) of operation without suggesting the employment of ether, both for his own sake and that of the patient.

Dr. Kidd observed that he regarded the statistics which had been brought forward with very great doubt. Dr. Jacob and others had spoken of ether as if it were absolutely devoid of risk. Now, a very short time after ether was introduced, a death occurred from it during an operation in Edinburgh, before the anæsthetic power of chloroform was discovered; and very soon after Dr. Joy Jeffries returned to America a report of a death from ether reached us from that country. He believed that the inhalation of chloroform had been practised in this city for twenty-five years, and there had not been more than four deaths attributed to chloroform; if there were five it was the very utmost, and he understood that one of those arose from the entrance of air into the veins, and not from the influence of chloroform at all. It was a remarkable fact that Sir James Simpson, who perhaps administered more chloroform than any one else, never met with a fatal case until the last year of his life. In 1870 a patient died during an operation for ovariotomy when Sir James himself administered the chloroform. In publishing that case he adduced a number of cases where death had occurred from shock before any anæsthetic was used. In the first case, in which it was intended to administer chloroform in the Edinburgh Infirmary, Sir James Simpson was sent for to administer it. He happened to be out of the way; the patient was put on the table to be operated upon, and before the first incision was made the man was dead. If Sir James Simpson had happened to be in the way, and administered chloroform on that occasion, we should probably never have heard anything more of the administration of chloroform. He thought Dr. McDonnell's suggestion as to tabulating the cases one of the most important matters which that Society could take up. He thought they had not sufficiently definite and accurate information as to the deaths. To say that in a certain number of cases there had been a certain number of deaths without giving specific details, afforded no means of arriving at a sound conclusion. It was said there was no sickness from ether administered with Dr. Morgan's inhaler. Now, he had recently seen it administered to two patients by that method—in one case administered by Dr. Morgan himself; and in the other by a gentleman represented by him. In one of these cases Dr. Atthill operated in the Adelaide Hospital for vesico-vaginal fistula, and the woman was sick three times. In the other case Dr. S. Johnstone operated in the Military Hospital for vesico-vaginal fistula, and the patient was sick several times, and a good deal more excited than was generally the case when chloroform was administered. In the last number of the *British Medical Journal* a writer, who signed himself "Chloroformist to the Westminster Hospital," stated that he had administered ether during the last year, and that the secondary sickness after it was about the same as that which occurred after chloroform. He thought it a most important thing that they should occasionally review their progress, and not allow the weight of authority even of so great a man as Sir James Simpson, to prevent them examining for themselves what they were doing. He must say, therefore, he was exceedingly glad that this matter should have been raised again, and if he rose to speak in opposition to what seemed to be the voice of the evening, it was not because he had come to a conclusion as to the relative merits of ether or chloroform, but because he thought they should not be carried away by impulse to the setting aside what had hitherto been a good and useful friend, and adopting another instead of it.

Dr. **Atthill** said he had lately brought a patient under the influence of anæsthetics on three occasions, and on each occasion he tried a different anæsthetic at an interval of three weeks between each administration. On the first occasion he gave her chloroform in the ordinary way. She was very sick at the time and sick afterwards. Between that and the next occasion he had read Dr. Morgan's pamphlet, and was very much impressed by it, and had asked him to come down to administer ether to this patient also. He did so, and she was sick in a less marked degree than with chloroform. He asked her which of the two anæsthetics she preferred, and she said she preferred ether. After three weeks more it was necessary to put her under the influence of an anæsthetic again, and on that occasion Mr. Richardson administered a compound of equal portions of chloroform and rectified spirit, and it produced an anæsthesia as well as either of the other agents, and the patient was not sick then or afterwards, and she preferred it to either of the others. All unprejudiced members of the Society must come to the conclusion that neither of the anæsthetics in question was perfectly safe. The question was—Which was the safer of the two? In instituting the comparison between them, they should not forget to bear in mind the combination of chloroform and rectified spirit which had been so successfully applied by Mr. Richardson, acting under the opinion of Dr. Snow, who considered it safe. Probably it was safer than either chloroform or ether, and in the case to which he referred it had acted most satisfactorily.

Dr. **McDowell** could corroborate every word Dr. Morgan stated. He considered ether preferable to chloroform, both on account of its safety, and also because it produced less hysteria and sickness of stomach. He looked upon chloroform as a direct poison to the heart. The patient takes a rapid inspiration, the chloroform was carried to the heart, it entered into the coronary artery, and the patient died. He had seen a hundred cases in which ether was administered, the patients got rapidly under its influence, there was smaller excitement than with chloroform, and he never saw but one case that was followed by sickness of the stomach, and that case occurred in Mercer's Hospital, and the patient was not prepared for the giving of the anæsthetic. Ether acted very rapidly when administered by the inhaler. He had seen it operate in three, four, five, and eight minutes, and he had never seen a case in which it took more than eight minutes to produce insensibility. It was a mistake to think that ether was not permanent in its effect. He saw a patient, both of whose feet were amputated. The operation lasted three quarters of an hour, during the whole of which time there was the most perfect muscular relaxation, and there was no sickness, nor any of that heaviness which followed the administration of chloroform.

Dr. **Rawdon Macnamara** thought that great credit was due to Dr. Morgan for bringing this question before the Society. Since he had taken it in hands the merit of it had been claimed at the other side of the channel, and they should, therefore, feel grateful to Dr. Morgan for vindicating the claims of Irish surgery on this subject. It had been suggested that recourse should be had to statistical records. Now, he had not confidence unbounded in statistics. He had heard a good deal of Ether *v.* Chloroform, and it would seem from the observations they had heard as if there was never such a thing as a death from ether at all; whereas, recently there had been published four cases of death from ether, and if statistics were published they would find that ether could claim its victims as well as chloroform. He was aware there had been deaths from ether, and in the discussion that evening they had been slurred over. He had taught for many years as Professor of *Materia Medica* that there was a great deal more than paralysis of the heart in death from chloroform. He believed that there was such a thing as an idiosyncrasy, and that certain patients would not tolerate the administration of certain drugs which acted upon them as poisons. He had frequently stated to his class that if a man administered chloroform to 2,000 people he would certainly have one death out of that number. He had administered chloroform as often as any person in that room, and he was happy to say that up to last summer he had never had a death. On the last occasion, however, he could not state this. He was administering chloroform to a patient who was being operated on by an able surgeon, when suddenly he said to him, "This woman is dead, Sir." The woman had taken it as quietly as possible, when, like the shot of a gun, she expired. As if we had had a presentiment of what should occur, we had brought a galvanic battery with us, and we spent two hours in trying every means to resuscitate her, but all in vain. He believed that death was due to idiosyncrasy, and not to chloroform. He thought that in order to make perfect the statistics of which they spoke, they should know the number of people who were liable to these, and also ascertain whether, while chloroform would kill such persons, ether would not have the same effect. He had been in the habit of administering chloroform to patients, and they went to sleep as quietly as a child in the nurse's arms. He did not think that ether had, on that ground, any advantage over chloroform. If a man knew how to administer chloroform, and followed the rules he had laid down, he would be able to make the patient pass off slowly, and without a struggle, to insensibility. If chloroform or ther were dashed on a patient's face, of course there would be a struggle. He had lately seen ether administered in an heroic manner: there was a great struggle, and the patient said he would rather suffer from the disease than have to undergo that struggle again. All the authorities said that in administering ether most of the patients must be held down to overcome their violence. He could administer chloroform without any such struggle, and the patient would fall quietly asleep, and without any pain. As to shock, which had been alluded to by Dr. Kidd, there could be no such thing as shock under the influence of chloroform. He believed an enormous number of deaths, attributable to shock, occurred before anæsthetics were brought into operation; but he did not believe any patient under the influence of chloroform or ether was liable to death from shock. It might be important to ascertain what was the state of the atmosphere when chloroform was administered. Again, he came back to the point that statistics, as at present collected, were most unsatisfactory. They were not satisfied with chloroform. Every surgeon was in a state of tremor while administering it, and he said that in administering ether it would be the same. (No.) That "no" must mean that there had been no deaths from ether. If there had been no deaths from it, then the questions of convenience, sickness, &c., sank into insignificance; but if one patient had died from it, the presumption was that other patients would also. No doubt there was a desire to find out some safe anæsthetic. Sir James Simpson said that, while we had made a large advance in the administration of chloroform, yet he considered the desideratum was yet to find—viz., some agent that would be perfectly safe.

Dr. Kidd said that when he spoke of death from shock he did not mean when the patient was under the influence of anæsthesia, but death from shock when no anæsthetic was used. He believed chloroform diminished the risk.

Dr. Henry Kennedy said,—I wish I could look upon this subject from the same point of view as some of the speakers who preceded me. But I must here state, once for all, my strong conviction that anæsthetics, of whatever kind, cannot be used so as to cause insensibility to pain without leading to more or less danger to life. The risk, it is true, may be very very small, but some risk there will always be. My experience of anæsthetics began long before the use even of ether or chloroform; for I was once present at an exhibition in the Rotundo, where part of the performance was to be the use of the laughing gas to any of the audience who pleased to take it. On the first two the effects were simply to put them to sleep, as it were, and after a moment or two they woke up; on the third, the face became very congested, and the vessels of the forehead tense, and then he suddenly burst into what I might call an incoherent laugh, which subsided in a short time; on the fourth the effects were still more marked, for just as his face became conjested, he suddenly rushed from his seat, ran violently round the room, and, coming in contact with a form, on which some eight or ten persons were sitting, upset the whole of them, producing at the same moment both a ludicrous and somewhat alarming scene. Subsequently I saw ether used in this College, and, as some present are aware, the effects were very similar to those of the nitrous oxide, except that in these last direct force was used to restrain them when the persons showed signs of violence. Chloroform, I need scarcely add, produces similar, though somewhat modified effects. With such facts in my mind, I have come to the conclusion that it is not so much the special agent used we should consider, but the human frame, and its state at the time the anæsthetic is used. And this leads me to a most important part of this subject; for, though others may ignore the facts, I cannot forget what has been published by the late Dr. Snow viz., that out of the fifty fatal cases which he has detailed, the vast majority were found to have had fatty heart. Yet, with such a statement before us, the opinion is still held by many that such a state does not or should not influence us in the use of an anæsthetic. For my part I cannot entertain this idea; and here I am led on to observe that it would seem as if more deaths have occurred from chloroform in England than in any other country. Whether this be due to a different constitution of the people I cannot say; but the point is worthy of consideration. As to the care bestowed on each case, previous to the exhibition of the anæsthetic, I cannot but think it might be increased. It is true, it is always stated that the ear being applied to the chest the lungs and heart were found to give the normal sounds, whilst the pulse at the wrist beat steadily. But such a statement as this I have long endeavoured to show is not sufficient; and, in a paper I had the honour of bringing before this Society, some two years since, this very point was strongly urged. And the reason is obvious enough; for, while we have a radial pulse to show us the state of the left heart, and how it is going, we have none in connexion with the right, and, as is well known, this portion of the organ may be seriously [illegible] whilst the left is comparatively healthy. I would, therefore, venture to suggest that in every instance where an [illegible] was about to be used, the Physicians to the Hos[illegible] should closely examine each patient, and report accord[illegible]. By this means I believe danger might often be [illegible], or if the anæsthetic must be used, ten-fold caution [illegible] exercised. One other suggestion and I have done. [illegible] symptoms arise, I think that in addition to the [illegible] used to revive the patient, oxygen gas might be [illegible]. My reason for this arises from a statement I heard made by the late Mr. Cusack, to the effect that when chloroform was given it rendered the blood dark. I know not whether such a suggestion has been made before, but it seems to me one worthy, at least, of a trial.

Dr. Grimshaw wished to call attention to the influence of these two anæsthetics on the heart. There was one point in Dr. Morgan's pamphlet which struck him greatly, namely, the pulse tracings given at the end, which showed most unmistakeably the beneficial influence of ether on the pulse. So far from diminishing the pulse, ether considerably increased it. In one case especially he noticed that it materially improved the state of the pulse. Another point of interest was referred to by Dr. Kennedy, namely, the colour of the blood. In one of the cases operated on at Steevens' Hospital, he noticed that the blood was not altered in its colour under the influence of ether, and he believed this was due to the great amount of oxygen which ether contained. About twelve years ago he administered ether in Steevens' Hospital for one of the surgeons there, who was induced to try it on account of an accident he had met with in the administration of chloroform, and which followed on the second administration of that drug. That was a case of dislocation of the shoulder into the axilla, and the patient was put under the influence of chloroform in order to reduce the dislocation. The attempt, however, failed; the patient recovered, and was perfectly well for some days after, and then another attempt to reduce the dislocation was made. The patient was again put under the influence of chloroform (the person who administered it not being the same as on the first occasion), and he died under its influence. Afterwards he (Dr. Grimshaw) tried ether for the surgeon to whom he referred, and apparently very satisfactorily. He had had some experience in looking into therapeutic statistics, and, as ordinarily collected, he looked upon them as fallacious. The figures quoted by Dr. Morgan, who had taken great trouble, no doubt, to get them accurately, were, as absolute figures, unreliable; but, as far as the proportions were concerned, they were probably fair enough, and he was justified in relying on them in support of his views. He knew of two cases of chloroform deaths that had never been reported, and he thought it likely that the suppression of fatal cases from chloroform and from ether had been in the same proportion.

Dr. Darby said, that upwards of twenty years ago he stated in that room that he did not think all the pain saved by the use of anæsthetics would counterbalance one death from the use of the drug. He was of that opinion still, and there was not a man present that would run the risk of losing his life because of all the pain that might be saved to the rest of mankind by the use of chloroform. Ether had formerly been used in Dublin, and it had been expelled, and chloroform introduced in its place; and the discussion that evening had proved that chloroform was an unsafe drug, justifying the observations he had made twenty years ago. He had been an operating surgeon for many years, and at present had 300 patients under his care; but, although operating every day, he never used chloroform or any anæsthetic, for even if he were disposed to use it, he had no one to assist him. Dr. Darby repeated his opinion as to the danger of administering chloroform, and expressed his belief that more deaths had occurred in the last twenty-five years from chloroform-poisoning than from all other kinds of poisoning put together.

Dr. Fleming said that on the introduction of chloroform as an anæsthetic he brought the subject under the notice of the Society, and he believed he was the first person to call attention to it in this city. He had seen the exhibition of it by Sir James Simpson, happening to be in Edinburgh at the time, and was struck with the excellent results which it produced. As there was so much difference of opinion regarding the relative merits of chloroform and ether, he would suggest the appointment of a committee from the representatives of the several hospitals of Dublin to inquire into the subject, to tabulate accurately all the figures and details connected with it, and bring the matter before the Society at the conclusion of the session, or at such other time as might be fixed upon. They would then have an opportunity of investigating the subject more thoroughly than they could at present, of forming their opinion on the facts produced before them, and they would be less liable to be carried away by partizanship, or a disposition to advocate the opinion of this or that person without due consideration. For himself he must say that he was an advocate for the use of chloroform. In one class of cases it was productive of the most beneficial effects—he meant at an early period of childhood. He had administered it in hundreds of cases to children, and it always acted in the most satisfactory manner; and he had also given it to adults in great numbers, and never had a fatal case. He had administered chloroform in cases of strangulated hernia where the patients were in the utmost state of prostration with sinking pulse, and yet nothing could have been more satisfactory. In other cases of affections of the chest, where the heart was involved—aye, even in such cases as those alluded to by Dr. Henry Kennedy—chloroform had not been productive of fatal effects. Dr. Stokes, he believed, could mention a case bearing on this point.

Dr. STOKES—The case Dr. Fleming refers to was that of a patient who was subject to the most dreadful fits of cardiac asthma, in many of which death seemed quite imminent, unless he inhaled chloroform. The attacks came on generally six or eight times in the twenty-four hours, and every one of them was met by very copious inhalation of chloroform, which immediately produced great relief, and, in fact, the man went on for four or five weeks, during which he may be said to have lived upon chloroform by day and by night. Upon dissection, I do not think there is any specimen in any of our museums of such extreme fatty degeneration of the heart, and particularly of the right side of the heart.

After a brief discussion Dr. Fleming's suggestion for the appointment of a committee was agreed to. Drs. Morgan, Jacob, McDonnell, and Macnamara, with Mr. Richardson and Mr. Tufnell, were appointed to organise the committee, and it was decided that it should report to the Society next year.

Mr. RICHARDSON said he had for several years used chloroform diluted with an equal quantity of spirits of wine, and he had never seen anything act more satisfactorily. As to the fatality from ether, to which Dr. Macnamara had alluded, these four cases occurred within the space of three months in Boston, and there was also the additional fatal case that occurred in New York, to which Dr. Morgan himself alluded. As regards sickness of stomach he gave ether a short time ago for Mr. Fitzgerald, who was extracting a cataract, and just as the eyeball was opened the woman began to vomit. Mr. Fitzgerald was performing Von Graefe's operation, and owing to the relative smallness of the incision, but little vitreous humour escaped, which probably would not have been the case had the ordinary flap operation been performed, the eyeball being a soft one. He had seen two or three other cases since then of sickness of the stomach caused by ether. He had lately again used the combined chloroform and spirit in four cases, and in none of these was any sickness produced.

Dr. TUFNELL asked Dr. Morgan whether it was safe to use the inhaler in administering ether at night, considering that it was an inflammable fluid?

Mr. MORGAN replied that it was one of the advantages of the inhaler that ether could be used at night with perfect safety, and he had used it at night on several occasions. Mr. Morgan, having expressed his pleasure that a committee had been appointed to consider the subject, proceeded to reply briefly to the objections which had been raised against the employment of ether. Dr. Kidd had mentioned two cases to show that ether caused sickness of stomach. One of these occurred under Dr. Johnstone at the Military Hospital. Dr. Johnstone had written to him asking for the inhaler, because the woman had undergone such sickness for thirty-six hours after chloroform administered during an operation for vesico-vaginal fistula, that he was anxious to try ether on the next occasion. The patient was an hour and twenty minutes under the influence of ether. She vomited twice during the operation, but after it did not vomit at all, and Dr. Johnstone had written a letter thanking him for the use of the inhaler, and expressing his satisfaction with the result. "What I was afraid of (he said) was a repetition of the thirty-six hours of almost incessant vomiting which followed the use of the chloroform four months ago; but I am glad to say that there has not been the very slightest effort at it. She had a most refreshing sleep without any opiate, and presents a very happy contrast to the state she was in the day after the chloroform. There has been neither nausea nor vomiting, no headache, thirst, or fever, and she was quite ready for her breakfast as usual." The other case alluded to by Dr. Kidd was that under Dr. Atthill. The woman did vomit, but she vomited up her breakfast which ought not to have been given her, and the same would have happened with chloroform or any other anæsthetic. He believed the success of ether depended on the non-admixture of atmospheric air, which was effectually provided for by the inhaler. It was this which accounted for the different experiences of Dr. Wilson and Dr. Jacob. The former gave ether on a sponge, which, allowing the admixture of air, caused sickness of the stomach. It was also natural that if a quantity of ether were poured on a sponge and applied suddenly to the patient's face the glottis would resist, and there would be excitement and a struggle. The inhaler obviated all these inconveniences. The vapour was given in the gentlest manner, the patient sank quietly into a state of anæsthesia. There was no excitement, no sickness, and no vomiting. He had used ether in cases in which Dr. Jacob operated, the patients varying in age from a child 8 years old to a man of 76, and nothing could have been more satisfactory. With Dr. Johnstone, in the Military Hospital, he etherised ten patients in an hour for minor operations. Some were etherised sitting in a chair, and in none was there sickness of stomach or any *contretemps* whatever from the beginning to the end. He believed the point referred to by Dr. Kennedy as to the colour of the blood was important. Whether chloroform killed by idiosyncracy or by affecting the heart it was that in amputation of limbs under the influence of chloroform the blood was dark, and under the influence of ether it was a bright red. With regard to the statistics, they had been collected by Dr. Richardson, of London and in America, and according to them the death-rate was 1 in 2,555 in chloroform, and 1 in 23,204 in ether inhalations. A great deal of stress had been laid on the death from ether in New York, but the case when examined was really in favour of ether. The patient was an old man with pneumonia of the lower part of the lung, thickened bronchi, and emphysema. The ether was given to him when he was nearly dying; they restored him and applied it again in ten minutes, and he succumbed. Unquestionably, the statistics were favourable to ether as regarded safety. He had seen 300 cases himself in which ether was employed, and he positively said that sickness was exceedingly rare if proper precautions were taken, and that if given by the inhaler there would be no excitement and no struggle. That day he etherised a patient, æt. 67, for strangulated hernia, and nothing could have acted better; he went off quietly into a sleep, and this man had arcus senilis in both eyes. The day previous he gave ether for the extirpation of the testicle; there was no sickness of the stomach, the gentleman went off quietly to sleep and he said after the operation, "I feel as well as ever I did, and for a bet I would eat a mutton-chop." Another remarkable point about ether was the reaction that occurred directly—there was no depression such as was seen after chloroform, and the pulse, instead of becoming weak and flaccid as in chloroform, became fuller and stronger. After some further observations, Mr. Morgan concluded by expressing his gratification that a committee had been appointed to investigate the question which he had brought before the Society. Meeting adjourned.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

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UNGUENTA (OINTMENTS).

THESE may be generally defined as fatty substances adapted to inunction. In the older Pharmacopœias the so-called "cerates" formed a distinct class; inasmuch as they differ from ointments merely in containing wax (cera), and, consequently, in having a firmer consistence they are now very properly grouped with the latter preparations.

Many ointments become rancid on keeping—an effect at least retarded by the presence of benzoin. Geisler states that the addition of a few drops of nitric ether will remove the disagreeable fatty odour of ointments.

The great majority of the ointments are prepared by simple trituration of the ingredients so as to ensure thorough mixture, but when wax, resins, or concrete oils are to be mixed the aid of gentle heat is necessary. In general terms the following may be said to be the process: The wax or resins and unctious matters are to be melted by a gentle heat, they are then to be removed from the fire, and while cooling to be well and constantly stirred, any dry substances to be added, being meanwhile incorporated in a state of fine powder. Stress must be laid on the direction to employ *gentle heat;* too strong a temperature would cause the formation of acrid acids.

There are thirty-four formulæ for ointments in the present Pharmacopœia. The following classification, based on the nature of unctious ingredient, will be found to simplify the study of them.

CLASS 1.

Ointments—the basis of which is Prepared Lard.

These are tabulated as follows :—

OINTMENT.	STRENGTH.	INGREDIENTS.	BASIS.
U. ACONITIÆ	1 in 60	Aconitiæ, 8 grs, Rectified Spirit, ½ drm.	Prepared Lard, 1 oz.
U. ATROPIÆ	1 in 60	Atropiæ, 8 grs. Rectified Spirit, ½ drm.	
U. IODI	1 in 31	Iodine, 16 grs. Iodide of Potassium, 16 grs. Proof Spirit, ½ drm.	
U. SULPHURIS IODIDI	1 in 17	Iodide of Sulph. 30 grs.	
U. POTASSÆ SULPHURATÆ	1 in 15½	Sulphurated Potash, 30 grs.	
U. POTASSII IODIDI	1 in 8¾ (nearly)	Iodide of Potassium, 64 grs. Carbonate of Potash, 4 grs. Distilled Water, 1 drm.	
U. BELLADONNÆ	1 (of ex.) in 6½	Ext. of Bellad., 80 grs.	
U. HYDRARGYRI SUBCHLORIDI	1 in 6½	Subchloride of Mercury, 80 grs.	

These are prepared by "thorough mixture" by trituration. In the preparation of the first three the solid ingredients, before being incorporated with the lard, are to be well rubbed up with the spirit. In the preparation of *Unguentum Potassii Iodidi* the solid ingredients are to be dissolved in the water before being added to the lard; and in *Unguentum Belladonnæ* also the extract is directed to be first rubbed smooth with a few drops of water.

The use of the iodide of potassium and spirit in making the *Unguentum Iodidi* is merely to aid in the incorporation of the iodine with the basis.

Unguentum Potassii Iodidi would become yellow-coloured on keeping (owing to the liberation of iodine), if free alkali were not present. It is to prevent this that carbonate of potash is employed.

In applying ointments of powerful alkaloids, as of aconitia, the precaution should always be taken of ascertaining that the skin is not abraded.

CLASS 2.

Ointments—the basis of which is Benzoated Lard.

OINTMENT.	STRENGTH.	INGREDIENTS.	BASIS.
U. PLUMBI ACETATIS	1 in 37½	Acetate of Lead, 12 grs.	Benzoated Lard, 1 oz.
U. GALLÆ	1 in 6½	Galls, 80 grs.	
U. GALLÆ CUM OPIO	1 (of galls) in 6½, and 1 of opium in 15	Galls, 80 grs. Opium, 32 grs.	
U. ZINCI	1 in 6½	Oxide of Zinc, 80 grs.	
U. SULPHURIS	1 in 5	Sublimed Sulphur, ½ oz.	

With the single exception of *Unguentum Zinci* the simple direction for the preparation of the foregoing ointments is to "mix thoroughly." In the preparation of *Unguentum Zinci* the lard is to be melted before adding to it the oxide of zinc, and the mixture to be stirred while cooling.

CLASS 3.

Ointment—the basis of which is Prepared Lard, and which also contains Prepared Suet.

OINTMENT.	STRENGTH.	INGREDIENTS.	BASIS, &c.
U. HYDRARGYRI	1 in 2	Mercury, 1 lb.	Prep. Lard, 1 lb. Prep. Suet, 1 oz.

The ointment is prepared by rubbing the ingredients together until metallic globules cease to be visible. The extinction of the mercury is extremely difficult, and is now accomplished by machinery. If a portion of the ointment rubbed on paper shows metallic globules under a magnifier of four powers, it may be concluded that the mercury has not been sufficiently extinguished.

Whether mercury exists in this ointment merely in a state of mechanical division, or in a state of oxidation, is a debated point. The ointment, when first made, is bluish, hence, its common name, "Blue Ointment;" but, on keeping, the colour becomes darker—a change attributable to oxidation; it is very generally believed that the oxide so formed enters into chemical combination with the lard, or one of its fatty acids, indeed, some pharmaceutists contend that the efficacy of the ointment depends upon the formation of this compound.

The use of the suet in *Unguentum Hydrargyri* is to prevent the separation of the metal in warm weather.

CLASS 4.

Ointments—the basis of which is Prepared Lard, and which also contain Olive Oil.

OINTMENT.	STRENGTH.	ACTIVE INGREDIENTS.	BASIS, &c.
U. HYDRARGYRI NITRATIS	1 in 15½	Mercury, 4 oz. Nitric Acid, 12 oz.	Prep. Lard, 15 oz. Olive Oil, 32 oz.
U. VERATRIÆ	1 in 60	Veratria, 8 grs.	Prep. Lard, 1 oz. Olive Oil, 1 drm.

The first of these, commonly known as "Citrine Ointment," is made as follows:—Dissolve the mercury in the nitric acid by a gentle heat; melt the lard in the oil by a water-bath in a large porcelain vessel; mix the two mixtures while hot, and if the mixture does not froth up, heat it until it does; finally stir while cooling.

By the action of the nitric acid on the mercury, pernitrate of mercury is produced, thus,—

$$3\,Hg + 8\,HNO_3 = 3\,(Hg\,2\,NO_3) + 4\,H_2O + 2\,NO$$

When the mercurial solution is mixed with the lard and oil, a reaction also occurs, the nature of which is complicated, and has not been hitherto satisfactorily explained.

Unguentum Veratriæ is made by rubbing the oil and the veratria together, and then mixing with the lard.

.CLASS 5.

Ointments—the basis of which is Prepared Lard, and which also contain Yellow Wax.

OINTMENT.	STRENGTH.	ACTIVE INGREDIENTS.	BASIS, &C.
U. SABINÆ	1 in 3⅜ (nearly)	Fresh Savin Tops, 8 oz.	Prep. Lard, 16 oz. Yellow Wax, 3 oz.
U. TEREBINTHINÆ	1 (oil) in 2⅛	Oil of Turp., 1 oz. Resin, 60 grs.	Prep. Lard, ½ oz. Yellow Wax, ½ oz.

The first is made by melting the lard and wax together by a water-bath, adding the Savin, and digesting for 20 minutes, finally straining through calico.

Unguentum Terebinthinæ is simply made by melting the ingredients by a water-bath, and stirring the mixture while cooling.

CLASS 6.

Ointments—the basis of which is Simple Ointment.

UNGUENTUM SIMPLICIS is made by melting together by a water-bath, and stirring while cooling.—Prepared lard, 3 ozs.; white wax, 2 ozs.; almond oil, 3 ozs.

OINTMENT.	STRENGTH.	ACTIVE INGREDIENTS.	BASIS.
U. HYDRARGYRI IODIDI RUBRI	1 in 28	Red Iod. of Mercury, 16 grs.	Simple Ointment, 1 oz.
U. CREASOTI	1 in 9	Creasote, 1 drm.	
U. CADMII IODIDI	1 in 8	Iod. of Cadmium, 62 grs.	
U. HYDRARGYRI AMMONIATI	1 in 8	Ammoniated Merc., 62 grs.	
U. PLUMBI CARBONATIS	1 in 8	Carb. of Lead, 62 grs.	
U. PLUMBI IODIDI	1 in 8	Iod. of Lead, 62 grs.	
U. ANTIMONI TARTARATII	1 in 5	Tartarated Antimony, ¼ oz.	
ELEMI	1 in 5	Elemi, ¼ oz.	

With the single exception of *Unguentum Elemi* the simple direction for the preparation of the ointments of this class is to mix the ingredients thoroughly.

Unguentum Elemi is directed to be prepared by melting the ingredients, straining through flannel, and stirring constantly while the ointment congeals.

Unguentum Plumbi Carbonatis was the old "Unguentum Cerussæ." *Unguentum Hydrargyri Ammoniati* is commonly known as "White Precipitate Ointment."

CLASS 7.

Ointments—the basis of which is made up of Wax and Oil

OINTMENT.	STRENGTH.	INGREDIENTS.	WAX.	OIL.
U. CANTHARIDIS	1 in 8	Cantharides, 1 oz.	Yellow, 1 oz.	Olive, 6 oz.
U. HYDRARGYRI COMPOSITUM	1 in 4½	Oint. of Merc., 6 oz. Camphor, 1½ oz.	Yellow, 3 oz.	Olive, 3 oz.
U. HYDRARGYRI OXIDI RUBRI	1 in 8	Red Oxide of Merc., 62 grs.	Yellow, ¼ oz.	Almond, ¾ oz.
U. CETACEI	1 in 5	Spermaceti, 5 oz.	White, 2 oz.	Almond, 1 pint.
U. PLUMBI SUBACETATIS COMPOSITUM	1 in 5½	Solution of Subacetate of Lead, 6 ozs. Camphor, 60 grs.	White, 8 oz.	Almond, 1 pint.

Unguentum Cantharidis is made by infusing the cantharides in the oil in a covered vessel for twelve hours, placing the vessel in boiling water for fifteen minutes, straining through muslin with strong pressure, adding the product to the wax previously melted, and stirring constantly while the mixture cools. Olive oil being a good solvent of the active principle of cantharides is now substituted for the boiling water of the older Pharmacopœias.

Unguentum Hydrargyri Compositum and *Unguentum Hydrargyri Oxidi Rubri* are both made by melting the wax with a gentle heat, mixing the oil with it, and when the mixture is nearly cold adding the other ingredients and mixing thoroughly.

Unguentum Cetacei is simply prepared by melting the ingredients by a gentle heat, and stirring while cooling.

The following are the directions for the preparation of *Unguentum Plumbi Subacetatis Compositum*—Melt the wax with 16 ozs. of the oil by heat of water-bath, remove the vessel, and when the mixture begins to thicken add gradually the solution of subacetate of lead, stirring the mixture while it cools, finally add the camphor dissolved in the rest of the oil, and mix thoroughly.

Unguentum Hydrargyri Compositum is a substitute for "Scott's Ointment." *Unguentum Hydrargyri Oxidi Rubri* is commonly known as "Red Precipitate Ointment." This ointment loses its red colour on keeping, owing to the conversion of red to black oxide, or reduction to the metallic state.

Unguentum Plumbi Subacetatis Compositum is a modification of "Goulard's Cerate."

UNCLASSED.

UNGUENTUM PICIS LIQUIDÆ.—Tar, 5 ozs.; yellow wax, 2 ozs. Melt the wax with a gentle heat; add the tar and stir while cooling.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 8, 1873.

IRISH LUNACY REGULATIONS.

WE devote the utmost space at our disposal in the Supplement of the MEDICAL PRESS AND CIRCULAR of this week, which is occupied by Irish local Medical affairs, to a report of a most important meeting of the Board of Governors of the Limerick Lunatic Asylum. It is hardly necessary to remind our readers that after many weeks of silence succeeding Dr. Nugent's investigation into the management of the Asylum, and without communicating the result of that inquiry to the Board, the authorities decided on prosecuting the warder who was inculpated in the homicide of the lunatic Danford, and gave the Board to understand that they would deal with the subject of the general mismanagement afterwards. The Board, on receiving this intimation, agreed not to press for a further reply to their demands. As, however, Dr. Nugent, the inspector who held the investigation, thought fit to publish in the local papers a letter referring to the Board in terms which they considered disrespectful, and as new horrors in the Asylum had come to light, Mr. De Vere, a most influential governor, submitted to the Board at its last meeting a memorial to the Lord Lieutenant, demanding in the most forcible terms an open, impartial sworn inquiry into the whole matter, and into the conduct of the Inspector not less than any other subject for inquiry.

We regret very much that is impossible for us to lay Mr. De Vere's observations and his memorial before our readers. Every word of them would be instructive to the most uninterested reader, but to those who are acquainted with Irish asylum management—with the progress of the hole-and-corner legislation which has led up to these scandals—and with the magnitude of the interests involved, Mr. De Vere's words are pregnant with force and importance. They are valuable as a loud and influential protest against Dr. Nugent's policy of stripping all extern officers of authority, and investing the resident Medical superintendent and the inspectors with it; and they are doubly important because they were spoken in the presence, and apparently with the approval, of Colonel Monsell, M.P., the Postmaster-General, the Bishop of Limerick, the High Sheriff, the Mayor, and an assembly of the most influential residents in the county.

With the details of Mr. De Vere's speech, and the memorial of the Board we cannot deal here, but we feel bound in duty to ourselves to quote that part of his observations which relates to the existing regulations for the management of asylums, which we have both in years past and recently repeatedly condemned. Mr. De Vere said—

> When these new rules and regulations were introduced, I, and the Board with me, feeling they cast an unworthy slur on the character of this body, and, what was far worse, that they impeded us in our action, and prevented us from exercising our powers of usefulness—that they made us perfect nonentities in the seats we occupied, I had the honour to lay before the Board a series of resolutions on the subject, which were supported by the unanimous voice of this Board. These were laid before her Majesty's Government, but the answer was entirely unsatisfactory. Finding that we were not likely to obtain any redress, I then retired from active participation in the affairs of this Board. I considered the system was so wrong that it was better to let it work out its own condemnation. It has done so, Sir (hear, hear). It has done so fully. It has confirmed the views the Board entertained at that time, and rendered necessary the course we are now about to take. I may have done wrong, I may have done right; but I am merely stating for my own justification, and in explanation to the Board, the reason of my absence from those sittings for a number of years (hear, hear). I was not the only member of the Board who took that course. There were others. There was one especially amongst them—one whose name can never be mentioned within these walls without respect—one whose memory will be always regarded with affection and that reverence which was due to his single-minded honesty, and his singular capacity for business—I allude to the late Mr. Spring Rice (hear, hear). He retired at the same time—I wish to Heaven he was here now to resume that seat, and assist us in our labours (hear, hear). I will not trouble you further. I have said enough.
>
> Mr. De Vere then read the following letter:—
>
> "Mount Trenchard, Foynes,
> "28th February, 1862.
>
> "SIR,—I have to request you to lay before His Excellency, the Lord Lieutenant, the resignation of my seat as a Governor of the Lunatic Asylum.
>
> "Within the last few months an application was made by the Board of Governors requesting to be furnished with a copy of the Rules, then under consideration, which it was proposed to issue for their guidance. With this request the Irish Government did not comply, as a similar refusal to a similar request was, I am told, given to the Board of Governors of the Cork Asylum.
>
> "I have now had an opportunity of examining the new Rules, and the system they establish. They contain matter I strongly disapprove, and omit matter which I think of essential consequence. But if not of more ultimate importance, it is of primary necessity that I should consider the position in which I find myself placed in common with all other Governors of Asylums in Ireland. Our position is, that having been pronounced unfit to be consulted as to the Rules to be imposed, we are, for the administration of these rules, placed practically under the control of the Inspectors. Now, I am of opinion that if the State needs clerks to carry out the instructions of Drs. Nugent and Hatchell, and make reports and returns to

them, the State can afford to pay clerks for the performance of that drudgery; and I consider it simply absurd to expect its execution by Peers, Bishops, Privy Councillors, and principal gentlemen of the district, whose position entails on them many duties, and who in many cases reside at such a distance from the Asylum as makes their attendance at Board Meetings most inconvenient.

"I have the honour to be, Sir,

"Your obedient servant,

"(Signed) STEPHEN SPRING RICE."

Our readers will judge of the force of these communications by the light of the statement, that it is at the present moment under the consideration of the Castle to draw still tighter the narrow limits of authority and interference which are accorded to visiting physicians and Boards of Governors, and hedge in still closer in their irresponsible powers the little family party composed of the inspectors and the resident superintendent, in whom the control of these extensive and valuable institutions, and the discipline and restraint of the lunatic inmates is at present concentrated.

We have every hope that the indescribable *fiasco* at the Limerick Asylum, the partiality of the investigation which followed, and the untimely superciliousness of Dr. Nugent have made such a proceeding impossible.

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THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS IN THE MEDICAL COUNCIL.

WE learn with much satisfaction that the Council of the College, at its meeting on Thursday last, its attention having been directed to the observations in the MEDICAL PRESS AND CIRCULAR of the 25th ult., on the subject of the illegality of Mr. Hargrave's election, decided to appoint a Committee to confer with the law adviser of the College, with the view of having a case prepared for the opinion of counsel on the subject. The Committee consists of the President, Vice-President, and Mr. Colles. In this action the Council has acquitted itself of a plain duty, and has adopted a proper course in satisfying itself as to the legal authority of Mr. Hargrave's tenure of office. Should it be the opinion of their law advisers that our objection is fatal to the validity of the election, it will be necessary for the Council to proceed at once to the choice of a representative, and Mr. Hargrave will be legally eligible. But if legal opinion should be that Mr. Hargrave was duly elected, the Council cannot forget that its duty to the College will not have been discharged as long as any doubt exists as to their opinion respecting Mr. Hargrave's competency to represent the College, and the Fellows themselves cannot forget that its authority may be required to enunciate their want of confidence (if, as we believe, such exists) in the capability of their representative.

In view of the urgency of the occasion, and the probability of an early session of the General Medical Council, we shall look for prompt attention to the matter by the Committee. The present season is very apt for the obtaining of an immediate consideration of the matter by the law adviser of the College, and the Fellows will be much disappointed if a question of so deep importance to them and their College be relegated to indefinite delay.

THE ROMAN CAMPAGNA.

THE Report of a Royal Commission appointed to inquire into the best means of improving, irrigating, and making salubrious the Campagna, has lately been published by Signor Pareto. From this we glean a few facts which we think may interest our readers. We may set out by stating what many of those who have spent much time in Rome have learned from their pleasure trips, viz.: Instead of being, as too commonly supposed, a flat expanse, unbroken by any elevation, save ruins, or a stray farmhouse, at least two-thirds of the whole, or 335,000 acres consists of hills, and only 14,000 acres can really be called a plain. With respect to the fertility of the soil Signor Pareto concludes that it is on about an average with the rest of Italy, but its products are at present far inferior, owing to the manner in which it is cultivated. Its pastures would not fatten an ox properly. The oxen there can only work seven hours a day, while in other parts of Italy they work ten. The horses are hardy. As to the sheep, Signor Pareto has but little to say in their praise. They are only valuable for their wool; their milk and flesh being alike worthless. From a vivid recollection of the flocks in one of our trips across the Campagna, we should scarcely have thought even the wool worth much. The permanent pastures and meadows are generally found in the low lying lands. Although here and there a meadow is irrigated, in no places is the irrigation perfect, and there are no proper appliances either for distributing the water or for carrying it away. There is no drainage, and in summer all those fields which are not completely flooded in the winter are parched up. The ditches are cleaned by the buffaloes. There is scarcely any native population. The shepherds and labourers are mostly hired from Rome, or the villages around, and stay from October till June. The few who venture to remain are attacked with fever, and if they recover often ruined in health. Signor Pareto is much inclined to believe that the Campagna was always unhealthy.

In support of his views he quotes Horace, Virgil, Livy, Plutarch, and Tacitus, but omits to cite authors telling the other way, viz., Pliny and Stratio. There is no doubt that the climate of the Campagna has been materially altered, since many places which were once renowned for their salubrity are now reckoned among the most pestilential, and *vice versa.* Ostia, Palo, Colonna, are examples of a change for the worse. On the other hand, in ancient times, Virgil, Horace, Livy, Pliny, and others, speak of long snows and the freezing of rivers, and the latter affirms that he could not cultivate the bay without sheltering it in winter. It has often been argued that if the woods which lie along a portion of the littoral parts of the Campagna were no longer allowed to remain swampy jungles, but were reduced to the state of woodlands and plantations; if planting were extensively undertaken along the banks of streams and natural ditches; if drainage were taken in hand, if a greater division of land and a reasonable mode of agriculture were enforced, and labour was made so remunerative that the labourers could live well, eating sustaining food and drinking generous wine; the Campagna would be found not only equal, but superior to many tracts of land in Italy.

It is sad, indeed, that Rome, "the City of the world," now the capital of sunny Italy, should be surrounded by a pestilential desert. In the present state of the country there is no hope of improvement unless the Government take it in hand, and now that the Royal Commission has pointed out the great public works that must be undertaken to make the Campagna inhabitable, we hope they will not be delayed. It would be a better use for Italian money than the large army which costs so much.

REPRESENTATION OF THE UNIVERSITY OF DURHAM IN THE GENERAL MEDICAL COUNCIL.

It is not only in Ireland, we observe, that the choice of a representative in the General Medical Council has produced a storm, for we ascertain from the *Durham Chronicle* that the late election of Dr. Pyle, of Sunderland, in place of Dr. Embleton, has given dire offence. The *Chronicle* says: —

> "How, then, it may be asked, does it come to pass that a gentleman with such negative qualifications should have been preferred to so skilful a man as Dr. Humble? The simple answer is, the genius of jobbery has accomplished it. The professional intellect of Newcastle and the classical intellect of Durham University have been overborne by the stolid qualities of the country parson. Every electioneering device was resorted to in order to secure Dr. Pyle's return; votes were brought from a distance, carriage paid; members of Convocation were created by *ad eundem* degrees, and the payment of fees; and the ordinary members of Convocation were swamped by this sudden irruption of a new force. We do not say these proceedings were illegal; but they were, at any rate, unconstitutional. Lord Brougham once said, when a conflict of opinion arose between the House of Lords and the House of Commons, that it would be perfectly legal to strengthen the House of Lords by the Sovereign marching a battalion of guards into the House and elevating them to the Peerage; but it would be in the highest degree unconstitutional. And so it is that, by a legal, but perfectly unconstitutional, exercise of power, Dr. Pyle has been pitchforked into the General Medical Council, and has thus superseded a very much abler man."

Nor is the *Chronicle* alone in its opinion, for we observe that the *Durham County Advertiser* is equally severe as to the late appointment, and offers as an explanation that a cry was raised to send one of the University's own graduates. For our part we should be glad for the most earnest Medical reformers to be sent to the Council, whether connected with the University or not. It is not alone the corporate interests that ought to be considered. There need be no fear that the Council, as constituted, will lose sight of the claims of any corporation. What we have to fear is that such claims will too long continue to be regarded as of the utmost importance, while the interests of the general practitioners who constitute the bulk of the Profession are simply ignored.

We have nothing to say against the eminent men who now sit in the Council, but great as they are individually as physicians, surgeons, or teachers, they have as a body done very little which calls for admiration or gratitude.

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Notes on Current Topics.

The Emperor Napoleon.

On the 2nd inst. Sir H. Thompson performed lithotrity upon the Emperor. Those conversant with the Medical history of the case will not be surprised; for, long before the disastrous war, we had, in conversation with eminent French physicians, expressed the surmise that a calculus was perhaps being formed. Having discussed the matter and other points as to the case with those who knew all its features, we were quite prepared for the news that seems to have taken some by surprise. On the 6th inst. the illustrious patient, under the influence of chloroform, administered by Mr. Clover, was again operated upon by Sir H. Thompson, considerable portions of the calculus coming away. It is highly probable that the patient will yet have to endure another operation before the entire substance is removed. Up to the time of going to press, the case was progressing as well as could be expected, the painful nature of the operations and the age of the patient being considered.

Medical Legislation in Canada.

At the last meeting of the College of Physicians and Surgeons, a committee was appointed to draft amendments to the Ontario Medical Act, to be submitted to the legislature.

One of the clauses of the contemplated amendments proposes an annual assessment on the members of the Profession of two dollars each for the support of the Council. It is also proposed that each member of the College shall receive annually a copy of the *Medical Register* which will contain, besides the names of the registered practitioners, a copy of the Act and other useful information. It is expected that by means of this assessment sufficient funds will be raised annually to meet the working expenses of the Council, without taxing the students so heavily as at present. The Council expects also to be enabled to establish a sinking fund for the purpose of securing a hall in which to hold its annual meetings and examinations.

Signs of Death.

The Academy of Sciences of Paris, in 1870, offered a prize of 20,000 francs for some simple and positive sign of death, which any non-professional person could understand and apply. The most practical and satisfactory one given is mentioned in a late number of Virchow's *Archiv.* It depends upon the fact that no matter how profound the syncope or how death-like the person may appear if the circulation continues, however feebly, the person is not dead. All that is necessary, therefore, is to tie a string firmly around the finger of the supposed corpse; if the blood circulate in the least, the whole finger, from the string to the tip, will swell and generally turn a bluish red. This test is exceedingly simple and conclusive.

Medical Periodicals.

The *Madras Medical Journal* with its November issue utters an expiring groan, heartrending, at least to Editors and Publishers, if not to readers. Our brother of Madras says:—"We cannot go on devoting time and labour—valuable, at least to ourselves—to a task which either the apathy of our Medical brethren or our own incapacity prevents from being so useful as we expected when we began. Our regular contributors may be counted on the fingers; our contributors, regular and casual together, would not need more than the digits of the upper and lower extremities for enumeration. We were careful not to expect pecuniary advantages from our work, by which sage precaution we have evaded disappointment, but we confess we should like to number as subscribers more than 38 per cent. of Local Medical Officers, 17 per cent. of the British Service, 11 per cent. of the Apothecary grade, and 2 per cent. of the Hospital Assistants. Whether our comparative ill-success in meeting with support from our brethren is due to their apathy or our incapacity, we are equally unable to continue our experiment without a larger measure of encouragement than we now receive. If the fault be our own, we have at least done our best—'angels can no more.'"

For comfort to our unhappy contemporary, we can only say that we wish all or any other journal in "the old country" could attain to the percentages which he considers so beggarly. With so good a proportion of patronage we imagine the *Madras Journal* must lay the blame on its financial calculations than on the apathy of its readers or its own incapacity.

Female Medical Students.

THE legal success which the female students at Edinburgh had attained, and which we noticed last week, depended on the failure of the attempt to illegalise the decision of the Managers of the Edinburgh Royal Infirmary, which admitted such students to the practice of the hospital. The resolution adopted by the Board on the motion of Professor Masson, was as follows :—

"That the managers of the Royal Infirmary resolve to admit females already enrolled in the 'Students' Register' for Scotland, to receive clinical instruction at a separate hour from that at which male students are admitted into the hospital, and in a stated number of wards containing not less than eighty beds, to which the female students must confine their visits ; instruct the clerk to issue tickets on these conditions, and remit the following sub-committee to make arrangements, viz. :—Professor Sir Robert Christison, Bart., Dr. Gillespie, Mr. G. Harrison, and Professor Masson, convened."

This resolution only extends to those women "already enrolled," and we may expect that an untiring crusade will yet be fought out by the young "ladies" before they abandon their just claim to participate in the nastiness of the dissecting room. So gross an infringement of the natal privileges of the woman of the period, who is *not* "born to blush," seen or unseen, could not be permitted. Mesdames Woodhull and Claffin, to the rescue ! ! !

Mortality of the City.

FROM the Report of the Medical Officer of Health—Dr. Letheby—just presented, we learn that during the last year the chief causes of death in the City were as follows : —Phthisis 234, tabes and scrofula 88, hydrocephalus 24, pneumonia and bronchitis 326, alvine disorders 51 (39 of which were among children), continued fever 28, scarlet fever 9, small-pox 26, measles 40, whooping-cough, croup, and diphtheria 86, and erysipelas 16—making together 346 deaths from tubercular diseases, 326 from inflammatory affections of the lungs, and 256 from diseases of a zymotic character. In the corresponding period of the last 10 years, the average number of deaths from each of these groups of diseases was 493, 383, and 492 respectively. But, besides these, there were 120 deaths from violence, privation, and poison, against an average of 146, and 97 from convulsions and teething, against an average of 135. To put these results in a simpler form, it may be said that of every 1,000 deaths in the City during the year, 185 were from pneumonia and bronchitis, 133 from phthisis, 50 from tabes and scrofula, 69 from hydrocephalus, convulsions, and teething, 29 from alvine disorders, 16 from continued fever, 5 from scarlet fever, 15 from small-pox, 22 from measles, 49 from whooping-cough, croup, and diphtheria, 9 from erysipelas, 68 from violence, &c., and 350 from diseases of a chronic character. In the case of lung diseases (phthisis, pneumonia, and bronchitis) the proportion has risen from 280, which is the average for the last 10 years, to 318, and in the case of small-pox it has risen from 10 to 15, but all the other maladies are greatly below the average. There has been a falling off in the proportion of deaths from continued fever, scarlet fever, and alvine disorders, thus showing a marked improvement in the public health. This is further exemplified by the returns of sickness among the poor of the City ; for in the year 1872 the number of cases of fever attended by the Union Medical Officers was only 86, against an annual average of 665, and the cases of diarrhœa were only 251, against an average of 927.

Lunacy in Belgium.

AMONG the measures submitted by the Belgian Government to the consideration of the Legislature is one for the more effectual superintendence of lunatic asylums by the State. The law of 1850 did much to improve the condition of the insane, but though the Medical men in charge of an asylum were bound to report any malpractices to the commissioners appointed by Government, they were themselves chosen and paid by the proprietor of the establishment, and were, therefore, his agents rather than those of the public. The new measure gives the government the power of appointing and dismissing the Medical staff.

The "American Journal of Obstetrics."

THE last quarterly number of the *American Journal of Obstetrics* contains a number of articles of very unequal merit, and we must say that, although that journal professes to be the "only one of its kind in the English language," the Transactions of the Obstetrical Societies of Dublin, London, and Edinburgh furnish materials, which for professional interest, philosophical treatment, and scientific value, will fairly compare with the contents of "the only journal of its kind." But a familiar song teaches us, that every one who seeks improvement should "step across to Yankee land." The journal before us certainly contains many *words* not familiar to us, and which we think unnecessary, *e.g.*, Phrenopathics, phreniatrics, putrilage, electro-atrics, electro-pædiatrics, and many others which have useful and familiar synonsms. We read of a "ligatura caudens" (sic), and as the monstrosity recurs on the same page, as "caudela caudens" (sic), we presume it is considered deserving of attention. The report of Dr. Ullersberger, on the use of electro-therapeutics in the diseases of children, is certainly not calculated to inspire much confidence in his knowledge or judgment. Dr. Munde, contributes an article on the employment of the curette in the treatment of uterine cancer, as invented by Recamier, and specially employed for this object by Prof. Simon, of Heidelberg. "The object is," says the author, "to scoop the morbid product out of the normal tissue."

Happy the man who could effect this? Still Dr. Munde believes that "unfortunately a cure of the carcinoma" is impossible. The advantages of the method are stated to be, that caustics produce evanescent effects, and inconvenience and danger. Strange to say, however, Dr. Munde recommends, after the use of the curette, "a fluid caustic of greater or less strength to be applied, such as chromic, carbolic, or proligneaus acid." After several days, we will find "a smooth soft surface, covered with healthy granulations, or already in process of cicatrization." We need quote no further. An important discussion at the Philadelphia Obstetrical Society, on the use of obstetric forceps, elicited a strong feeling in favour of their early and general use. Dr. Robertson contributes an article on the obstetric forceps, descriptive of a modification introduced by him in their construction.

Angina Pectoris.

Angina pectoris, when not resulting from organic disease of the heart or great vessels, but as a simple neurosis, may be successfully treated by the induced current, as recommended by Duchenne, Trousseau, Ullersberger, and others. L'Ippocratico mentions a case of a man, æt. 48, cured rapidly this way, the positive pole being applied to the left nipple.

Floating Hospitals.

Paris is the centre of revolutions. Dr. Rochard has suggested the establishment of a floating hospital in that city, for lying-in women. We fear many years must elapse before such a project can be entertained in this country. Such is the state of pollution of our rivers, that we scarcely have one that would float a tub, near a large town, on which a sojourn of many days would be agreeable. Even the sea is poisoned with sewage near most of our great watering places.

Inunction of Mercury.

Dr. J. Neumann states his belief (in the *Oesterr Zeitschr f. prakt. Heilk*), that mercury employed by inunction, as grey ointment, traverses the uninjured skin. His reason is that, a few weeks after the inunction, the mercurial globules are no longer to be found in the follicles. He adopts Voit's assumption, that it is in the form of sublimate that the resorption takes place.

The Amount of Caffeine Contained in Coffee, and on its Physiological Action.

Although the quantity of caffeine contained in raw coffee is known, no attempt has ever been made, says Mr. Hermann Aubert, in the *Journ. Chem. Society*, quoted by the *Pharmaceutical Journal*, to ascertain how much of the alkaloid is contained in a cup of coffee, and it is also uncertain whether the beans should be slightly or strongly roasted, and whether the ground coffee must be boiled to extract its active principles or simple infusion is sufficient. By extracting the coffee with water, either by percolation or decoction, and evaporating to a syrup, which is then treated from five to eight times with chloroform at nearly 60° till all the caffeine has been dissolved out, he obtains a larger quantity than previous experimenters. Raw beans of the yellow Java kind yielded 0·709-0·849 per cent. by this method, while they gave only 0·474 by Garot's method of precipitation with basic lead acetate. When much roasted, coffee loses a certain quantity of caffeine, which sublimes, whereas it loses none by slight roasting. Notwithstanding this, the coffee made in the usual way by percolation from strongly roasted coffee contains rather more caffeine than that made from an equal weight of slightly roasted coffee, as the roasting renders it more easy to extract.

When coffee is prepared in the usual domestic fashion by pouring six to ten times its weight of boiling water three or four times over ground coffee, nearly the whole of the caffeine is extracted, hardly one-fifth of it remaining in the grounds. The quantity of caffeine in a cup of coffee prepared from 16⅔ grams of coffee is about 0·1 to 0·12 gram. A cup of tea prepared in the ordinary way from 5-6 grams of Pekoe tea contains also about 0·1 to 0·12 grams of caffeine. Caffeine acts upon the spinal cord and causes tetanus in doses of 0·005 gram for a frog, injected subcutaneously; for a rabbit, 0·120 gram (injected into the jugular vein); for cats, 0·200, injected in the same way; and the same quantity for dogs. It has a peculiar action on the muscles of frogs, especially when directly applied to them, causing them to become rigid and white, apparently from coagulation of the myosin. It does not exert this action on the muscles of mammalia. The tetanus is removed by artificial respiration, and if this process is kept up for about a quarter of an hour, no recurrence of the tetanus takes place, even though the respiration is then discontinued, showing that the caffeine is quickly eliminated or destroyed in the organism. Occasionally it produces a paralysis of the hind legs in rabbits, but the author is uncertain to what cause this is to be attributed. It quickens the heart and at the same time reduces the blood pressure. This effect he believes to be due to stimulation of the cardiac ganglia, combined with diminution of what he regards as cardiac *tone*, due to paralysis of the nerves passing from these ganglia to the muscular substance.

The action of caffeine, says Mr. Aubert, does not explain the stimulating and reviving action of coffee. We may therefore, presume that there is, in his opinion, still much to learn respecting the effects of this substance on the body.

Medical Periodical Literature.

We had imagined that this market was pretty well stocked already, with four old-established weekly journals, three or four good monthlies, besides the quarterlies, half-yearly abstracts, and the innumerable volumes of hospital reports, society proceedings, &c. Yet still they come, and the mushroom existence of a dozen previous attempts seems not to deter others from "seeking glory at the cannon's mouth." Last week two fortnightlies made their *début*, one in London, the other in Dublin, headed respectively *The Student's Journal and Hospital Gazette* and *The Irish Hospital Gazette*. There is nothing striking in the appearance or features of either journal to lead one to suppose they are intended to run a lengthy existence, but we wish them success. They are evidently amateur speculations, and the title of each fairly bespeaks its contents. Yet still another! *The Medical Record* is to see the light to-day, and to be continued weekly until further notice. Of this, therefore, it will be premature to pass an opinion until we see it.

This much we can say, that its programme is almost a copy of the monthly periodical, *The Doctor;* that it is to be under the distinguished guidance of the present editor of the *British Medical Association Journal,* who will therefore have two irons in the fire. We understand it to be the intention of the promoters that our contemporaries and ourselves be quietly "snuffed out and decently buried," "but the end is not yet." *Pabulum Acherontis!*

Royal College of Surgeons in Ireland.

At a meeting of the Council held January 2nd, it was unanimously agreed to that the emolument of Dr. W. Handsel Griffiths, assistant-librarian, should be increased from £100 to £150 per annum. We understand that Dr. Griffiths is at present actively engaged in compiling for publication, an index to the catalogues of the library. This index is to be in two parts, an index to authors, and an index to subjects; it will prove a great boon to the numerous fellows, licentiates, and students by whom the libraries of the College are frequented.

The Meeting of the Medical Council.

It is announced that the Executive Committee of the Medical Council will hold its meeting on Tuesday next. The date of the assembly of the entire Council will be then decided, and it will depend in great measure on the completion of the Irish Conjoint Examination Scheme. We have reason to believe, that since an understanding was arrived at between the University of Dublin and the two Colleges, the College of Physicians has made a communication to the other parties to the compact suspending, in some respect, its judgment in the matter. We believe this step is not to be considered as a check in the perfecting of the arrangement for a conjoint examination, but only as a measure of diplomatic precaution, pending an official notification of its intentions by the University.

Very Early Intelligence.

Our contemporary, *The Medical Record,* has distinguished its *début* by a piece of clairvoyance which will probably surprise no one more than the eminent physician who is the subject of it. Our contemporary is published on Wednesday; on Tuesday morning the London daily papers announced on the before-mentioned authority, that "Sir William Jenner was *last night* elected President of the Pathological Society of London." Now as this Society did not meet until Tuesday night, our juvenile contemporary, in its anxiety to get noticed in the newspapers, took the election into its own hands and relieved the Fellows of all right of selection or trouble in the matter. Comment is superfluous.

The Lectureship on Practice of Medicine in the Ledwich School, Dublin.

We learn that the Joint Lectureship in the Ledwich School, vacated by the election of Dr. Little to the Professorship of Practice of Medicine in the School of the Royal College of Surgeons, will not be filled up. Dr. Henry Eames will henceforth be sole lecturer on the subject in the Ledwich School.

We are glad to hear that Dr. Brewer, M.P., is expected to be able to return to England shortly.

Relapsing fever is again in London, more cases having been reported.

Mr. Henry Hancock will deliver the Hunterian Oration at the Royal College of Surgeons on the 14th February next, the day being the anniversary of the birth of John Hunter.

Dr. Adolpho E. Peralta, Professor of Materia Medica, Therapeutics, and Hygiene in the University of Buenos Ayres, died on the 20th of October.

The U.S. Pharmacopœia is now in the hands of the binders, it is confidently expected to be ready for delivery within a couple of weeks. The nomenclature adopted is that of Attfield.

The Medical commission sent by the Transcaucasian Government to investigate the origin of the plague in Persian Koordistan, reports that it followed the opening of two old plague pits, in which the victims of the plague which devastated Koordistan in 1829-32 were interred.

The Medical Society of the College of Physicians, Ireland, will hold its third meeting this evening (Wednesday) at eight, the chair to be taken at half-past eight, p.m., when the following communications will be read:—

Dr. James Little, "On the Use of Digitalis in the Failing Heart and Delirium of Acute Diseases."

Dr. Grimshaw, "On a Case of Aneurism of the Basilar Artery."

The next meeting of the Dublin Obstetrical Society will be held in the Royal College of Physicians on Saturday, Jan. 11th, when papers will be read by—

Dr. Hemphill, "Abstract of Midwifery Cases."

Dr. Johnston, "Clinical Report of the Rotunda Lying-in Hospital for the Year ending November, 1872."

Dr. Morgan, "On Specific Inflammation (dactylites) of the Hands and Feet in Children."

Dr. J. More Madden, "On Certain Improvements in the Long and Short Forceps, and on their Use in Midwifery Practice."

An inquest was held on Monday, in the Limerick Workhouse, upon the body of a man named Flanagan, whose death was caused by a fall from a car, resulting in an extensive depressed fracture of the skull. It appears that the deceased was picked up by the police, and was conveyed to Barrington's Hospital, where he was seen by the resident physician; but that gentleman, finding the man extremely violent, decided on sending him back with the police, intimating at the same time that his condition was not without danger. The unfortunate man, suffering, as the event proved, from an immense depressed fracture of the skull, was then "walked" back to the police-station in Coloony Street, a distance of nearly a mile, at one o'clock in the morning, and was confined in a cell until the opening of the police-court, where he was charged with having been "drunk and disorderly." The presiding magistrate happened to be Dr. O'Shaughnessy, who at once perceived that the prisoner was suffering from some cerebral injury, and had him conveyed to the workhouse hospital.

Correspondence.

THE MEDICAL COUNCIL AND THE DUBLIN COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with anxiety rather than curiosity your frequent observations on the present representation of my college on the Board of the Medical Council. I am little conversant with Medical politics, but entertain an old regard for the college, and not a little pride in the degree which I hold from it, and I am made aware by the London journals that sooner or later, but within a few months, its interests will be at stake in the Medical Council or in Parliament. Under such circumstances I should desire the college to be spoken for by a delegate who combines experience and tact with energy; and I don't understand a servant of the college clinging to an office to which he is no longer able to do justice. As I am not a young man myself, I should desire to respect the feelings of a Nestor like Mr. Hargrave, who, at least, has been always "true blue." But I think that gentleman's loyalty would be somewhat tarnished if he allowed his love of office and its emoluments to overcome his regard for the college. If, however, it should appear that Mr. Hargrave does so, I shall not flinch from publicly accepting my share in the responsibility which your correspondent, "A Fellow of Fourteen Years' Standing," has asked the college to undertake.

If you, sir, and your correspondent of last week consider an assembly of the college necessary, I shall be prepared to attach my name to a requisition for that purpose.

Yours, &c.,

A FELLOW OF 1844.

MEDICAL ETHICS AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see it announced that at the last meeting of the Council of the College of Surgeons of England Mr. Charles Hawkins carried a resolution, which is intended to be condemnatory of the practice of advertising Medical works in the *non-Medical press.* One might fairly start by asking, which is the Medical and which the *non*-Medical press? seeing that in the columns of the daily press even the heads of the Profession do not hesitate to discuss almost any matter relating to medicine and disease, and that the editors of the daily journals also write upon questions which affect our body, as well as the public health, quite as freely, and with as much ability as their brethren of the so-called Medical press. If it is an offence against good morals to advertise a book in the public papers, surely it is not less so to have the names of eminent physicians and surgeons paraded day after day at the tail of a bulletin of health of my Lord Duke. Again, who is to draw the line between a book on sanitary matters, written with the ostensible purpose of advertising the author, although professedly in the public interest, and another on diseases of the lungs, or auscultation and percussion, on diseases of the eye, the ear, the heart, &c.? Surely, one has as much to do with the public health as the other? Who are the greatest offenders in this particular matter? For an answer to this query look down that list of Messrs. Churchill, which so often occu-[illegible] a prominent column in the *Times*, and you will see the [illegible] of the Profession figure there quite as frequently as [illegible] it is intended to put down or stigmatise in this [illegible]-worded resolution. Why, let me ask, is there more [illegible] from whatever point of view looked at, in an adver-[illegible] of a book in the columns of the *Times*, or other [illegible], than in that *placard* which stares one in the [illegible] down the Strand, professing to announce the [illegible] of the last number of a certain journal which [illegible], but which it is well known is in great [illegible] artfully-contrived puffs of the little clique called [illegible]," and the few friends admitted to the charmed [illegible].

It is all very well for such men as Mr. Hawkins, who have been fortunately born with a *silver spoon* in their mouths, and never having perpetrated the enormity of writing a book to advertise, to endeavour to impose their code of ethics on less fortunate members, doomed to earn their bread by the sweat of the brow. If Mr. Hawkins will put the young and struggling members of our Profession in a fair way of earning a livelihood, and providing bread for themselves and families, by means which he considers perfectly legitimate, and more certain of attaining this object, I daresay they will only be too glad to adopt his method, whatever it may happen to be. Perhaps the College will not object to found a fund to help young men up the hill, or assist those when going down. At all events, they will not, I daresay, object to pass a rule which shall compel members of Council to retire from so lucrative a position at a sufficiently early age to make room for their younger brethren. If sixty is thought to be the right age for a man to retire from hospital work, surely the same rule holds good for the Council of the College and its Examining Body.

One word more—if not at all derogatory on the part of members of the clerical and legal professions to advertise their works in the columns of the daily newspapers, why is it so for the Medical? Is it fair or reasonable to impose moral and ethical restraints upon us, which are considered quite uncalled for by the sister professions? These have their special organs; nevertheless, the works of the archbishops and the Lord Chancellor more frequently appear in the list of advertisements in the daily newspapers than those of the Medical Profession. Then why seek to impose restraints which are in no way required or thought of by professional bodies standing quite as high, if not higher, in public estimation? The fact is, our colleges are growing more nice than wise, and wasting valuable time over trifles, while they habitually neglect or postpone the consideration of the true interest of the Profession.

I remain, Sir,

Your most obedient servant,

A HARD-WORKING PRACTITIONER.

Medico-Legal Intelligence.

CREDULITY INCREDIBLE.

A CORRESPONDENT has sent us the Hull local papers, which contain one of the most barefaced cases of extortion we have ever met with in the annals of quackery. It appears that, for a long time a person named Jackson, who had dubbed himself with the usual "Doctor," was in the habit of obtaining large sums of money from persons who had, or fancied they had, an ailment of one kind or another, for his "Indian Medicines," &c. Last week this said individual was brought to a sudden stop in his career of rapid fortune-making; and although we condemn the scoundrel as one of the worst of his class, we have, nevertheless, no sympathy with the fool who allowed himself to be the victim of so palpable a piece of fraud. The evidence is of such an extraordinary character that we are sure our readers will freely give the space it occupies.

The prosecutor, John Richardson, farmer, Easington, deposed that in the early part of last year he saw in the shop of the defendant a bill about Professor Jackson and his Indian remedy. He went into the shop and asked for a bottle of the Indian remedy, but was told that may be it would not suit him, as he was in a bad way. He was given a glass tube, and told to blow through it into water. When he blew, the water turned immediately like milk. The prisoner then told him he was in a very bad state, it was time to say his prayers, as he should not live over two or three months. It alarmed him very much. He then told witness he had just strength in him to master the disease. Witness was given another tubular glass with a red fluid in. He had to hold one end in his hand. He was told that the fluid did not boil, and that he had no circulation of his blood, which was then dying for want of circulation. He was given a third tubular glass with a bulb at each end. He held one end in his hand, and was told his heart had no regular stroke, and went 120 a minute. Witness was told all these glasses were specially sent to the prisoner from India, and were invented specially for the Prince of Wales when he was ill of a fever. At the first interview he agreed to supply medicines and attendance at £2 2s. a month, extras to be paid for at cost price. Witness was to have the balsam as it came from the merchants — unadulterated. Remembered purchasing of the prisoner a box, on the inside of the lid of which were the words "The Great Indian Remedy." He paid £25 for it, and £2 carriage from India. He was shown the invoice for the goods, and would not have purchased if he had not believed it came from India, and was worth the sum stated. On another occasion he purchased "The Indian Medicine Chest." The lid was covered with tinfoil, but on a portion of the covering being removed a picture became visible, and the words "improved Swiss bricks" were to be seen, showing it had been a toy box. There were also marked on the lid £20 16s. 6d., the cipher being marked in lead pencil. He paid that amount for the box, and £1 3s. 6d. for carriage from India. A smaller box was in the larger box, and had a coat of arms on the lid to show it came from India. The coat of arms had been rubbed off and the word "glove" was now visible. Inside the smaller box was an inscription, "the great Indian remedy, the blood, the wonder of wonders." There were also two trees, which represented trees of life. He took the contents of the twenty-four bottles which were in the box, and took the empty bottle back to prisoner to be refilled. He paid £3 10s. for the refilling. He was told this manna or the bread of life was what the Israelites used in the wilderness, and a very small quantity of it would keep a person alive for days if they had no other food. Was told the head man amongst the balsam merchants of India had taken it and lived to the advanced age of 170 years. He believed this, and was shown a letter from a man to Jackson stating that his father had lived to the advanced age of 170, and that he (Jackson) was to be the only agent in England. Understood the man was an Egyptian, named Smith.

The Recorder—The name of Smith is very like Egyptian.

Mr. Seymour, to Prosecutor—Did you believe that the portion of manna which you got was a portion of that which the children of Israel had eaten, or rather left?

Witness—Yes. Prosecutor told him that the manna he sold was rained from heaven, and was gathered regularly from the trees.

Mr. Seymour—How could the children of Israel pass through British India?

Witness—Oh! the trees were propagated. In re-examination, last witness identified the cheques he had drawn upon his bankers, and that the only medicines which he took were "the bread of life" and sarsaparilla.

The evidence of two members of the Profession was here put in, which proved that the so-called medicines were utterly valueless, the most celebrated of all being spring water coloured with cochineal.

The Prisoner was sentenced to twelve months' hard labour.

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Medical News.

Royal College of Surgeons of England.—At a special meeting of the Council last week, the 2nd inst., Mr. Luther Holden, F.R.C.S., Senior surgeon to St. Bartholomew's Hospital, was elected a member of the Court of Examiners, to fill the vacancy occasioned by the resignation of Mr. John Adams, consulting surgeon to the London Hospital. A letter was received from a member of the College, expressing regret for his unprofessional advertisements, and it was resolved in consequence to stay further proceedings. The following motion by Mr. Charles Hawkins was carried:—"That the practice of frequently advertising Medical works in the 'non-medical Press' is, in the opinion of the Council of the Royal College of Surgeons of England, not conducive to the honour or dignity of the Medical Profession."

The Royal Humane Society will shortly establish a receiving house near Waterloo Bridge.

Small-pox still rages at Whitehaven. 451 cases have occurred in connection with the Infirmary and Brausty Hospital alone, and probably as many more in the town at large.

General Medical Council.—The Executive Committee of the Council will meet on the 14th inst., when the date of the assembly of the Medical Council will probably be fixed.

Publicans and Drunkards.—The number of persons licensed to sell intoxicating liquors, who were convicted in England and Wales from 1st July, 1870, to 1st July, 1871, for permitting drunkenness on their premises, appears, from a Parliamentary return, to have been 301.

At the annual meeting of the Surrey magistrates held last week, it was recommended that an analyst be appointed for the country, with the following scale of fees:—For the first 100 cases in any one year, £1 for each case; for the second 100, 10s. each; and if the number should exceed 200 in the year, then 5s. each for cases above 200; and further, that the inspectors of weights and measures be appointed to procure samples of food, &c., and be allowed £1 in each case of conviction. The fee for any private person who wished to have any analysis made was fixed at 10s.

Royal Infirmary, Edinburgh.—It has been intimated to the managers of the Royal Infirmary of Edinburgh, that the residue of the estate of the late Mr. Buchanan, of Dura, which has been left to the Infirmary, amounts to fully £18,000, and that the money will shortly be paid. The legacies paid to the Infirmary during the three months beginning October 1st, last, when the accounts for the past financial year were closed, together with those intimated, but still outstanding, amount to £26,397.

Medical Wills.—Last week, the wills of two members of the Profession lately deceased, were proved in London. That of Dr. C. Lister Wall, late of Kensington, under £35,000, and Mr. Partridge, F.R.S., late Consulting-surgeon and Professor at King's College Hospital, and resident in Brook Street, Grosvenor Square, under £20,000.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a relpy in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Lectures on Diseases of Women.—A course of lectures will be commenced at the Royal Hospital for Women to-morrow (Thursday) week, by Dr. Alfred Meadows, to which members of the Profession are admitted on presentation of their card. The subject of the first two lectures is "Fibroid Tumours of the Uterus."

Guy's Student.—Mr. Bellamy's Text-book of Anatomy, referred to in our issue of the 18th ult., is published by Messrs. Baillière, Tindall, and Cox. The other work you mention was published years ago, and is of little use now.

Querist (Birmingham).—Like you, we are curious to know the result. Time only can answer your question definitely.

Dr. Waring Curran.—Many thanks.

Dr. T. H. Marshall.—We shall be happy to send to your address in Germany.

Dr. P.—Your indignation is very just, but so long as there are persons so utterly devoid of common sense, so long will there be plenty of knaves to take them in. You will find the case in another column; but we are absolutely sick of protesting while the law remains in its present unsatisfactory state.

Enquirer.—Ulceration of the cartilages of the knee-joint may undoubtedly be present in a strumous patient suffering from phlegmasia dolens, but as a coincidence only. But we cannot think our correspondent's patient suffered from such lesion, as he states she is "getting better quickly." Phlegmasia dolens may occur at any period of pregnancy, in the unimpregnated state; or even in the male. Therefore, as our correspondent's conclusions may be erroneous, we advise him to let his patient have time and rest.

The "British Medical Journal" and Trade Dodges.—Our contemporary is loud in vituperation against the *Lancet* for giving [illegible] reviews for the sake of advertisements. It is the old tale of the pot calling the kettle black; in fact, we should be sorry to think the *Lancet* could be guilty of such flagrant venality as its accuser has lately exhibited—as an instance of which, a facetious correspondent sends us the following clipping from the first number of *The Students' Journal*, which he characterises as *un bon mot*:—

> "D. D. D.—Your whiskey is evidently a 'New Invention.' Write to the *British Medical Journal* and send a sample. We don't know their terms for advertising."

QUACK PROSECUTION FUND.—The honorary secretary to this fund writes:—

> "As you were good enough to notice the successful efforts (conducted by the solicitors to the Society for the Suppression of Vice) to suppress a villanous form of quackery, in your issue of December 18, I take the liberty of bringing the claims of the *Quack Prosecution Fund* before you. I regret to say that the response made to the private application by circular has not been so generous as one could wish, indeed, it barely amounts to £100. Up to the present time we have proceeded with three cases only, though we have the evidence prepared for several others, and only wait for funds."

The promoters of this fund have our entire sympathy, and we trust that our readers who have the interests of the Profession at heart, will liberally support them in their endeavours to remove so great a scandal from our midst. To this end we shall be happy to receive and acknowledge contributions, however small, which may be sent to either of our offices.

COMMUNICATIONS, &c., received from Dr. McEvoy, Zanesville, America. Mr. Walter Coulson, London. Dr. Thorowgood, London. Dr. Buchanan. Dr. Horace Swete, Leamington. Dr. Bolton, Leicester. Mr. Cooper, Brentford. Dr. Alex. Williams, Westminster. Dr. Waring Curran, Mansfield. Mr. J. E. Griffiths, Liverpool. Dr. Williams, London. Dr. Williams, Fulham. Dr. Cresswell, Newcastle. Mr. Pinder, Harpurhey. Dr. Haddon, Horncastle. Dr. Latten, St. Asyth. Dr. F. W. Brown, Uppingham. Dr. McDowell. Dublin. Dr. Morgan, Dublin. Dr. J. P. Shaw, Rotherham. Dr. Drysdale, London. Dr. Heagerty, Newcastle. Mr. Edington, Derby. Dr. Smith, Manchester. Mr. Cadbury. Mr. Young. Dr. Atherton, Thatto Heath. Dr. Bird, Chelmsford. Dr. Smith, Sheffield. Mr. W. H. Denham, Southsea. Dr. Moore, Walsall. Mr. Tatham, Brighton. Mr. F. D. Beck, Sawbridgeworth. Dr. Mitchell, Aspatria. Mr. T. E. Gibb, London. Dr. Keirnan, Buckfastleigh. Mr. Gurner, S A.S., Rothesay. Dr. Hadden, Skibbereen. Mr. Fawcett, Conway. Dr. Easby, Darlington. Mr. Ingram, Women's Hospital. Dr. Meldon, Dublin. Mr. McGill, Sligo. The Chief Secretary to the Lord Lieutenant of Ireland. Guy's Student. Dr. Morell Mackenzie, London. Dr. T. H. Marshall, Vallendar, Germany. Dr. Peirson, Scarborough. Dr. C. M. Crombie, Aberdeen. Mr. Hyslop, Stretton. A Querist, Birmingham. Dr. Proll. Dr. Gordon. Dr. Martin, Tipperary. Mr. Bryant, &c., &c.

VACANCIES.

St. Thomas's Hospital, S.E. Botanical Lectureship at the College (See advt.)

Cheltenham Hospital. Resident House-Surgeon to the Branch Dispensary. Salary £120 per annum. Application to the Secretary.

Royal Infirmary for Women, Waterloo Road, London. A Physician and a Surgeon.

Nottingham. Medical Officer of Health for the Borough. Applications for particulars to be addressed to Mr. S. G. Johnson, Town Clerk.

Meriden Union, Fillongley district, Coventry. Medical Officer. Salary £30, exclusive of fees.

St. George's Dispensary, Regent Street, W. Physician-Accoucheur.

St. George's Dispensary, Hanover Square. W. Dispenser.

Coleraine Union, Portrush Dispensary district. Medical Officer. Salary £70 per annum, exclusive of fees. (See Advt.).

Manchester Royal Infirmary Dispensary and Lunatic Asylum. Two Assistant-Physicians; two Assistant-Surgeons; one Obstetric Surgeon; Ophthalmic Surgeon, and Dental Surgeon. These appointments are all honorary. Applications must be sent in before the 18th inst.

Nottingham General Hospital. Resident Surgeon Apothecary. Salary £150, with board and washing. Applications to be made to the Secretary at the Hospital.

District Lunatic Asylum, Ireland, Londonderry district. Resident Medical Superintendent. Applicants must be qualified in Medicine and Surgery. Applications to Dublin Castle. (See advt).

Sligo Union. Sligo Dispensary District. Qualified Apothecary. Salary £80 per annum. (See advt.)

Inishowen Union, Clonmany district. Medical Officer. Salary £90.

Mullingar Union, Tyrrell's Pass District. Medical Officer. Salary £110.

Rathdown Union, Powerscourt district. Medical Officer. Salary £110.

APPOINTMENTS.

BANKS, W. M., M.D., F.R.C.S E., L.R.C.S.Ed., Surgeon to the County Prison at Kirkdale, Lancashire.

BLACK, M., M D., C.M., L.M., Medical Officer, &c., for the Strangford Dispensary District of the Downpatrick Union, co. Down.

CALLENDER, G. W., F.R.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital, Consulting Surgeon to the Charterhouse.

CREIGHTON, Dr., Surgical Registrar to St. Thomas's Hospital.

EDDINGTON, Mr. J. E., House-Surgeon to Addenbrooke's Hospital, Cambridge.

FARREN, N., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Officer, &c., for the Buncrana Dispensary District of the Inishowen Union, co. Donegal.

GORDON, J. H., M.D., Medical Officer for District No. 6 of the Alderbury Union, and a Medical Officer to the Wiltshire Friendly Society.

HOLLINSHEAD, F., M.R.C.S.E., Medical Officer of Health for the King's Norton Rural Sanitary District.

HUGHES, H., M.R.C.S., Medical Officer of Health for Bethesda, Bangor.

KENNEDY, T. A., L.K.Q.C.P.I., L.R.C.S.I., L.M., House-Surgeon to the Western General Dispensary, Marylebone Road.

MAGEE, R. J., L.R.C.S., Medical Officer to the Fever Hospital, Gowran

RIORDAN, T. T., M.D., L.F.P. & S. Glas., Medical Officer for the Marksbury District of the Keynsham Union.

SARVIS, T., M.D., Public Analyst for Bethnal Green.

THORPE, Prof., Analyst for the City of Glasgow.

TYRRELL, Dr. T. P., Medical Attendant to the Convict Prison, Spike Island, Queenstown.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, January 8.

EPIDEMIOLOGICAL, 8 P.M.—Dr. Buchanan "On the Concurrence of Epidemics."—Dr. Squire "On the Periods of Infection in Epidemic Disease."

THURSDAY, January 9.

ROYAL INSTITUTION, 3 P.M.—Professor Odling "On Air and Gas."

FRIDAY, January 10.

CLINICAL SOCIETY, 8½ P.M.—Annual Meeting for the Election of Officers and Council.—Mr. Callender, "On a Mode of Dressing Wounds."—Dr. Lockhart Clarke, "On a Case of Cysts in the Cerebellum."—Dr. Edis, "On a Case of Right Hemiplegia occurring during Pregnancy, with rapid Recovery after Parturition."

MONDAY, January 13.

MEDICAL SOCIETY, 8 P.M.—Ordinary Meeting.

TUESDAY, January 14.

ROYAL MEDICO-CHIRURGICAL, 8 30 P.M.

Marriages.

BETHELL—WOOD.—On January 1st, at Langley Burrell, Wilts, Alfred Bethell, M.R.C.S., of Bridgnorth, to Kerew, eldest daughter of W. B. Wood, Esq., of Langley.

MORISON—DEANS.—On January 2nd, at St. Thomas's, Southwark, J. W. Morison, M.R.C.S., to Mary, daughter of the late Thos. Deans, Esq., of Westminster.

JOHNSTONE—BOND.—On December 28th, at St. George's, Hanover Square, London, Dr. H. J. Johnstone, of Dublin, to Gertrude, eldest daughter of L. M. Bond, Esq., Philadelphia.

RENTZSCH—RUMSEY.—On December 28th, at St. Mary's, Boltons, G. H. Rentzsch, M.R.C.S., of Chelsea, to Fanny, daughter of the late A. Rumsey, Esq., of Fulham.

Deaths.

GURNER.—On the 29th December, at the Royal College of Physicians. Pall Mall East, Florence, the tenderly-beloved and only daughter of William and Mary Gurner, aged 16.

LEECH.—On the 19th December, at Abbeyleix, Jonathan Leech. M.D., F.R.C.S.I., Surgeon to the Queen's Own Royal Dublin Militia.

MILLER.—On the 29th November, at Baroda, A. H. Miller, L.R.C.P.Ed., Residency Surgeon, aged 30.

HANDYSIDE.—On 23rd December, very suddenly, at St. Petersburg, James Ronaldson Handyside, M.D.

SEPPINGS.—On the 19th December, E. Seppings, M.R.C.S.E., of Swaffham.

SHAW.—On the 18th November, at Port Stanley, Ontario, C.W., C. Shaw, M.D., L.R.C.S.Ed.

WESTMACOTT.—On the 29th December, J. V. L. Westmacott, M.R.C.S.E., of Ardwicke, Manchester, aged 26.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.
The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on THURSDAY, Jan. 23.
Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.
Pall Mall East, 1873. HENRY A. PITMAN, M.D., Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.
FIRST or PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on Monday, Feb. 3rd. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.
SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on Monday, Feb. 10th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.
Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.
Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the by-laws are to be left at the same time.
Pall Mall East, 1873. H. A. PITMAN, M.D., Registrar.

APOTHECARIES' HALL, BLACKFRIARS.—The next Examination in Arts will be held at the Hall on Friday and Saturday, 24th and 25th JANUARY, 1873. A Syllabus of the Subjects for Examination may be had on application.

An Examination in Arts will again be held on the 25th and 26th of April, 1873.

R. H. ROBERTSON, Secretary to the Board.

ST. THOMAS'S HOSPITAL MEDICAL AND SURGICAL COLLEGE. The BOTANICAL LECTURESHIP in the College is VACANT. Gentlemen anxious for the appointment, are requested to forward their applications to R. G. Whitfield, Medical Secretary, on or before Friday, the 10th January, 1873.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

A Course of LECTURES will be delivered at the Hospital during the months of January, February, and March, 1873.

Dr. ALFRED MEADOWS will lecture on "Fibroid Tumours of the Uterus," on Thursdays, January 16th and 23rd.

Dr. HEYWOOD SMITH, on "Cancer Uteri" on Thursdays, January 30th and February 6th.

Mr. CHRISTOPHER HEATH, on "Diseases of the Female Urinary Organs" on Thursdays, February 13th and 20th.

Dr. ARTHUR W. EDIS, on "Miscarriages" on Thursdays, February 27th and March 6th.

Dr. SQUAREY, on "Ovaritis and Ovarian Dysmenorrhœa" on Thursdays, March 13th and 28th.

Each Lecture will commence at 8.30 P.M. Gentlemen proposing to attend can obtain Cards of Admission on application to HENRY B. INGRAM, Secretary.

DISTRICT LUNATIC ASYLUMS, IRELAND.

THE OFFICE OF RESIDENT MEDICAL SUPERINTENDENT of the DISTRICT LUNATIC ASYLUM, LONDONDERRY, being now vacant, Candidates for that office are requested to forward their testimonials, with a statement of their peculiar qualifications for the appointment, to the Under Secretary, Dublin Castle, on or before the 15th day of JANUARY next, in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.

The Candidate who may be selected for the office in question, will have to enter upon his duties forthwith.

Dublin Castle, 28th December, 1872.

CONWAY GRAMMAR SCHOOL.—During the last two years, Boys from this School have passed the *Preliminary Examinations* of "*Physicians and Surgeons*," *Glasgow*; "*Apothecaries' Hall*," *London*; and the "*Incorporated Law Society of Great Britain.*" Inclusive terms for boarders £8 per quarter. (*Classics, Mathematics, Modern Languages, Music, and Drawing*). Sea and mountain air.

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SLIGO UNION—SLIGO DISPENSARY.

THE SLIGO DISPENSARY COMMITTEE will proceed to elect a qualified APOTHECARY, on the 17th instant, at 12 o'clock, at a salary of £80 per annum. Candidates are requested to lodge their Testimonials with the Honorary Secretary, on or before the 16th instant. Personal attendance required on the day of election, and age not to exceed 40 years.

DANIEL MACGILL, Hon. Sec.

Sligo Dispensary.
2nd January, 1873.

WANTED, by a Married Gentleman, aged 38, of active habits, accustomed to good society, and of ability and experience in his profession, an ASSISTANTSHIP in a good Practice preparatory to Partnership (or ultimate succession) if mutually desirable. Address by Letter (Principals only) to "S. A. S.," 4 Albert Place, Rothesay, Bute Island.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

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This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

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For particulars, apply to Dr. Hadden, of Skibbereen.

TO PHYSICIANS.—The friends of a Lady whose mind is occasionally affected, desire to place her in a PHYSICIAN'S FAMILY, where she would be treated with care and kindness, and have a happy home. Please state Terms in reply. References given and required.—C. E., Donoughmore, Co. Tyrone.

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May 8, 1872. 19 NORTH EARL STREET, DUBLIN

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☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 15, 1873.

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INJURIES OF THE SPINE, THE RESULT OF RAILWAY CONCUSSIONS.

BY J. MORGAN, M.D., F.R.C.S.I.,

Surgeon to Mercer's Hospital, and Lecturer on Surgical and Descriptive Anatomy R.C.S.I., &c.

"Mental sufferings, bodily pain and disability, and complete annihilation of the prospects of a life, weigh lightly in the scales of Justice, which are only made to kick the beam by the burden of the actual money loss entailed by the accident." So writes Mr. Erichsen in his remarks on railway injuries, when referring to the unfortunate and too frequent results of shock received in collisions, or of accidents which jar the spine and lay the foundation of the gradually culminating train of miseries which by degrees overwhelm the sufferer. Railway accidents have been a fertile source of litigation; no doubt in some instances the injuries received have seemed trivial, and the damages awarded excessive, yet in others, the compensation given has appeared totally inadequate to the sufferings which were necessarily entailed. This irregularity of justice seems chiefly due to the want of due appreciation of the nature of the injury inflicted, and of the progressive course which the deterioration of the bodily health and physical condition may pursue; much more will probably depend on the representation to the jury by an earnest and astute advocate, of the hardship done to a commercial interest, such as a railway company, than of consideration for the sufferings and disability which have been caused to a fellow-creature. It is natural that jurors should but little appreciate the nature of the injury done, or understand the delicacy of the parts concerned, and the difficulty of treatment which such a complex and highly sensitive structure as the spinal cord would present; and where they hold the balance of award it is still more difficult for them to understand that an injury caused at a certain epoch may pass apparently harmlessly by, and yet, after a shorter or longer time, it may be assigned as the absolute cause of a long enduring and gradually aggressive course of symptoms, which undermine the health, and either have left at the time of the inquiry unquestionable evidences, or, according to the experience of Medical men, will gradually and more remotely develope themselves with a sure but more stealthy tread. The difference of opinion which Medical evidence presents on some of these inquiries is widened by the method of cross-examination by the contending advocates, who can cull Medico-legal extracts suited to their purpose, and can propose *ex parte* suppositions in support of or against the plaintiff as the case may be, while the actual condition of the patient, *in esse* or *in posse*, is too often lost sight of during the heat of debate and of the consideration of suppositions and often inapplicable cases.

The remarkable and now well established fact that a considerable time may elapse between the receipt of an apparently harmless injury and the development of symptoms which are in all probability essentially fatal, helps in no small degree the difficulty of forming a judgment, while, on the other hand, the cupidity of litigants doubtless may magnify an otherwise trivial injury, and they may succeed in mulcting the company assailed. It seems to me that public companies would fare much better by leaving, when it is possible, the question to the arbitration of properly selected Medical men on both sides, who would candidly and impartially examine the condition of the patient, and forecast the probabilities as to ultimate injury to the health. On the one hand the company should fairly compensate a *bonâ fide* injury, and should even allow extra compensation in consideration for the uncertain ultimate results of such injuries; on the other hand they would escape the excessive awards given in cases where no permanent injury has been done, yet where the injured person would gladly have compounded. I have no doubt myself that if such a course were adopted a considerable saving to the company and the subscribers would accrue.

The well-known aphorism, that "no injury of the head is too slight to be despised," applies equally, if not more forcibly, to the spine; the effect of concussion, whether received by railway or other injuries, is ever a cause of concern, as not only may the symptoms come on at the time of the receipt, but they may be postponed considerably.

A remarkable example is given by Mr. Erichsen, which will exemplify the immediate results and the remote effects of such an accident:—

"A gentleman in felling a tree was struck in the back part of the head and between the shoulders by a large bough; complete paralysis of sensation and motion of all below this was the immediate result. Respiration, circulation, digestion, secretion, and assimilation, were all normal, even his weight increased. He was possessed of unusual mental vigour though in this deplorable condition, and was in the habit of travelling, lying on his back in his carriage. In 1851, six years afterwards, as his lower limbs remained in the same condition, he applied to several sources to have them both amputated. The surgeons hesitated at such a procedure; at length he succeeded in having the desired amputations performed, and both his limbs were removed near the hip-joints without the slightest pain or even tremor of a muscle. The stumps healed well; he resumed his wandering life and died in 1852 of disease of the liver, brought on by excesses in drink. No *post-mortem* was made."

This case exemplifies the undoubted receipt of an injury, its immediate and remote results, and yet that it did not of itself prove fatal.

The following, however, illustrates the uncertainty of the effect of such spine concussions, and is perhaps the more important in a Medico-legal point of view:—

A wine merchant, æt. 43, healthy and active, was in a railway collision; he was dashed forwards and then rebounded; he extricated himself, and found himself, he thought, unhurt, and he was engaged a couple of hours in assisting his fellow-travellers. It was not till his return home that evening that he felt uncomfortable. Grave symptoms gradually developed themselves indicative of spinal injury, and in one year and nine months after this he is reported as an invalid, shattered in health, and quite unequal to attend to business of any kind. His case was the subject of trial, and he was awarded £6,000 damages (a), which might at first sight appear unusual in amount, but when the nature of the accident and its probabilities are considered, it cannot be considered so, for one in his position and dependent on his own exertions.

The following very interesting case came under my own observation, and represents an intermediate condition, the effects of the injury were both immediate and remote. The symptoms became grave and augured badly, and yet the patient has gradually improved:—

It was tried at the Wicklow Assizes in June, 1868. The plaintiff succeeded in his case, and recovered from the company the sum of £400, instead of £50 lodged in court by the defendants. He was a tall, powerfully-built man, unmarried, 50 years of age, and managed a coal store of his own. It was proved in evidence that he was in perfect health at the time of the accident, and that three weeks previous to it he had walked seven miles in one hour and forty-five minutes, and up to the time of the accident could lift sacks of coal or assist in the coal store. On the day of the accident he had left town well, and proceeded till a shunting took place. There was a delay, as some carriages had to be removed; the train had just started and the plaintiff was sitting with his back to the engine, with his right arm and shoulder over the back rail, looking at people in the seat behind him. Immediately after the starting a severe shock was felt, his back and side were driven against an opposite fellow-traveller, he received slight injuries on the face; at the moment, he stated, he was affected with extreme difficulty of breathing and gasping for breath, just as if struck suddenly over the pit of the stomach. The officials wanted him to leave the carriage and come into the station-house (which the train had hardly passed when the shock by running into some empty carriages occurred), but he felt so ill he could not stir, and he preferred going to his home about seven miles further on. He felt much prostrated; his stomach was sick; he felt pain chiefly in his back, and was much agitated and depressed. He went on to his station, and to his home, about half-a-mile further on, by car, into which he had to be helped. On arrival there he was helped and almost lifted from the car to a sofa, where he lay much depressed. A doctor was sent for, who shortly arrived, and gave wine, &c.; the patient was not able to leave his bed for twelve days, requiring to be almost lifted to the sofa; he was confined to the house eight weeks. He then was able to go out for very short periods, chiefly sitting in the open air, or resting with one knee on the ground, or lying on the ground. He gradually improved till he could go a little about the farm, lying down frequently whenever the pain was too severe, but not able to do any kind of work. At the time of his examination by me, five months after the accident, he presented the following evidences:—He still suffered from pain down the back and thighs, and was particularly annoyed by a pain shooting from his back to his breast-bone; he was troubled with shortness of breathing ever since the accident, his legs were weak, and he had constant pain in the back; he could not stand upright, and in order to obtain ease when standing he was obliged to assume a peculiar position. He would grasp the right thigh firmly with the right hand, and place the left arm horizontally across his back; by this means he relieved the spine from much direct weight. Unless in this posture, he could not stand up even for a very few moments; he preferred to walk rather than drive in a car, but he could only walk a very short distance, till he was obliged to rest. The breathing was short and difficult; there was a tightened band sensation round the waist. He sweated profusely both night and day, and he had become emaciated, having lost one and a-half stone weight during the few weeks he was confined to the house; he had lately also darts of pain from the spine up to the head.

The conclusion I arrived at, and in which I was supported by two co-professionals of experience, was that the man had received a concussion of the spine, modified probably by his peculiar position at the time of the accident, and by the slow rate at which the train was moving, as it was but emerging from the station; that he had undergone, no doubt, much physical suffering; that the continuance of the symptoms in so marked a degree and so long a time after the accident, rendered it very difficult to say what the result of his case would eventually be; but that complete recovery (which could by no means be promised with certainty), could not be hoped for under the most favourable circumstances, until a considerable time had elapsed; that freedom from any exertions or possible strains, and abstention from the active pursuits of his former life would form a considerable item in his ultimate recovery.

I have this month inquired into the patient's condition since the accident; he has gradually recovered, but still complains of the dorsal weakness and pain.

Some of his symptoms were remarkable; the profuse diaphoresis was particularly so, it seemed to be constant, and even in the open air and when at rest, he was bathed in perspiration; the darting post-sternal pain towards the spine was also most marked and distressing, pressure about the middle dorsal vertebræ aggravated the sensation. Although this patient has so far recovered, it will hardly be questioned that his case was one of gravity, and that the sum awarded but poorly compounded for the sufferings and risk to which he was exposed. It is worthy of note that the position he was in at the time of the accident was peculiar, and in itself may have contributed to his being so injured from apparently not a severe concussion.

(To be continued.)

(a) Erichsen.

CLINICAL REMARKS ON THE VALUE OF STRYCHNIA IN WHITE-ATROPHY OF THE OPTIC NERVE.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

The atrophic changes seen in the internal eye are among the most palpable, and at the same time the most important, which the ophthalmoscope has revealed to the ophthalmic surgeon. Atrophy of the optic nerve arises from a variety of causes, some of which, when seen and recognised in an early stage, are amenable to Medical treatment, whilst in by far the larger number of cases, and especially those which have failed to receive early and due recognition of the gravity of the disease, it is almost hopeless to look for any efficient aid from therapeutics. Of late, however, an attempt has been made to vaunt the efficacy of strychnia, as a remedy in every form of atrophy of the optic nerve.

Professor Nagel, of Tubingen, published in the *Centralblatt* marvellous results obtained by the use of strychnia in cases of "functional and organic diseases of the optic nerve and retina," in which relief appeared to follow the first hypodermic injection of a fraction of a grain of the drug. Dr. Chisolm, of Baltimore, America, also, in *The American Journal of the Medical Sciences*, records several cases of cures effected by its administration, either by the mouth or by injection; and he says "he was prepared for the striking results which followed its use in Nagel's hands from having previously obtained speedy relief in functional disturbances of the nerve, amblyopia, &c." On a review of these cases it does appear that he has forgotten that amblyopia, amaurosis, anæmia, &c., must rather be regarded as symptomatic of a diseased condition—functional derangement—than as a disease, *sui generis*, and, therefore, I cannot avoid the conclusion that some error has occurred in describing or classifying such cases among "organic degeneration of the optic nerve, known as white-atrophy." I am, in a measure, strengthened in this view, for Dr. Chisolm in his papers appears to have first made trial of strychnine in cases of night-blindness. He has put on record three cases of this disease, "of varied duration, but which obtained speedy and permanent relief by the hypodermic use of strychnia." Hemeralopia, or night-blindness, is almost always a functional derangement of vision, and is invariably improved or cured by the exhibition of tonics, change of food, and rest. I have never seen in any single case that I can call to memory this eye-affection end in white atrophy. Another case related by him was one, he says, of "choroido-iritis of two years' standing," and the patient had "floating muscæ, with extensive patches of atrophy scattered about the fundus," &c. This patient was evidently labouring under a form of disease which, although it leads slowly to changes in the retina and choroid coats, never terminates in what is recognised as white atrophy. I am, therefore, strongly of opinion that the cases in which the administration of strychnia has been found useful are those for which tonics, nervine tonics as they are called, of any kind will do a great deal of good.

The cases which in my experience more frequently end in white atrophy are those having a cerebral origin; but then these have never been benefited in any way by such a drug as strychnia, indeed, they are more likely to be aggravated if its use be persisted in. Neither is it useful in the atrophy which is seen to follow in the train of glaucoma. The atrophy of which, by the way, differs from the former in as much as the optic disc is more irregular as the vessels of the choroid become more involved. Nor is it useful in choroio-retinitis, the atrophic mischief in which involves the retinal vessels; these are much diminished in calibre, although not wholly lost, even when considerable maceration has taken place. Neither is it serviceable in the atrophy which sometimes follows syphilitic retinitis, myopia with posterior staphyloma, and albuminuric degeneration. The atrophy in the latter disease presents well-marked retinal and peri-papillary degeneration, with the remains of fatty and hæmorrhagic patches distributed over the fundus. In none of these diseases have I found strychnia, whether administered by the mouth or hypodermically, of any service. I propose to give a few brief particulars of cases in which I have tried the administration of the drug both internally and hypodermically, and you will then be enabled to form some opinion of its value as a remedial agent.

Case I.—*Unrecognised Meningitis ending in White-Atrophy of the Optic Nerves.*

Raphael J., æt. 26. Ten years ago was sent by his father to a merchant's office at Liverpool. He was then a strong lad, and in tolerably good health, but, as was supposed, from the close confinement to office work, he soon suffered from severe headache, throbbing of the temples, and occasional sickness. He became very drowsy, and was often found asleep at his desk. He would fall asleep while writing a letter, with the pen firmly fixed between the fingers, as in the act of writing. He was then obliged to go to bed, and frequently slept for seventeen hours. and when awoke he had an inordinate appetite. He applied to a Medical man in Liverpool, and under his treatment obtained temporary relief. At Christmas time he came up to London, and, while seated at his father's dinner table, was seized with sickness and vertigo, and was obliged to be led from the room. This attack passed off. The next day it was noticed that he squinted, and he complained of seeing double. Leeches, blisters, and other remedies afforded partial relief, but at the end of a week he again had a violent vomiting fit, and a sudden darting pain appeared to pass through his head and eyes, entirely depriving him of sight. Several eminent physicians were consulted, and after some weeks of treatment his sight was partially restored; he could distinguish the articles of furniture about the room, and even the face of his watch. A slight relapse brought on a fainting fit, and this ended in almost total blindness. He was seen by several ophthalmic surgeons, but does not remember whether they pronounced his case to be one of "optic neuritis." A Medical galvanist subsequently tried the current for a week or two, but as no benefit was derived from it the hypodermic injection of strychnia was proposed. I was consulted about this time, and, finding almost every remedy had failed and that he was now suffering from white-atrophy, I said it might be as well to try this drug, and it was accordingly employed for more than two months. Minute doses were injected about the temporal region, near the entrance of the frontal nerve, and in the arms alternately, until unpleasant twitchings and other symptoms arose, and the use of the drug was obliged to be discontinued. Not the smallest benefit was obtained.

He has since suffered from attacks of sick headache, which are always associated with a perverted sense of smell. His intellect is, however, perfectly clear and good, and, since he became blind, he has acquired considerable skill as a musician, but he remains in a hopeless state of blindness, and the optic discs are pearly white, the vessels of the retina coursing over them unchanged.

Case II.—*Unrecognised Meningitis ending in White-Atrophy.*

Emma W., a domestic servant, was sent up to the hospital from the country, having only a faint perception of large objects. She had suffered from headaches and sickness, but the symptoms failed to attract attention, until one day she complained of being unable to see her way about the house. The discs presented the appearance of consecutive atrophy; their peripheries were blurred and irregular. She was otherwise, at the time, plump and in good health, a slight headache only continued to trouble her. Various remedies were tried, but without benefit, and, as the discs were becoming paler, I thought some good might be obtained by the injection of strychnia, and 1-40th of a grain was injected night and morning into the temples. This was gradually increased until 1-5th of a grain was reached, but not the slightest change or improvement followed, although it was continuously used for upwards of two months. The local irritation produced by the salt at times gave trouble and pain to the patient, but only once or twice did twitchings and jumpings of the limbs annoy her. The galvanic current was then tried with and without full doses of quinine and other tonics, and the external application of veratria for about another two months; the atrophy, nevertheless, became more palpable, and she was discharged hopelessly blind.

CASE III.—*Atrophy of the Nerve supervening on an attack of Paralysis. Paraplegia of the Lower Extremities, with Optic Neuriits.*

R. G., æt. 54, July 1863; had been under Dr. Brown-Séquard for some months, by whom he was sent to me. The history of the case was, that he had some three years before suffered great prostration from repeated hæmorrhoidal losses of blood. On one occasion a "slight fainting fit" supervened, and from that moment he gradually lost power over his lower extremities. About the same time the sight of the right eye became so weak that he could scarcely see tolerably sized print, and the left eyes as gradually began to decline while he was under treatment. Dr. Brown-Séquard sent the patient to me; the right eye had already passed into a state of atrophy, while the left remained at the earlier stage—that of optic neuritis. The disc was much choked, and he could only distinguish the outline of large objects and nothing more. His general health had much improved, his appetite was good, he slept well, &c. This had been brought about by iron, strychnia, and various tonics prescribed by Dr. Séquard, but as the sight had rather declined than improved, it was agreed to try the iodides in various forms and the galvanic current. No good was done, and at the end of a month's treatment the left eye had become quite dark; the ophthalmoscope showed that atrophy was only somewhat less advanced than in the right. It was, therefore, decided to return to strychnia and iron internally, and to combine with these the hypodermic injection of minute doses of strychnia beneath the skin of the extremities. This was continued for some weeks, but not the slightest improvement took place, and towards the end of the year a severe hæmorrhage from the lower bowelj occurred, was followed by a paralytic seizure, and death supervened in a few days. In this case strychnia was employed in the first instance with all the subtlety and skill possessed by that eminent physician, Dr. Brown-Séquard, but without the slightest benefit to the patient's sight.

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CASES IN PRACTICE.

Reported by JOHN W. MARTIN, M.D., M.Ch. Q.U.I.,
Assistant Medical Officer to the Mayfield Factory Dispensary, Portlaw, late Assistant Surgeon to the North Tipperary Light Infantry Militia.

CASE IV.—*Pericarditis, Pneumonia, and Albuminuria.*—Bridget Kirby, æt. 40, wife of a carpenter. (Notes taken November 11th, 1872, on the eighth day of illness.)

Heart and Circulatory System.—Heart's action very rapid; its impulse scarcely perceptible at the apex; fremissment over the area of the impulse; the sounds of the heart altered; the second sound is not heard in the usual position, opposite the second intercostal spaces, over the base of the heart; it is heard very faintly at the articulation of the fourth rib, on the left side with the sternum; the first sound is shortened, distant, and very indistinct; the area of precordial dulness is enlarged to a diameter of four inches by four; it extends upwards as far as the upper border of the fourth rib, and towards the right, to the right margin of the sternum; the slightest attempt at movement induces violent fits of palpitation; she is obliged to sit up constantly in the bed, supported by pillows; pulse 108 small, regular, and very compressible.

Respiratory System.—Respirations twenty-eight per minute, laboured and sighing; she is troubled with a short, hard, hacking cough, unattended by any expectoration; there is slight dulness over the interscapular region, especially upon the right side, and over the inferior angle of the right scapula, with tubular respiration, and well marked bronchophony; resonance over the anterior surface of the chest unaltered; respiration puerile; no crepitant, sibilant or sonorous râles.

Digestive System.—The tongue clean and moist at the edges, furred in the centre, firm and well protruded; anorexia; no thirst; bowels have been confined for four days.

Genito-Urinary System.—Passed about eight ounces of urine in the twenty-four hours; the specimen examined was heavily laden with urates, and albuminous.

The Nervous and Integumentary Systems normal.

History.—A broken down, unhealthy-looking women, addicted to "stimulants," and of improvident habits; living in a state of great wretchedness. Present attack commenced upon Monday, November 4th, with swelling in the left side of the face, and in the arm and leg on the same side. On Friday, November 8th, the œdema subsided; about four o'clock in the afternoon she felt a severe pain in the head, which lasted until eleven p.m., when she was suddenly seized with a violent pain in the right side, in the axillary region; the subcutaneous injection of a quarter of a grain of morphine in solution, gave immediate relief from this pain; she passed a quiet night, free from pain or distress.

Saturday morning, Nov. 9th.—The pain returned in her side; she vomited frequently; felt great pain in the epigastrium and cardiac region, accompanied by tenderness to pressure over the ensiform cartilage, and at the point of impulse; respiration became difficult, with a slight hacking cough, unaccompanied by any expectoration. She was treated for the pulmonary symptoms, with hot turpentine stupes, linseed meal poultices, and a mixture containing, ant. tart., vin. ipecach., and tr. aconiti, until Monday, Nov. 11th, when a closer examination revealed the state of the heart.

Treatment.—A blister 4 by 3 inches, applied to the precordial region; the hot poultices to the side, to be continued, and the following mixture and pills to be taken:—

℞ Potassii iodidü, ʒj., tr.;
Tr. Aconiti, ʒj.;
Syrupi, ℥ss.;
Aquæ, ad. ℥viij.

M. Two tablespoonfuls to be taken three times a day.

℞. Pil. scilla et digitalis, āā gr. j. One to be taken three times a day.

Nov. 12th.—Passed a bad night; was unable to lie down; the recumbent position inducing severe dyspnœa; the blister acted well, but was applied below the left mamma, not, as directed, over the lower portion of sternum; the cardiac sounds are improved in character; there is great difficulty in feeling the heart's impulse; complains of a sense of weight in the epigastrium and region of the heart, but is free from all pain; the slightest exertion induces violent fits of palpitations; tongue clean; the bowels acted freely once in the twenty-four hours; passed only about five ounces of urine, heavily laden with lithates, and albuminous; treatment continued.

Nov. 14th.—Feels much relieved; able to lie down; slept fairly during the night; passed about sixteen ounces of urine; respiration easier; sense of oppression in the epigastrium diminished; palpitations less frequent; capable of making some exertion; treatment continued.

Nov. 15th.—Slept well; feels much better; lies easily in the recumbent position; the heart's sounds stronger and clearer; pulse 120, improved in volume and tone; area of cardiac dulness diminishing; tongue clean; bowels acting; treatment continued.

Nov. 16th.—Lies comfortably upon the right side; the tongue clean and firm; no longer suffers from the cardiac distress; she is conscious of a tendency to rave, especially when inclined to sleep; bowels acting regularly; dulness over the cardiac region diminished, reaching only as far as the middle of the fourth intercostal space, and towards the right side as far as the median line of the sternum; heart sounds improved, clear, distinct, and stronger; urine no longer albuminous.

Nov. 18th.—Out of bed and dressed; expresses herself as feeling much better; cough less troublesome; has no headache; bowels acting regularly; passed about a pint of urine; treatment continued.

Nov. 19th.—Improvement steady; is up and about every day for a little; area of cardiac dulness greatly diminished; the percussion strokes are followed by greater resonance, even over the parts where it still continues; both sounds of the heart distinct, rhythm normal, their tones improved; heart's impulse felt against the walls of thorax; pulse 84, increased in volume and tone; passing urine freely; it continues free from albumen; continue treatment.

Nov. 27th.—Area of cardiac dulness reduced to its normal extent; first and second sounds of the heart have become quite clear and natural in rhythm and tone; pulse full and regular, 68 per minute; has been able to resume her ordinary household duties; feels her strength returning; continue treatment.

The subsequent history of this case was one of steady convalescence; its chief interest lies in the well-marked character of its symptoms, and its favourable progress under treatment. Had the woman's constitution been stronger, and the inflammatory symptoms more urgent, I might have adopted the mercurial treatment so strongly recommended by Graves; but, taking all the circumstances of the case into consideration, I decided upon the milder course, which, in this instance, answered most admirably.

(*To be continued.*)

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LECTURES ON HUMAN ANATOMY (*a*).

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture I.

Man's place in Nature—The Human Skeleton—The Vertebral Column—General Characters of a Vertebra—Transcendental Anatomy—Theory of Archetypes.

Gentlemen,—Natural objects are arranged in three great groups—Animal, Vegetable, and Mineral—and these groups are dignified by the name of Kingdoms. The Animal Kingdom was divided by Lamarck into two Sub-kingdoms; the first comprising all those animals who possess what is popularly known as a backbone or vertebral column, and who by right of that possession are called Vertebrates, and the second comprising all those animals who are destitute of this column, and hence called Invertebrates. But the employment of a mere negative distinction such as the absence of a backbone to bind together the heterogeneous groups included under the term Invertebrate was felt to be a lazy, unsatisfactory, unphilosophical method. Moreover, Cuvier pointed out the marked anatomical distinctions between large groups of the Invertebrates and broke them up into the Mollusks or animals with soft bodies like the snail, the Articulates or animals with segmented and jointed bodies like the lobster, and the Radiates, animals presenting a rayed or radiated appearance, like the star fish. Since Cuvier's time other classifications have been proposed, and his "radiate mob," as Professor Huxley terms it, has been effectually destroyed. The classification which finds most favour now is that of Huxley, to whose work on "The Elements of Comparative Anatomy, 1864," or the later "Introduction to the Classification of Animals" I must refer you for details which would here be out of place.

The Vertebrate Sub-kingdom is divided into five *Classes*—Mammals, Birds, Reptiles, Amphibia, and Fishes. The Class of Mammals to which man belongs, is distinguished by the possession of organs called mammary glands, which, in the female, secrete milk for the nourishment of the young. The term mammalia is derived from the Latin word *mamma*, signifying a pap or teat.

Mammals, again, comprise several groups called *Orders*, the highest of which is named Primates, and includes all the Monkeys, the Apes, and Man (*a*). From their resemblance to man the highest Apes are called anthropoid Apes, and of these there are four distinct kinds, the Gibbons and Orangs inhabiting Eastern Asia, and the Chimpanzees and the Gorilla inhabiting Western Africa. Whether there are any anatomical characters sufficient to justify the separation of Man from the man-like Apes is a question which has given rise in our day to a warm—nay, a bitter controversy. Those interested in the discussion may consult on the one hand Professor Owen's work on "The Comparative Anatomy and Physiology of the Vertebrates," and on the other, Professor Huxley's book on "Man's Place in Nature." *We* must be content to take man as we find him and study him apart from his congeners. To study him most conveniently will be to examine first that part of his organisation by virtue of which he has a right to be placed in the Vertebrate Sub-kingdom. The fabric of all vertebrate animals is built upon a hard internal structure formed of bone and called the skeleton (from the Greek *σκελετος*, which means dried up, dry, or parched, and in the neuter was applied to a dried body, a mummy, but never to the bony framework which we term skeleton) (*a*). This skeleton is composed of a number of separate pieces or bones united together either by flexible tissues called ligaments (from the Latin verb *ligo, ligare*, to bind), or by a mechanical interlocking of their edges called sutures (*sutura* from *suo* to sew). The mode of union varies much and produces the different kinds of joints or articulations which are designed to permit movements between the parts of the skeleton. These movements are effected by means of organs called muscles (from *musculus* a little mouse, a muscle, &c., &c.), red fibrous structures attached to the bones at each end, free to move in the middle, and possessing the vital property of being able to contract or shorten under a stimulus such as is usually conveyed to them by nerves distributed from the great nervous mass called the central nervous system, but better known as the Brain and Spinal Marrow. To protect the brain and spinal cord or marrow is one great office of the central and main part of the skeleton of all vertebrates. The Vertebral Column is this main part—a central axis made up of separate bones called Vertebræ consisting of two symmetrical halves and supporting three bony cavities or capsules, the Skull above, the Thorax in the centre, and the Pelvis below. Looking at the skeleton you cannot fail to observe what we term its bilateral symmetry, the repetition of similar parts on each side of the central axis, and this bilateral symmetry extends to the ligaments, the muscles, the nerves, the blood-vessels, the lymphatics, and the organs or viscera by which animal and vegetable life is supported, the heart, the lungs, the liver, the kidneys, and the alimentary canal, &c. Some exceptions to this symmetry are more apparent than real. With the Skull are connected two arched bones, the Lower Jaw, the agent for masticating the food, and the Hyoid (or U shaped) bone, which supports the tongue and surrounds the upper part of the tube through which air is transmitted to the lungs. With the Thorax is connected on each side an osseous girdle composed of a flat bone called the Scapula or shoulder blade, which rests on the Ribs behind, and a long sinuously-curved bone, the Clavicle or collar-bone which forms an arch in front. Attached to this girdle is the upper limb composed of bones which are light and elegant, and so united as to admit of the greatest freedom of movement. With the Pelvis are connected the lower limbs, composed of bones remarkable for their size and strength, as well as mobility, and therefore specially adapted for their particular office of supporting the weight of the body during rest and progression.

(*a*) These Lectures are not given word for word as they were delivered, but contain the substance of several courses. They are designed specially for the use of students and as an *introduction* to the systematic study of human anatomy. One or two preliminary lectures delivered in previous years have been omitted, as it has been considered advisable to plunge at once *in medias res*. An Introductory Lecture was published in the Medical Press and Circular on January 13th and 20th, 1869.

(*a*) See Liddell and Scott's Greek Lexicon.

The Skull consists in the adult of twenty-two bones, eight of which form a covering for the Brain, the Brain-capsule or Cranium, whilst the remaining fourteen compose the Face. The small arched bone already mentioned, the Hyoid bone, might be reckoned as belonging to the skull, as it is connected with that part of the skeleton by ligaments, and these ligaments it is interesting to note are not unfrequently converted into bone as you may observe in the specimen on the table.

The Thorax consists of twelve pairs of long curved bones jointed to the vertebræ behind and ending in cartilages in front. The upper seven join a central bone called the Breast bone or Sternum, itself terminating below in a cartilage variable in size, shape, and direction, the Ensiform Cartilage.

Regarded as a whole the bony capsule of the thorax, completed as it is by the Intercostal Muscles and covered by soft structures, affords an efficient protection to two of the most important organs in the body, the Heart with the large blood-vessels springing from it, in the centre, and the Lungs at the side, whilst it is admirably adapted for the movements which are necessary in the process of breathing, the mobility of its segments admitting of its enlargement for the entrance of air into the lungs in inspiration and the elasticity of its osseo-cartilaginous hoops ensuring a resilient pressure sufficient in conjunction with the elasticity of the lungs themselves to expel the air from those organs in expiration.

The Pelvis is formed behind by the terminal bones of the Vertebral Column, the Sacrum and Coccyx, and at the sides and in front by two large bones, single in the adult, called the Innominate bones. Each of the Innominate bones consisted in early life of three distinct pieces united by cartilage, the Ilium, the Ischium, and the Pubes. Looked at as a whole we find the Pelvis presenting a marked contrast with the Thorax. The latter is a light and airy cage made for mobility, the former is a rigid bony ring made for strength, protection, and support. It encloses in both sexes organs connected with the functions of Micturition, Defæcation, and Generation. How admirably adapted is the female pelvis for the special part which it has to play in Gestation and Parturition, you may be able to gather from some remarks which I shall have to make in a subsequent lecture, and will more fully understand when you study the Obstetric Art under the guidance of the Physicians who lecture on the subject and demonstrate it at the Hospital.

As in all the Vertebrate Classes, the Human Skeleton is symmetrical—each lateral half is exactly alike in structure and arrangement. The Limbs are four in number, for it is a differential character of the Vertebrate Sub-kingdom that the limbs, when present, are never more than four in number. Absent the limbs may be, as in Serpents, or reduced to two they may be as in the Cetacea, but in no class of vertebrate animals can more than four be found.

Reckoning up the number of the bones we find at the lowest computation 206. In the Skull as already mentioned there are 22; in the Spinal Column of the adult there are 26; in the Thorax there are 25; in the Upper Limbs, including the Scapulæ and the Clavicles there are 64; 32 in each limb; in the Lower Limbs, including the Innominate bones, there are 62—31 in each Limb. Add to these the Hyoid bone and the small bones found in the Ear, and we obtain a total of 206.

Arranged in a tabular form they stand thus :—

Skull	22	This number may be considerably increased by reckoning separately the original elements of the adult bones and adding the sesamoid bones, &c.
Spine	26	
Ribs	24	
Sternum	1	
Os hyoides	1	
Upper limbs 32 × 2 =	64	
Lower limbs 31 × 2 =	62	
Bones of the ear 3 × 2 =	6	
	206	

It is desirable that we should commence the study of the bones with the Vertebral Column, for it is the centre around which the other parts are grouped; it is the part of the body which is first laid down in the embryo; it is the distinguishing feature of the great Sub-kingdom Vertebrata.

In the Vertebral or Spinal Column of the adult there are twenty-six bones, twenty-four true vertebræ, so called because they are separate and complete in all their parts, and two bones, the Sacrum and Coccyx, called false vertebræ, because composed of several vertebræ amalgamated and incomplete. As a whole, this column consists of two chief parts—in front a solid pillar or cylinder for transmitting the weight of the body and supporting the head; behind a canal enclosing and protecting an important portion of the central nervous system—the spinal cord. Now, just as the whole column consists of these two parts, a cylinder and a canal, so will each separate segment of it consist of a section of the solid cylinder and a section of this canal. The section of the cylinder is called the Body of the vertebra; it lies in front and springing from it behind is the rest of the wall of the canal which is called the Arch, while the actual section of the canal itself is called the Foramen or Hole. From the Arch spring certain projections called Processes, because they proceed from it, a projection from a bone being very generally termed in anatomy a Process. The term apophysis, derived from the Greek, has a similar meaning. A few words on each of the parts of the man vertebra.

The *Body*—more or less flattened at its two ends—more or less rounded on its outer surface, especially in the centre, expanded at its extremities, constricted in its waist, represents the shaft of one of the long bones. It is united to the bodies of the vertebræ above and below by an elastic structure called the intervertebral substance. The outer crust of the body of the vertebra is composed of hard firm bone, called compact bone. The interior is composed of an open network of fibres, called cancellous tissue. The Latin verb "cancello" is to make lattice-wise. Holes may be observed on the front surface of the compact tissue. Canals may be observed in transverse and vertical sections of the cancellous tissue. Large holes, often two large holes, sometimes one very large hole, may be observed on the hinder, or as we call it, the posterior surface of the body. These holes and canals are for the blood-vessels supplying the vertebra—the arteries and the veins. The arteries enter the vertebra from the spinal canal, a few small vessels passing in also in front. The veins which lie in the larger canals emerge from the larger holes behind, and terminate in the copious venous plexus which is found at the back of the bodies of the vertebræ within the vertebral canal.

The cancellous structure of the vertebra is more open in the centre than at the sides. The spaces are larger, and the thin plates bounding the spaces are more slender in the larger vertebræ, as in the lumbar compared with the dorsal, or as in the dorsal compared with the cervical. "Thus in the neck," to quote Professor Humphry's account of the cells of the cancellated tissue, "the septa are thick, and the bone is consequently dense; in the back they are larger, the septa are thinner, and the bone is consequently more spongy; in the loins they are still larger, the septa are still thinner, the vascular canals are much wider, and the bone is altogether very spongy." (Human Skeleton, p. 137.)

The *Arch* consists of two *Pedicles* and two *Laminæ*. The *Pedicles* are so called because they are more or less slim and rounded, like legs. Pediculus in Latin is the diminutive of pes—a foot. The *Laminæ* are so called because they are more or less flattened. In anatomy a thin plate of any substance may have the Latin term *lamina* applied to it.

The Pedicles spring from the upper part of the body, and often diverge to some extent from each other. Above and below each pedicle is a depression, or in other words, the pedicles are hollowed above and below, and these hollows are called the Notches—superior and inferior. There is therefore a superior and an inferior notch to each pedicle, four notches to each vertebra.

The Laminæ spring from the ends of the pedicles, and converge, forming a junction behind, and completing the Arch for the enclosure of the spinal cord.

From the point of junction of the Pedicle and Lamina on each side, an important spot, spring three Processes. One passes outwards, horizontally or transversely, the Transverse Process; one passes upwards, the superior Articular Process; one passes downwards, the inferior Articular Process.

From the point of junction of the two Laminæ passes backwards another process central and single—the Spinous Process. The articular processes are generally stout and stumpy; the transverse and spinous processes are longer, more cylindrical, and often ending in an enlargement, or nob—anatomically speaking, a tubercle.

Altogether then the parts of a human vertebra are eighteen, just double the number of parts of speech; a Body, two Pedicles and two Laminæ, forming the Arch and enclosing the Foramen, or Hole; four Notches, two superior, two inferior; and seven Processes, four Articular, two Transverse, one Spinous. The special uses of the bodies of the vertebræ are the support of the head and other parts of the organism, and the transmission of the weight of the body to the pelvis and lower limbs. The special uses of the arch are to afford protection to the spinal cord, and support to the processes which jut out from it. All the processes give attachment to numerous muscles chiefly placed in the back. By the articular processes the separate vertebræ are locked together, and their movements limited. By the transverse processes of the dorsal vertebræ the ribs are supported. The spinous processes not only afford leverage to the muscles of the back, but guard the vertebræ and spinal cord from injury, and forming together a marked projecting ridge have given the name of spine to the whole column. Lastly, the notches of adjacent vertebræ form, when the vertebræ are united together, large intervertebral apertures or foramina. Through these foramina emerge the nerves which come off from each side of the spinal cord to supply the muscles and the skin over the greater part of the body, and through these foramina pass the various bloodvessels which belong to the spinal cord and the vertebræ.

A lecture on the parts of a vertebra would scarcely be complete if it did not make some allusion to or give some account of what has been called a Typical or Ideal Vertebra. There is a certain set of Anatomists who are called Transcendental Anatomists, because, not resting at the knowledge which they have obtained by actual observation, they endeavour to transcend or go beyond the limits of experience, and to form conceptions of an ideal character out of the facts which they have acquired by means of the scalpel and the microscope. It is difficult to describe exactly the scope and object of a transcendental anatomist, but in some measure he has a soul akin to that of the poet, who "doth glance from heaven to earth, from earth to heaven, and as imagination bodies forth the forms of things unknown, turns them to shapes, and gives to airy nothing a local habitation and a name." (a) They seem to aim at discovering the primary ideas or conceptions which led to the creation of the various forms of particular objects. It is affirmed that there must have been an original pattern, by the modification of which in particular instances variety of form has been obtained. This original pattern, ideal as it is, is called in transcendental language an Archetype. In illustration and elucidation of these remarks let me take a vertebra. The transcendental anatomist collects the different kinds and forms of vertebræ and compares them together. He finds in some, parts and processes which are wanting in others. In the vertebra of a fish, for instance, he finds not one arch as in man, but two arches, one above and one below the body. Again, in the vertebræ of some of the mammalia lower than man (the hare and the dog for instance) he finds additional processes to those which are developed in a human vertebra. Taking all these peculiarities, he puts them together, and obtains what he calls an Ideal Vertebra—the Vertebral Archetype—the very original type and model by the modification of which were obtained the piscine, the leporine, the canine, the human, and indeed all the different vertebræ. To this archetypal vertebra he gives certain names which are deemed the proper scientific names of the parts. In the diagram here suspended you have the Ideal Vertebra represented.

This Ideal Vertebra is a symmetrical structure which consists of a central portion with the other parts so grouped around it, as to enclose four distinct canals, one in front, one behind, and one on each side. The central portion is called the Centrum or Body, and it is the most constant part of a vertebra. It may be present when all the other parts are absent, as in the caudal portion of the vertebral column forming the basis of the tail. In man we find the centrum alone in some of the pieces of the last segment of the spine—the coccyx. Behind or above the Centrum we find an Arch, as in man's vertebra, enclosing a canal for the spinal cord, and hence called the Neural Arch—the side pieces of the arch represented in man by the Pedicles and Laminæ are called the Neural Processes or Neurapoplyses, and springing from their junction is a process which juts backwards or upwards, called the Neural Spine, and corresponding to the Spinous Process in man. Below or in front of the Centrum is another Arch, intended to enclose a large bloodvessel, and hence called the Hœmal Arch, formed of the Hœmapophyses, which unite together and support the Hœmal Spine. The lateral canals are enclosed by two transverse processes springing from the centrum in front and behind, and called the Anterior Transverse Processes, or Parapophyses, and the Posterior Transverse Processes, or Diapophyses. Springing from a point between the transverse processes is another process resembling a Rib, and called the Pleurapophysis. The lateral foramina thus enclosed give passage to an artery, and correspond to the foramina in the human cervical vertebra for the transmission of the Vertebral Artery.

(*To be continued.*)

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

December 23, 1872.

Thos. Bryant, Esq., F.R.C.S., President, in the Chair.

Dr. **Brunton** showed a specimen illustrating

OSSIFICATION OF LONGITUDINAL SINUS AND MEMBRANE OF THE BRAIN,

there was also a slight patch of softening. The patient died of fatty degeneration of the heart. She was a woman, and was 27 years of age.

Prof. **Erasmus Wilson** said it would be interesting to know the use of the Pacchionian bodies. He could not understand the relation between diseases of those bodies and fatty degeneration of the heart.

Dr. **Wiltshire** thought it would be better to speak of such changes as Dr. Brunton found in the brain as calcification rather than ossification, seeing that there were no Haversian systems. He wished to ask whether the patient had borne children, and if so, how recently, and whether there was any disease of the coronary arteries of the heart.

Mr. **Streeter** would like to know how many times the patient had been pregnant. Rokitansky had shown there was an osteophytic deposit in the brain after every pregnancy.

Dr. **Brunton** had no intention of saying that degeneration of Pacchionian bodies was the cause of degeneration of the heart. The patient was delivered three weeks previously.

Prof. **Erasmus Wilson** had gathered from Dr. Brunton that the patient was a teetotaller, and he thought such a person was not to be looked upon as necessarily healthy, muscular substance was taken up but re-placed by inferior tissue owing to malnutrition.

Dr. **Brunton** also showed

A LAD, ÆT. 19, WHO WAS THE SUBJECT OF MORBUS CŒRULEUS,

he had blue lips, livid skin, occasional hæmoptysis, and ecchymosis, now and then he had palpitation.

The **President** related a case equally severe, which he thought illustrated the remarkable resistance of disease with which these patients were endowed. The patient, a young lady, æt. 22, had severe rheumatism with heart affection, from which she recovered perfectly, under the care of Dr. Herbert Davies.

Prof. **Wilson** said that reptiles were less obnoxious to inflammation than warmer blooded animals, and these persons partook somewhat of the character of such creatures as regarded their hearts. The nervous organisation of reptiles was also inferior.

Dr. **Crombie** showed

A NEW APPARATUS FOR THE SELF-ADMINISTRATION OF CHLOROFORM.

The **President** remarked that the apparatus was very like Dr. Junker's.

Mr. **Bell** did not think it was suited to operations.

Dr. **Farquharson** thought the self-administration of chloroform was not desirable without the presence of a skilled person.

(a) "Midsummer Night's Dream." Act V.—Scene i.

Mr. Henry Smith showed

A SPECIMEN ILLUSTRATING PRIMARY EXCISION OF THE ELBOW-JOINT FOR INJURY.

The arteries and nerves were not involved, but the whole joint was so injured that he performed primary excision. He also showed

A PORTION OF BONE REMOVED BY TREPHINING FROM THE SKULL OF A MAN INJURED BY A HATCHET.

After a period of quiescent delirium which was relieved by trephining, the man died. There had been bleeding from the ears, and at the *post-mortem* a fracture was found through the fibrous portion of the temporal bone. A small quantity of blood was found effused beneath the dura mater.

The President was glad to hear of the repetition of the operation of primary excision of the elbow joint for injury. He had lately seen a man upon whom the operation had been performed thirty years ago, by Mr. Cock, where an excellent arm was preserved to the patient. He approved of the operation. With respect to the second case, injury to the skull added little risk to the operation, while the brain remained uninjured.

Mr. Henry Smith did not think so lightly of these injuries.

Mr. Streeter wished to know how we could tell there was a fissure in the cases that recovered.

Prof. Wilson thought the hæmorrhage from the ear was some evidence.

Dr. Dowse related a case of fracture of the base of the skull in which there was hemiplegia, and in which recovery took place.

Prof. Wilson showed

TWO LOCKS OF HAIR, ONE WHITE AND ONE BLACK.

A lady, æt. 37, and pregnant, had a shock, after which all her hair fell off and she became bald for a year, then her hair came again but was quite white, and remained so three years, ultimately, it became dark again, and even blacker than before. The influence of the nervous system was well-known. Perhaps, in this case, the change was intensified by pregnancy in which condition the tissues were subject to important changes. It differed from cases of hereditary baldness. The influence of the nervous system was illustrated by jaundice occurring in three persons one after the other; the second and third from seeing the first.

The President asked whether the eyebrows and lashes were white, and was answered in the negative. How did Prof. Wilson account for the circumscription of the change to the hair of the scalp?

Prof. Wilson supposed the functions of the scalp were under more important nerves than other hairy parts of the body. The fifth was an important nerve and was more susceptible of influences. He mentioned a specimen in which the hair was brown and white in equal segments. It was inferred that the brown was grown in the day and the white in the night.

Mr. Nelson Hardy asked whether the lady wore artificial hair, as white hair grew beneath wigs.

Dr. Brunton asked what pathological change took place when the hair became grey in a night.

Mr. Spencer Watson was reminded of a case of a man whose hair had been white from a boy. He had a narrow escape from drowning and after that his hair soon became white.

Prof. Wilson was convinced of the possibility of hair turning white in a night. The sudden introduction of air into the hair was believed to be the explanation of the phenomenon. Whether the air got in from without, or was secreted, he did not know.

Mr. Hogg did not think the air theory satisfactorily explained the phenomenon.

Prof. Wilson said there was no doubt that the air bubbles were in the hair and they acted as a curtain and hid the pigment. They could be seen by the microscope any day.

Mr. Wm. Adams brought forward

TWO CASES ILLUSTRATING THE ADVANTAGES OF GALVANISM IN THE EARLY STAGES OF INFANTILE PARALYSIS.

Mr. Spencer Watson asked to what particular parts the galvanism was applied, whether to the spine, nerves, or muscles, which.

Mr. Wm. Adams answered by saying that galvanism was applied under water, both legs being put under water in separate vessels, and then one pole should be applied to each limb. After this each muscle should be separately galvanised. He agreed generally with Sir Benjamin Brodie's remarks that if recovery did not take place within six months, the case was almost hopeless.

The President still was of opinion that in some cases early galvanism was injurious. He had seen bad results from that practice and thought it should not be used under three or four months.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.'

WEDNESDAY, JANUARY 15, 1873.

THE MEDICAL ASPECTS OF THE DEATH OF NAPOLEON III.

Last week when recording that Sir H. Thompson had performed lithotrity on the late Emperor Napoleon we mentioned our own reasons for feeling no surprise that such a procedure had been undertaken, and stated that we had long since been aware of the nature of the case.

On Thursday the patient died in an unexpected manner. He had passed a quiet night, had been carefully watched by his Medical advisers, and it had been decided to operate again the same day at noon. But before that hour death had precluded all further attempt to relieve. So suddenly had the patient sunk that embolism was naturally suspected, and it is unquestionably to the surprise of many Medical men that the *post-mortem* examination did not reveal such a condition. Death seems to have occurred from an unexpected failure of the heart's action, and cannot be traced to the operation itself, which was evidently accomplished with the utmost skill and success. It is to be remembered that the patient was advanced in years, and that his disease had lasted a long time, while his life had been one of continual wear and tear.

It is undeniable that measures for his relief were postponed to the uttermost, and no one will now question the accuracy of the information we last week put forward. This has, indeed, been more than confirmed by Professor See, of Paris, who, according to our able contemporary the *Union Médicale*, says that on July the 1st, 1870, the Emperor Napoleon feeling very ill, a consultation took place between Drs. Nélaton, Ricord, Fauvel, Corvisard, and See. Their diagnosis was that of stone, and an immediate operation was recommended. Dr. Conneau was charged to communicate this opinion to the Empress Eugenie. But from political considerations the matter was hushed up, the Empress was not told anything on the subject, and the disease was allowed to go on augmenting for two years and a half. The *Union Médicale* adds, that if the truth had been told to the Empress, the probability is that the Emperor would have been cured, and that France would have been spared the late war.

It is obvious that this statement only confirms more circumstantially what we had previously put forth, though the fatal end of the case deprives it of a portion of its Medical interest.

From this and other facts it seems tolerably clear that there never was any difficulty as to diagnosis. The usual attendants of the Emperor, and all the eminent members of the French faculty who were consulted were perfectly acquainted with the nature of the case and the indications for treatment. There is, therefore, no pretence whatever for extolling the skill of our English brethren, who had only to satisfy themselves of the accuracy of their French compeers in a case in which error would have been inexcusable. The only point is that the delay that took place, and which rendered lithotrity less promising, was apparently entirely the choice of the patient, who fully understood the conditions of the case.

When at length lithotrity was tried it was carried out, as we have said, with success, and this is proved by the official report of the autopsy made by Dr. Burdon Sanderson in the presence of those who were in attendance, and which is as follows:—

"The most important result of the examination was that the kidneys were found to be involved in the inflammatory effects produced by the irritation of the vesical calculus (which must have been in the bladder several years) to a degree which was not suspected; and if it had been supposed, could not have been ascertained. The disease of the kidneys was of two kinds; there was, on the one hand, dilatation of both ureters and of the pelves of the kidneys; on the left the dilatation was excessive, and had given rise to atrophy of the glandular substance of the organ. On the other, there was subacute inflammation of the uriniferous tubes, which was of more recent origin. The parts in the neighbourhood of the bladder were in a healthy state; the mucous membrane of the bladder and prostatic urethra exhibited signs of sub-acute inflammation, but not the slightest indication of injury. In the interior of the bladder was found a part of a calculus, the form of which indicated that half had been removed. Besides this, there were two or three extremely small fragments, none of them larger than a hemp-seed. This half calculus weighed about three-quarters of an ounce, and measured 1¼ by 15-16th of an inch. There was no disease of the heart nor of any other organ, excepting of the kidneys. The brain and its membranes were in a perfectly natural state. The blood was generally liquid, and contained only a very few small clots. No trace of obstruction by coagula could be found either in the venous system, in the heart, or in the pulmonary artery. Death took place by failure of the circulation, and was attributed to the general constitutional state of the patient. The disease of the kidneys—of which this state was the expression—was of such a nature, and so advanced, that it would in any case have shortly determined a fatal result.

"Signed by all present.

"J. Burdon Sanderson, M.D.
"Dr. Conneau.
"Dr. Le Baron Corvisart.
"Henry Thompson.
"J. T. Clover.
"John Foster.

"Camden Place, Chislehurst, Jan. 10, 1873, 6.30 p.m."

Sir William Gull records a separate opinion on one point only, viz., the origin of the calculus, in the following terms:—

"I desire to express the opinion that the phosphate of lime calculus which formed the nucleus of the mass was the result of the prior cystitis (catarrhus vesicæ), and not the cause of it. This nucleus was of uncertain duration, and may even have been more recent than supposed in the appended report. However this may be, it was encrusted by two distinct and recent formations of crystalline phosphate. The inner incrustation around the amorphous phosphate of lime was dense, and separated from the outer incrustation by a lesser cellular but crystalline deposit of triple phosphate. It seems, to my judgment, more in accordance with clinical experience to regard the cystitis, as the prior lesion, and that this, by extension, as is common in such cases, affected subsequently the ureters and pelvis of the kidneys. No doubt, in the later stages of the malady the calculus, by its formation and increase, was an augmenting cause of the lesions.

"The other facts and statements I entirely endorse.

"William W. Gull, M.D.

"January 10th, 1873."

There are but two points on which we propose to comment. In the first place, the dissent recorded by Sir W. Gull will not command so much attention now it is shown that the Emperor had actually suffered from the symptoms of stone for years. The conclusion of the report is strictly "in accordance with clinical experience" generally, and what is far more to the point, with the *clinical history of the case itself.* The general question raised may be left to those pathologists who have best opportunities of investigation. The other question that will suggest itself to most surgeons is, would lithotomy have been more advisable? The size of the stone certainly suggests that the case, as presented to the surgeons, was one calling for anxious consideration as to the propriety of cutting. For be it observed the advanced disease of the kidneys was not suspected. Had it been known to have existed it might have been determined to abstain from all interference, merely employing palliatives. But then the further question returns of the duration of that disease. Had it been determined to attempt a cure when the stone was first diagnosed would it have been in time to select either operation, and in that case which would have been preferable? The answer of course involves the whole subject of the relative value and position of the two operations, and will probably be answered differently by different operators.

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ANÆSTHETICS CONSIDERED IN RELATION TO THE DEATH OF THE LATE EMPEROR.

By the decease of the ex-Emperor, amongst other topics of interest in Medical circles, that of the influence of chloroform in hastening his death in any way has been discussed. The following extract from one of our leading daily papers testifies to the disquieted condition of the public mind on the great question of the use of anæsthetics, and more particularly as to the danger, whether immediate or remote, of chloroform :—

> "There is much talk among the newly-arrived visitors from Paris respecting the immediate cause of the Emperor's death. The fact that the Emperor was at an age when lithotrity is generally performed with success, and that two operations were not attended with more than usually severe symptoms, seems to have raised some doubt in their minds as to the part the application of chloroform may have had in the unexpected collapse."

How far the administration of chloroform could have aided in the sudden cessation of so remarkable a life may be a matter of speculation and of further discussion in Medical circles. Was such a condition as was shown in *post-mortem* examination one in which chloroform, with its known influence on the condition of the blood, should have been given? or did the depressing effect, admittedly resulting from chloroform inhalation, impress a system already debilitated by disease and anxieties? These may be, and are, doubtless, matters at the present crisis in the discussion of anæsthetics which are of intense interest. Ether, which has lately come to the front with such vigour that it is likely to outrun its favourite brother chloroform, presents claims which, in view of the age and condition of the late august patient, cannot be overlooked. Its stimulating effect upon the heart, which in this case so suddenly flagged, is beyond question. All investigations and observations have confirmed this view. The proofs brought forward by sphygmographic writings by Dr. Morgan, in a series of papers in the pages of this journal, amply testify its power. The remarkable effect on the blood which, in amputations under ether, flows of a bright arterial hue, in contrast to the dark appearance when chloroform is used, speaks volumes for its safety, while the results of statistics place its superiority beyond discussion. Since June last we are aware that in Dublin numbers of cases have been etherized, both in hospital and private practice, with the happiest result. During the last week a dignitary of the Roman Catholic Church, with whom, from his condition of health, &c., chloroform would have been inadmissible, was *etherized*, and underwent the operation of lithotomy with the happiest result. Another case in private practice, of an elderly gentleman, was also lithotomised under the influence of ether with the best results. In our last issue we quoted a case of lithotomy of a boy at the Meath Hospital, also most successfully operated on, under the influence of ether. It will be gratifying to the Profession to know that the College of Surgeons of Ireland has taken steps to aid in the determination of the relative value of these anæsthetics. The Ether and Chloroform Committee appointed by the College and Surgical Society of Ireland has now completed a scheme for hospital observation throughout Dublin, and we shall from time to time keep our readers *au courant* with the results.

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RELAPSING FEVER.

The outbreak of relapsing fever in London seems likely to prove more serious than was at first thought likely. It was natural in a season of unusually low mortality to hope that the appearance of this fever on the Registrar-General's books was only for a single week, and due to causes that, if not understood, were at least not about to give rise to much further mortality. The fact has, however, proved otherwise. We have already heard of the dreaded disease in Nottingham, Manchester, and other parts, besides the area of the Metropolis in which it first appeared this time. The country is certainly threatened with another invasion of the disease, and it becomes Medical men to be on the alert. We are glad that the Medical Department of the Local Government Board is awake, and has already issued the following directions :—

1. Relapsing fever is in a very high degree communicable from sick to healthy. The greatest personal predisposition to the disease is given by states of poverty and privation : so much so that the disease is often known by the name of famine-fever. The more confined the atmosphere in which sick and healthy are together, the more certain is the disease to be communicated.

2. Relapsing fever is eminently a disease which cannot safely be treated in the houses of the poor; for in them, crowded and ill-ventilated as they generally are, and with inmates often insufficiently nourished, there must be every likelihood that the infection will spread. It is essential that under such circumstances the sick should at once be removed from amid the healthy. Ample hospital accommodation is therefore an indispensable condition for limiting the extension of the disease.

3. Where relapsing fever has attacked, and when all its acute symptoms are past, the sufferers remain for a while extremely weak, requiring that food and restoratives should be liberally supplied them; in default of which, the feebleness left by the disease may often be of indefinite duration. This is the more important, because, where relapsing fever becomes epidemic, typhus often accompanies or follows it; and persons whom the relapsing fever has weakened not unfrequently fall victims to typhus.

4. At present (as in all times when epidemic disease is prevalent or threatening) it is particularly important that powers conferred by the Nuisances Removal and other general Sanitary Acts should be well exercised by those in whom they are vested. Very detailed district-inspection is most necessary. Everything practicable should be done, especially in all poorer parts of each district, to promote cleanliness of and about dwellings. The washing and lime-whiting of uncleanly premises, especially of such as are densely occupied, should be pressed with all practicable dispatch. It is essential that overcrowding should, as far as possible, be prevented, and proper ventilation be enforced; and in these respects common lodging-houses, and houses which are sub-let in several small holdings, will require particular attention. Great vigilance must be used with a view to the discovery of first cases of relapsing fever in such houses; and frequent inquiry should be made as to the sorts of illness prevailing among the poor. The attention of Authorities is invited to the powers conferred on them by various sections of the Sanitary Act of 1866, with reference to infectious disease; especially to the powers conferred for purposes of disinfection, and for the conveyance of sick persons, and for the separation of the sick from the healthy.

5. Relapsing fever, as described in Medical text-books, has the following characters. The patient becomes suddenly ill with shiverings, headache, heat of skin, prostration, and generally vomiting. To these symptoms are usually added more or less yellowness of skin, and severe general pains resembling those of rheumatism. After from five to seven days, the symptoms abruptly cease. For a week the patient feels well, and has his ordinary appetite, his natural temperature, and a pulse often even slower than in health. On or about the fourteenth day from the commencement of the original attack, relapse takes place, with a sudden paroxysm of fever similar to the first. The duration of the stage of relapse is commonly three days. Second, or even several, relapses sometimes occur; and as above stated, convalescence is usually protracted.

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THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS.

It may be conceived that we look with much interest for the opinion of the law advisers of the College as to the legality of Mr. Hargrave's present tenancy, because, having raised the question, we are bound to our readers and the Fellows of the College to obtain, if possible, a definite reply to it.

It is, in truth, by no means to the credit of the Council that the capacity of Mr. Hargrave to act as parliamentary spokesman of the College should be tried on such an issue, or that it should be left to the MEDICAL PRESS AND CIRCULAR to throw down the glove for such an inquiry.

The Council has indeed been very little Mr. Hargrave's friend in subjecting him to the issue of a legal inquiry which was called into existence by their indecision and their apparent indisposition to sacrifice personal sentiment to Collegiate necessities. While we have not flinched—and will not again—from speaking loudly and in unequivocal terms respecting Mr. Hargrave's continuance in office, and the undignified hesitancy of the Council, we have at no time forgotten the position in the affections of the College which Mr. Hargrave's long services and unsullied loyalty entitle him to. Our correspondent of last week, "A Fellow of 1844," has done him the least justice in describing him as "True Blue," and we heartily join with him in acknowledging that Mr. Hargrave has never swerved in his devotion to the College. Advanced age or impaired health cannot shake that feeling, but they must interfere with, and it is our duty to say have made that devotion unavailing, and have rendered the former representative totally and undeniably incapable of doing justice to the interests of the College. The guardians of those interests—the Council—should have been the first to make Mr. Hargrave aware of that fact, in the most considerate manner which might have suggested itself, and they have one and all shrunk from the discharge of a plain duty and a simple act of kindness, and thrown it upon the Fellows of the College and the public press to speak the words in harsher phrase. Even to this day it is possible—so far as any sign has been made by them—that Mr. Hargrave may be under the impression that the Council has unbounded confidence in his powers. We are well aware that the Council—we might almost say every individual member of it—recognises the impossibility of Mr. Hargrave ever again acting in the College interest, and yet there is none to speak the word which shall convey to Mr. Hargrave an unmistakable impression of the kindly but firm feeling of the Council. Had such an intimation been conveyed to Mr. Hargrave on the part of the Council we cannot but believe that his self-esteem and his regard for the College would have induced him to retire from the false position in which the reticence of the Council has left him.

THE APPROACHING MEETING OF THE MEDICAL COUNCIL—THE IRISH CONJOINT EXAMINATION.

As we announced last week, the Executive Committee of the Medical Council meets this day, and the date of the meeting of the General Council will be then decided. That question will be determined in the greatest degree by the requirements of the scheme for a Conjoint Examination for Ireland, and as, we believe, the Irish licensing bodies who have taken part in that scheme are unanimous in desiring that it shall be brought into operation at once, we anticipate that the meeting of the Council will take place early in February.

The party who are active in the endeavour to delay or defeat any attempt at the self-reform of the licensing bodies, and who desire that the Government shall be compelled to deal with the subject of Medical education in a revolutionary spirit—Sir Dominic Corrigan, as representative of the Queen's University in Ireland, being the chief exponent of that view—are industriously circulating the statement that there is neither necessity for nor probability of a meeting of the Council or of any move in Parliament.

In pursuit of this policy an effort was made by Sir Dominic Corrigan last week in the College of Physicians to lay on the shelf the Irish Conjoint Scheme, and defer indefinitely any action upon it; but we are glad to learn that that subtle move was defeated by a large majority, and the endorsement of the College was accordingly put to the scheme by which it was, so far as the co-operating bodies are concerned, perfected.

Since then the same party has devoted its ingenuity to a "waiting game," and is exercising its influence to prove that there is no necessity for hurry, and that the Medical Council may as well meet in July or August, when Parliament is rising, as at any other time. If we are to believe the latest declarations of the Government on the subject, and to judge from the opinions of those who are usually well informed in such matters, we should say that if the Executive Committee be induced to listen to this statement and postpone the meeting of the Council, the much-needed reform may probably be settled without its intervention. In a letter addressed within the last month by the London Apothecaries' Company to the President of the Council, it was stated that "the Apothecaries' Company had been informed by Mr. Simon on behalf of the Lord President, that an application had been made to the Government with reference to a general measure, having for its object to enable the Medical colleges and bodies to agree to a conjoint scheme of Medical examinations, and that the subject was then under consideration.

"Mr. Simon, on behalf of the Lord President, further suggested that should such a measure be introduced it would probably be unnecessary for one to be brought in solely referring to the Society of Apothecaries."

It is plainly most improbable that the Government would put a stop to the progress of any licensing body unless a serious and well considered intention existed to make the matter a Government question, which, indeed, Mr. Forster has already said he is "most anxious" to do. Whether or not Parliamentary intervention be expected, it would be most unjust to the Irish licensing bodies, who have sacrificed much of their individual interests for the purpose of complying with the orders of the Council, and effecting a substantial and urgent reform, to treat their scheme with coldness, and force them to defer the setting of their house in order until such time as the Scotch purlieus shall be swept clean before the besom of Mr. Gladstone.

With the exception of the Queen's University, the Irish bodies have certainly deserved credit for their anxiety to initiate a change which shall be no sham. They have unhesitatingly yielded up privileges and income for the sake of such an object, and it would be unfair and improper if, to please the Scotch bodies or Sir Dominic Corrigan, the Medical Council should defer the time when the result may be achieved.

The *Medical Times and Gazette* joins us in urging an early assembly of the Council, and we have to express the hope that the mistake of last and former years will not be repeated by the calling together of that body in the dog-days to play out with a laboured pretence of energy a vapid afterpiece after the chief actors and the best part of the audience are gone home or to sleep.

Notes on Current Topics.

Death from an Operation on the Larynx.

Professional and lay circles in Vienna have been in rather a state of excitement owing to a most unfortunate occurrence in one of the hospitals in that city. A young woman, named Eliz. Trak, æt. 22, suffered from a tumour, diagnosed by the aid of the laryngoscope, to extend from the right side of the cricoid cartilage into the interior of the trachea. She attended the Poliklinik, and an operation was decided on.

On Dec. 23rd, Dr. Coen introduced an instrument provided with a syringe, and injected some ferr. sesquichl. into the tumour. Unfortunately, some of the fluid escaped on to the neighbouring parts, causing such severe spasm of the glottis that death instantaneously resulted. Laryngotomy, quickly performed, was of no service.

The *post-mortem* examination was made by Rokitansky. The most notable results were as follows :—Heart contracted, with fluid blood in its cavities; lungs inflated, partly œdematous; fluid blood in the trachea and large bronchi; two small wounds, caused by the injection, in the posterior membranous wall of trachea; two tumours, gelatinous in appearance, one on the anterior wall of the trachea, the other situated on the post extremity of the first ring of the trachea, roundish, pale, about five lines in diameter, and almost filling up the cavity of the trachea, immediately below the larynx. The mucous membrane on and near the tumour of a dirty yellow colour. The tumours were pronounced to be sarcomatous. The proceedings were all pronounced legally justifiable, and the operators free from blame. The *Allg. Wien. Med. Zeit.* remarks it is of the first importance that proper assistance be at hand in such cases.

Privileges of French Midwives.

After a long and warm discussion, the Paris Academie de Médicine has pronounced in favour of midwives being privileged to purchase, and employ ergot in their practice. Among the disputants, M. Toggiale warmly opposed the permission, whilst Tardieu took a different view, still considering ergot should be classed among poisons.

Quinine in Coffee.

The administration of sulphate of quinine in coffee, though an agreeable mode is, says M. Briquet (*Mouvment Médical*) a very bad one. For quinine combines with the tannin, in an infusion of tea or coffee, forming thus an almost insoluble tannate of quinine.

Dr. Louis Fleury.

We learn from *Le Mouvement Médical* that Dr. Fleury died on Dec. 14th, in the sixty-third year of his age. He was followed to the tomb by Drs. Aubartin, Brougniart, Bourneirlb, Kéller, and Krauss, of Vienna, and a short farewell was spoken over the grave by Dr. Aubartin, who spoke of him as the practitioner of scientific hydropathy.

Galvano-Cautery in Surgery.

Dr. Tripier (*Mouvement Médical*, Dec 21st) says the first trial of galvano-caustic is due to Faerè Palaprat, who was followed by Recamier and Pravaz, Marshall. Amussat used it in ranula, tumour, and varicocele; and Favignot perforated the crystallised lens and performed iridectomy by means of it. Seré, in 1860, devised a galvano-caustic knife, which is a loop of platinum in the form of a blade divided into two symmetrical halves. By the passage of a very powerful current this blade can be heated to 1,500 degrees. Platinum being a soft metal, does not cut when cold; but, when heated to a high degree, it acts as an excellent cutting instrument. The most useful application of this plan was made by M. Verneuil in tracheotomy.

Addison's Disease.

Dr. Bucquoy (*Mouvement Médical*, Dec. 21st) relates a case of a young girl, æt. 19, who had suffered from phthisis for eighteen months. Two days before she entered hospital there was continued vomiting with convulsions. On investigation there was noticed tuberculisation of the lungs and peritoneum, and besides this, a bronze colour of the skin of the face, neck, and axillæ. The patient soon succumbed, and at the autopsy, besides the tubercular lesions of the lungs and mesenteric glands, the supra-renal capsule of the right side was found to be hypertrophied to the size of a large chestnut and undergoing cheesy degeneration.

Syphilitic Urethral Discharges.

On January 20th, Dr. Henry Lee gave the first of the Lettsomian Lectures, entitled "Syphilitic Discharge," at the Medical Society of London. The lecturer defined clearly the fallacies into which John Hunter and M. Ricord had fallen, and insisted upon the following points : That an infecting primary sore in the urethra may cause, when uncomplicated, a discharge like arrowroot and water, without congestion of the urethral orifice; that a secondary syphilitic urethritis produces a purulent discharge; that purulent or serous secondary discharges may communicate syphilis; that inoculation with healthy pus will produce a pustule in a syphilitic subject. Mr. Lee said he had never known a primary sore occur further than half-an-inch from the orifice, and he could believe that such a sore would be caused only by the introduction of a contaminated instrument or other foreign body.

Another Successful Case of Nussbaum's Operation.

The *Allgemein. Wiener Med. Zeit.*, for December 31st, contains a most important case of elevation and stretching of the N. Sciaticus by Dr. Patauban. The patient had suffered for three years from severe left side sciatica, and had been treated by a number of physicians without any success in preventing the return of the attacks, especially in the cold months. Injections of morphia had been employed, but as is too often the case, with decreasing success.

The patient at length began to experience a feeling of insecurity in walking, of elongation of the lower extremity, exhaustion, and extraordinary sleeplessness. The injections of morphia still alleviated the pain, but unfortunately produced other objectionable results, dyspepsia, melancholy, and their effects. As the patient willingly consented it was determined to try the bold operation so successfully performed by Prof. Nussbaum. The painful points were, at exit of N. Sciaticus from the pelvis, a point on the spina iliaca post. sup., the spinous process of the fifth lumbar vertebra, and a fibular point. The nerve was laid bare by a deep incision, and dissected out from its connections with the MM. Gemelli, and the involved tendon of the m. obturat. int. and the quadrat femur, and isolated so that it could be moved in every direction. The plexiform roots of the nerve were next carefully separated from the superposed vessels, chiefly veins (ven. glut. sup. et nif., ven. sciatic. et pudend. int.), and from the periosteum, M. pyriformis. The neurilemma was obviously thickened. The nerve, thus isolated, as well as the intrapelvic roots, were then drawn and stretched to the fullest extent. From the moment of awakening from the narcosis, the specific sciatic pains disappeared and only the burning traumatic pain was felt. Suppuration continued for five weeks; the fibular point continued sensitive for some weeks; the patient rapidly recovered strength; the sleeplessnes being the last symptom to yield. An obstinate eczema broke out first around the cicatrix and then at different points of the leg, lasting two months. Motion, nutrition, and sensation remained unimpaired in the limb, but from time to time slight, passing pains were felt along the fibula and on the maleolus internus.

Royal Free Hospital.

At a quarterly meeting of the Committee of the Royal Free Hospital, held last week, Mr. Thomas Wakley, F.R.C.S., and Dr. Alexander Marsden, F.R.C.S.E., were unanimously, on the recommendation of the Medical staff, appointed consultin g-surgeons, in recognition of their long and highly valued services.

Small-Pox in Bavaria.

For the last ten years, small-pox has been more or less severely present in Upper Bavaria. It is now nearly extinct, and Dr. Wibmer gives a very useful *resumé* of the outbreak from official sources. For several years only a few sporadic cases had occurred; so much so, that in 1861-2, not a single death had occurred in Munich, and in 1863, only two. In 1864 an epidemic suddenly broke out. The cause most probably was importation, as several neighbouring countries were affected at the time, viz., Austria, Wurtemburg, Saxony, Prussia, and France. But in addition, there seems to have prevailed in Europe a special *constitutio epidemica*, epidemics raging in many countries, and originating in some places without any apparent source of infection. The first case of epidemic outbreak in Bavaria, occurred in February, 1864, at Tegernsee and Gmund, and was distinctly traced to a travelling dealer from Hungary. The epidemic lasted till July, and produced 47 cases, with seven deaths. In April of that year, epidemics occurred in several districts, including Munich, where it was introduced by means of a paper manufactory, through the medium of rags imported from Leipzic. This is absolutely proved by the fact, that about a dozen female *employées*, whose duty it was to sort the rags, took the disease. In the course of 1864-5, almost every district, in this part of the country was affected. In these two years 383 cases, with 35 deaths occurred in Upper Bavaria; in Munich alone, 82 cases with 2 deaths. In 1865-6, the epidemic became still more severe, and in Upper Bavaria there occurred, 1,346 cases with 69 deaths; in Munich, 746 cases with 25 deaths (*a*).

There occurred in Upper Bavaria, during—

1867	Cases	3,767	Deaths	267
1868	„	1,609	„	113
1869	„	457	„	34

In Munich—

1867	Cases	1,139	Deaths	66
1868	„	452	„	13
1869	„	77	„	3

In 1870, the disease had greatly diminished, but the return of the troops from France, and the arrival of French prisoners, spread it once more, so that in Munich alone, 7 deaths occurred during November and December. But 1871 showed a vast increase in the disease. 5,658 cases occurred in Upper Bavaria, with 832 deaths; the capital alone contributing to this total 1,471 cases, and 150 deaths. In 1872 the disease began to wane, and last September, only 15 cases, with 2 deaths occurred in Upper Bavaria; in Munich, 5 cases and *one death*, and this of an unvaccinated child.

In the ten years, 1862-1871, there were in all 14,473 cases in Upper Bavaria; in Munich, 4,314, (including modified and unmodified); It is, however, useless to strike an average, so variable was the distribution in different years, *e.g.*

Munich in	1862	Cases	7
„	1871	„	1,471

In Upper Bavaria, 1,544 deaths resulted from small-pox in these ten years. The proportion of deaths to cases was

In Upper Bavaria	10·66	per cent.
In Munich	6·65	„

The proportion of cases and deaths among vaccinated and unvaccinated was as follows:—758 (5·23 per cent.) of all the cases were unvaccinated. But among these 758 unvaccinated cases, 380 died, a mortality of 52·77 per cent.; whereas only 8·67 per cent. of the vaccinated cases died.

We have here another most remarkable instance of the great value of vaccination, in preventing fatal results from small-pox.

Of re-vaccinated cases	409 occurred.
Of these died „	24, or 5·86 per cent.

But it must be noted, that the success of the re-vaccinations has not been stated, and in most cases, re-vaccination had not been resorted to until too late.

Darwinism.

This subject was last week brought before the Victoria Philosophical Institute, by Dr. C. R. Bree, in a paper entitled "Darwinism and its Effects upon Religious Thought." Having defined these, he proceeded to show that the theories held by Mr. Darwin and his school, if argued out to their logical conclusions, were actually subversive of belief in Divine revelation. Many quotations from various authors were given. We quote three, one from Mr.

(*a*) Fuller details will be found in an important paper by Dr. Wibmer, in the *Arztlicher Intell. Blatt.*

Herbert Spencer :—"Every kind of being is conceived as a product of modifications wrought by insensible gradations on a pre-existing kind of being; and this holds as fully of the supposed 'commencement of organic life' as of all subsequent developments of organic life. It is no more needful to suppose an 'absolute commencement of organic life,' or a 'first organism,' than it is needful to suppose an absolute commencement of social life and a first social organism." And the other from Mr Darwin, in his "Descent of Man" (vol. i., pp. 66-7), about the probability of religion having its origin in dreams. "It is probable, as Mr. Tyler has clearly shown, that dreams may have first given rise to the notion of spirits," and "the belief in spiritual agencies would easily pass into the belief in the existence of one or more gods." And so according to Mr. Darwin's views, was religion "evolved." And a third from *Nature*, July 11, 1872. In a recent review of a work called the "Martyrdom of Man," we are told that the author, after working out the evolution of animal and human faculties, goes on to "urge all enlightened men to take part in the great work of demolishing one of those institutions, which, once the highest attainable, has now become injurious. Christianity must be destroyed." And he concludes his work in these words :—"But a season of mental anguish is at hand, and through this we must pass in order that our prosperity may rise. The soul must be sacrificed, the hope in mmortality must die. A sweet and charming illusion must be taken from the human race, as youth and beauty vanish never to return." Dr. Bree then called attention to the fact that, according to the theory of evolution, "a primitive speck of matter came into being, evolved from non-living matter by the agency of physical forces." Professor Huxley had called this the basis of life, that such pecks of living matter have given origin to all plants or animals; but Dr. Bree held that such a theory, even if true, did not go back far enough to explain the theory of all creation. After referring to the inconclusiveness of some, and the want of evidence for many other theories advanced by the Darwinian school, he urged that it was not the part of true science to attack religion, as was so often done, but rather patiently to practically pursue its course.

After Dr. Bree's paper was concluded, a discussion took place, in which Dr. Irons held that truth could never contradict itself, and hence there could never be any real antagonism between science and revelation. Admiral Halsted urged the importance of thorough inquiry. Dr. Fraser and Mr. I. T. Pritchard also spoke. Captain F. Petrie, referring to a remark made by a previous speaker, stated that the results of the experiments and researches of Professor Huxley and other leading scientific men, had as yet proved that though it was comparatively easy to classify animal creation, yet man held his place superior to the rest, and refused to "fit in" anywhere, and it was acknowledged that there was an immeasurable gulf between him, with all his attributes, and the rest of animal creation. Dr. Bree having replied, the meeting was adjourned.

Relation of Bad Smells to Disease.

In reference to a paragraph entitled "Needless Panic about Sewers," in the *Pacific Med. and Surg. Journal*, the New York correspondent of that periodical—the one who hates tobacco—takes up the matter with his usual vim, as followeth ;—

"Needless panic about sewers" is too positive for an obscure case. Open to argument, agreed. But you *don't know enough* to justify a dogmatic statement. Those fellows who worked in the sewers, didn't *sleep* in 'em. Men at work are always perspiring—*throwing off*, and therefore impervious to attack, in a general way. Arsenic diggers live long in mines, and eat arsenic. That don't prove that arsenic or its fumes won't kill people—does it? In some states of the atmosphere, even the little waste holes in our chamber basins, let up such a horrid stench that the room is intolerable. I have frequently cured, or stopped it, by pasting paper over them. Are not people made sick with the smoke of tobacco? What *is* stench? Who knows? Don't sewers give out a malarious vapour? In southern Indiana, people don't go out after sundown in summer, because ague follows *sure*. What's that? I would rather risk advocacy of the poisonous or deleterious character of all foul odours *à priori*, than the other side. Science and purity must accord here, I think. Some people get sick with the odour of apples. The "rose fever" or "hay fever" is quite common—comes on with some on the 28th day of July, and never fails on *that day*. Dr. Mason, scientific man near me, has the hay fever now, which, however bad, disappears as soon as he gets on the water in a ferry boat, and returns when he touches the land. I have no doubt that there is a specific poison to many lungs in the exhalations of our sewers—quite independent of the mere displacement of wholesome air. Anyhow, it strikes me that the Journal commits itself in an unscientific manner. Some big landlord of a sewer district has paid a doctor for a piece of special evidence, which, to my mind, proves nothing. I believe it is the theory of all our best physicians here, that all putrid exhalations are unwholesome *in*halations and therefore in degree poisonous. The same argument suggested by the Journal would prove tobacco and rum innocuous—or, at least, it squints so, or it seems to squint so, or it seems to seem to squint that way.

Mercurius Redivivus.

The editor of the *Pacific Med. and Surg. Journal* thinks there is a reaction in favour of mercury. He says: In fact, men are simply returning to their senses, and learning what they should not have forgotten, that the abuse of a potent agent is no argument for its entire proscription from medicinal use. The preparations of mercury have a peculiar action on the bodily organs, not exercised by any other agent. That lives are frequently sacrificed to the prejudice against mercury we have no doubt. It has been our province to witness more than one case of disease ending in death, which we felt confident would have been cured by the "old mercurial doctor." That the metal was used lavishly and needlessly in former times we do not doubt. But that it ever inflicted a tenth part of the evils on society that have been charged on it, we do not believe. It is well, however, that it took its proper place in our list of therapeutic agents—to be administered with discretion, keeping in view all possible evils that may result from it, and employing it only when enlightened judgment points to proper occasions.

The managers of the Edinburgh Infirmary have announced that they intend to cut down their fever beds from 150 to 36.

Still Earlier Intelligence.

Editors of the common sort may be content if they can dish up the record of events the instant they occur. It is reserved for the *dii majores* amongst editors, the Phaetons who think they can steer two chariots and upset neither, to publish news in advance of its occurrence. We read last Wednesday in the Dublin daily papers that the *Medical Record* had opened its prophetic mouth to describe the method and cause of the Emperor's death. Unfeeling hoax on the unsuspecting newspaper! The *Medical Record* had done nothing of the sort. The Emperor's death had occurred long after the *rechauffé* of the *British Medical Journal* had passed the printing machine. Not a word of the oracular pronouncement appeared in that journal, but the sharp editor, thinking (as indeed he easily might) that no one would notice the absence of the announcement, supplies it after date to the gaping newsmonger, and thus gets credit for a greater endowment in smartness than veracity.

University of London.

The office of assistant registrar in the University of London having become vacant by the resignation of Dr. Hirst, the Senate are about to appoint a successor, who will also be charged with the duties of librarian. The salary of the assistant-registrar and librarian will be £500 a year. His whole time must be devoted to the business of the University. Further information may be obtained by application to the registrar. Candidates must not be less than twenty-five or exceed forty-five years.

The Faculté at Paris has elected M. Paul Lorain to the Chair of History of Medicine, by a large majority over M. Bouchut.

Dr. Francis R. Hogg, R.H.A., a frequent contributor to our journal, has been presented with a valuable testimonial and address by friends and patients at Woolwich on his departure for India.

The library of the late Dr. John Blyth, Professor of Chemistry in Queen's College, Cork, will be disposed of by auction at the rooms of Messrs. Puttick and Simpson, in London this (Wednesday) afternoon.

Prof. Albini, of Naples, has successfully employed transfusion of the blood of a lamb in a case of anæmia.

A competitive examination of candidates for admission into the Medical service of the Royal Navy, will take place at the University of London, on Monday, February 17th, 1873, and following days, at ten o'clock.

The American Medical Editors' Association offers a prize of $100 for an essay, to be awarded in May, 1873, "On the Pathology and Treatment of Diseases of the Ovaries." The subject of the prize for 1874 is, "At what stages of Pulmonary Tuberculosis is a change of climate desirable: what are the principles which should govern us in choosing the kind of change to be made, and the best localities in North America to send patients of this class?" The prizes are open for competition by Medical editors only.

On Dec. 14th, there were 302 cases of small-pox under treatment in St. Petersburg, and twelve new cases and 3 deaths were reported. From the commencement of the outbreak on April 13th, 1872, to Dec. 20th, there were 4,441 cases (males, 2,819, females, 1,622); recoveries, 2,632 (1,713 males, and 919 females); and deaths 1,506 (927 males and 579 females).

The Royal Dublin Society will meet on Monday evening next at 8 o'clock, when the following communications are set down for reading:—

Dr. David Moore, Director of the Botanic Garden, "On the Successful Establishment of Loranthus Europæus on Oaks at the Botanic Garden, with Observations on the Cultivation of other Parasitical Plants therein."

Professor Tanner, M.R.A.C., "On the Comparative Trials of Fertilisers."

No person—saving, indeed, the fickle and ungrateful nation for whom he did so much, and from whom he suffered so bad a requital—has heard without deep interest the circumstances of the Emperor's death; but it is to our profession that the announcement brings a personal as well as a national importance. It is hardly open to us to doubt that so skilful an operator as Sir Henry Thompson, fortified by the advice of consultants so reverend as Sir William Gull, Baron Corvisart, and Dr. Conneau, treated the august patient with the soundest judgment and the utmost adroitness. Our speculations as to the relative propriety of lithotomy or lithotrity in such a case are worth little as compared with the verdict of those who could form their opinion from close observation. The result of the operative procedure, though in all probability quite unavoidable, is worthy of thought, for it cannot fail to leave upon the public mind a feeling not only that there was a miscarriage of surgical skill, but that the actual cause of death is insufficiently accounted for. We are, of course, aware that sudden syncope is possible, but it is an extremely rare occurrence for a patient with a good pulse of 84, to sink and die within twenty-five minutes, and we fail to find anything either in the speculations of the Profession or the records of the *post-mortem* examination which satisfactorily explains the fact.

Foreign Medical Literature.

ANEURISM OF THE ARCH OF THE AORTA.

By P. Coyne (Interne des Hôpitaux de Paris).

C. Therese, æt. 59, was admitted to the wards of M. Vulpian (Salle St. Claire, No. 27), at the hospital of "La Pitié," on the 19th July, 1871.

This patient menstruated when 13 years of age, was regular till 45 years old, when the menopause occurred. Her health has always been good, indeed, she has never been ill except from an attack of diarrhœa during the siege.

The symptoms for which she entered the hospital are not marked; she complains of feeling, during the last month, pains in the lumbar dorsal region, and in the head. But these pains are vague, and without special character. The voice has been hoarse for the last ten days, and the patient has had a cough for some time. At the apex of the heart a slight murmur is heard, with the first sound. At the base the second sound is indistinct. The examination of the lungs shows nothing special; percussion and pressure are, however, painful throughout the middle of the back of the left lung. The complexion shows a waxy cachexia, and the mucous membranes are anæmic. The uterus is normal.

20th July till 1st August.—Same indefinite symptoms continue. The patient still coughs and complains of pain in the back. The chest was examined but no confirmation could be found of the idea that aortic aneurism was present.

4th August.—At the evening visit the patient complained of a pain in the left side, originating from the middle of the vertebral column, and radiating over the whole side, especially at the back. Marked dulness at the lower part of the same side of the thorax. Higher up extending to the apex, almost tympanitic sonority exists both in front and at the side, with a maximum at the supra spinous fossa. No fluctuation can be felt. On account of the patient being hoarse, the vocal phenomena and the thoracic vibrations cannot be studied. Dyspnœa very great. Cough most troublesome. This condition commenced about an hour before our visit at which time the patient lay down without a cough or any efforts to cough, when the violent pain and the dyspnœa suddenly commenced, accompanied by great prostration and a tendency to syncope. The heart was carefully examined, but nothing abnormal discovered. Temperature in the rectum, 39 deg.

6th August.—At the morning visit the intensity of the pain and the dyspnœa had diminished. The extent of the sonority was less being limited to the supra scapular fossa behind, and to the infra clavicular region in front. A true "bruit skodique" is heard, whilst at the back and sides the dulness considerable. The intense blowing respiration which was heard the day before still continues.

The next day (7th) dulness extended over the whole left side. No spot remained sonorous. In the evening the same condition. In the course of the night the patient rose to go to the closet, where, a few moments after, she was found dead.

Post-mortem made 9th August.—Beyond an anæmic tint of the grey substance of the convolutions nothing abnormal is found in the cerebral organs, the cranial cavity, or in the abdominal viscera. Thoracic cavity, right pleura, nothing beyond a few adhesions on the convex surface. Left pleura contains about two litres of a liquid like serum. This liquid fills the cavity to the upper part, and pushes the left side of the diaphragm downwards. The lung is compressed against the vertebral column, and entirely covered by a reddish clot, which is not very dense, tears easily, is uniform in texture, and forms over all the lung a sort of thick shell, two or three centimetres in depth. A tumour formed by the dilatation of the third portion of the arch of the aorta is situated in front of the lung, and in the part which corresponds with the upper portion of the mediastinum. This tumour, about the size of a fist, is covered with rounded knobs, especially anteriorly, and they partly hide the left branch of the pulmonary artery at its entrance to the hilum of the left lung. The anterior surface of this tumour is covered by a pulmonary lobe which is tolerably thick, and united to it by old adhesions which are with difficulty broken down. When the anterior face of the tumour is isolated, the left pneumo-gastric nerve is seen to bury and lose itself in this front wall. The left recurrent nerve is at its origin similarly, but only partly, engulphed in the posterior wall. Behind and at the left, this tumour is adherent, as also the portion of the thoracic aorta immediatly following it to the middle part of the posterior border of the lung.

At the bottom of the highest part of the interlobular fissure, on separating the two lobes of the lungs having ragged edges and which is large enough to admit the little finger, is seen in the lung tissue. The pulmonary tissue around is indurated to the extent of two of three centimetres. This orifice leads into the cavity of the tumour. It is partly closed by old clots, which come from the inner wall of the aneurismal tumour. On opening the thoracic aorta by its posterior wall, it is seen that this tumour is formed by an irregular dilatation of the aorta taking place after the destruction of its internal coats. The inferior limit of the tumour corresponding to the point where the posterior wall of the aorta crosses the hilum of the left lung, has on its internal aspect an irregular, jagged border, floating in the cavity; this ridge-like swelling is formed by the two internal arterial coats. The principal development of the tumour is in front and outwards. On pushing the external coat from within several rounded diverticula are found and which correspond to the swellings on the outside. The principal is outwards, and has a depth of three centimetres; it is the one in which the ulceration previously mentioned originated. A calcareous scale, almost floating, is found partly imbedded in old clots at the bottom of the infundibulum. The left pneumo gastric which disappeared from the anterior surface of the tumour is found within the same anterior wall, covered by a thin layer of connective tissue. The superior limit of aneurismal dilatation is found immediately beneath the origin of the left subclavian artery. It is marked by a sort of little collar formed, like the inferior limit, by the two internal tunics, which, while well divided in front from the external tunic, are prolonged for some distance anteriorly, forming a sort of tongue. The internal surface is smoth, except where sclerous and calcified tongues still adhere by some points of their periphery. (The preparation was presented to the Anatomical Society.) This case is interesting from many points of view.

In the first place, it was difficult to recognise the lesion during life, and, though search was made in the right path, we consider its fruitlessness was due to the tumour being masked in a permanent manner, as the *post-mortem* examination showed, by a somewhat thick layer of pulmonary tissue. We call attention to the important fact that the perforation occurring as it did in a layer of pulmonary tissue which had previously undergone a modification, penetrated into the pleural cavity and brought on all the symptoms, first of pneumo-thorax, then of hydro-pneumothorax, and lastly, of abundant pleural effusion not producing death until three whole days after the first serious symptom.

Wurm on the Diphtheria Question.

Dr. Wurm makes the following remarks: "It is unfortunately incomprehensible to me, after an experience wanting neither in quality nor quantity, how physicians of celebrity can repudiate the sovereign means of timely, energetic, and persistent cauterizations in diphtheria, instead of giving this means the greatest possible popularity." As Dr. Wurm's thesis contains nothing otherwise essential, we will merely give his opinions on this point: He has until now, without exception, always effected a rapid convalescence by means of timely cauterizations with muriatic acid, which were repeated every one to three hours.

In the "murderous epidemic" all non-cauterized children died, while three which were well "touched" are well today. There follows the application, apparently as a result of it, a striking remission and euphoria, with moderation of the pulse, &c. Dr. Wurm complains that he has not time to give more than a glimpse of the clinical course of each case, as he has 300 bath-guests to attend from 5 a.m. to 10 p.m. He has only found time to affirm the above proposition with great earnestness, because three children who were "touched" are alive and well to-day.—*New York Medical Journal.*

Scarlet Fever in Lancashire.—At Midleton, near Manchester, scarlet fever is very prevalent, and the Improvement Commissioners have received a letter from the Local Government Board, urging upon them increased vigilance, as the disease also exists in a malignant form at Oldham, which is only a few miles from Midleton. Dr. Beard, Government officer, has been ordered to confer with the Midleton authorities on the measures to be adopted.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON (a).

On several former occasions it has fallen to our lot to have to notice the proceedings of this valuable Society; and we confess we do so with much pleasure. We are not sure we could name any one direction in which medicine has made more important advances, within the last thirty years, than in the extended knowledge of morbid anatomy which has now been attained. We say extended; for it is not confined to this or that city or town, but to every place where medicine is systematically pursued. We also use the expression "morbid anatomy" with a distinct idea; for a great error is certainly made if it be confounded with pathology; and yet this is very apt to occur, and the very name "Pathological Society" has a strong tendency to increase this mistake. In our knowledge of morbid anatomy we have made immense strides of late years; whilst in pathology we are, in a great measure, stationary. We doubt if we have advanced a single step as to the causes of cancer, or other malignant disease; and all the labour bestowed on the microscope leaves us, on this point, precisely where we were half a century ago. Yet no one would think so from reading the volume before us, or others like it. For we find everywhere through them a large number of new terms, which, at first sight, would seem to be additional knowledge; but in reality are not so. There will be occasion to notice some examples of this as we proceed. It is far from our wish to discredit honest labour in any way. But labour may, and often does, take a wrong direction, and the sooner this is learned the better. The substitution of a new name for an old and well ascertained morbid state, seems to us but labour thrown away. We could pursue this subject much further, but it is not necessary to do so. For while we thus would criticise, we cannot overlook the great amount of valuable matter which a volume like the one before us contains; and without farther preface, we shall now—as on several former occasions—proceed to notice some of the more striking cases it contains. The first division of the volume is on "Diseases of the Nervous System," and the very first case, by Dr. Dickinson, is one of much interest. It is entitled "Sudden Death from the Bursting of an Intracranial Aneurism." It occurred in a female of 72, who, while eating her dinner, was observed to let her head fall forward, and she expired without a groan. She did not fall off her chair; nor had she been known to complain. On *post-mortem* examination, an aneurism, the size of a large pea, had burst. It had formed on the left middle cerebral artery, which, with the other vessels, now were all atheromatous. Effused blood lay on the base of the brain.

No. 2, by H. Amott, is a case of a boy of three years, who had excision of the elbow performed for strumous disease. From this he recovered; but in the course of some months was attacked with disease of the testis; and still later again with convulsions, which, after some interval, recurred, and ended in death. A scrofulous tumour, as large as a hen's egg, was found in the right middle lobe of the brain, with two or three of much smaller size in same side.

No. 3, by Dr. Peacock, is entitled "Case of Obstruction by Coagulum of the Cerebral Vessels, and Paralysis." We notice this case because, from reading such a heading, one would suppose the brain was alone involved; whereas pneumonia in a very active form also existed; and, what is of more consequence, in all probability gave rise to the brain affection. We have met such cases ourselves, and known them to occur to others. Yet the author does not allude to such a connection at all. We repeat, however, that the acute disease of the lung was most probably the starting-point of the fatal attack. It may be added that both the heart and liver were much enlarged.

No. 8, by Dr. Crisp, is entitled "Inflammatory Softening of the Cerebellum." We notice this case because the author has appended to it twenty other cases where the cerebellum was diseased; but in which the symptoms during life did not accord with the usually received opinions as to the functions of this portion of the nervous system. In this point of view the communication seems to us a very important one, and well worthy of perusal. But we also notice it because the author overlooks a most important morbid state, and which, we believe, had a great deal to say to the symptoms during life. The patient was a lady of 45, who, one year before her death, began to suffer from headaches, gradually increasing in severity, and which prevented her moving about with any quickness. In one of these attacks she died. Besides some softening of the under surface of the cerebellum, "many ounces of serum escaped, and all the space at the base of the brain, as well as the ventricles, were full of serum." We quote the words themselves, and must add it is not easy to understand how the author overlooked such a state. For, leaving out the state of the cerebellum entirely, such an effusion was sufficient to account for the symptoms. Yet not a word is said about such a connection. But we cannot pursue the subject farther here.

Diseases of the Organs of Respiration.

No. 1, by Dr. Robinson, is entitled "Case of Tonsillitis resulting in Sudden Death." This is the case of a soldier, æt. 21, who got common sore throat, as it was supposed, and treated as such. As he had not slept he was given a half-drachm of chloral, immediately after which he said he felt choking, and in a moment or two later expired. The trachæa was at once opened, but without any good result. This is a very important case, and the author avows he was totally unprepared for its sudden termination, and seems impressed with the idea that the chloral had something to say to the sudden death. For ourselves we would interpret the case differently. We think there was quite enough found after death to account for the event, for there was "great œdema of the glottis and infiltration of the tissues, one of the vocal cords being imbedded in it; the epiglottis, too, was greatly thickened and rigid." With such a state death is, if not constant, at least very common; and it is particularly worthy of note that, if the patient be at rest, there are not those signs of danger which exist so frequently with other acute diseases, and this exactly occurred in the present instance, for the author expressly states that "the general symptoms did not indicate any change for the worse since the morning, and that the issue was wholly unlooked for."

No. 5, by N. T. Norton, is an example of "Extensive Ulceration of the Trachæa." It extended from the true cords to the bifurcation, but was more extensive on the right than the left side, and in some places had healed. No mention is made of the state of the lungs, and we must presume they were healthy. Still, we should like to have had it so stated. We notice in this case, as, indeed, in many others through the volume, the tendency to connect all chronic diseases with syphilis. No doubt this poison is widespread, and its after effects varied and numerous. But its frequency cannot in our mind be compared with that of the strumous poison, if such it may be called. This is infinitely a more common source of disease, and yet it seems now-a-days to be greatly ignored, and the poison of syphilis put in its place. This error we observed in former volumes of these Transactions, and in some instances it was carried to an extent which no present knowledge justifies. In the case before us we believe the disease to have been essentially strumous. The syphilitic poison is, in our experience, very rarely localised in one part. This point is not one of mere curiosity. It entails questions of treatment of the very greatest consequence.

No. 6, by C. Kelly, M.D., is a rare case where a syphilitic ulcer of the right bronchus opened into the pulmonary artery, and so led to a fatal hæmorrhage. We do not recollect a case similar to this. But we have seen and known cases fatal, and from the same cause, in the throat; that is, the ulceration opened some branch of the carotid artery.

(a) "Transactions of the Pathological Society of London." Vol. XXIII.: Comprising the Report of the Proceedings for the Session, 1871-72. London: Printed for the Society, by J. E. Adlard, Bartholomew Close. 1872. Pp., 323.

No. 7 and 8, both by E. H. Greenhow, M.D., are examples of cirrhosis of the lungs, the disease described several years ago by Sir Dominick Corrigan; but no allusion whatever is made to his valuable paper, and what advantage arises from changing the name—now familiar to all in Dublin—we cannot tell. Not that the author uses another name, but that he speaks of "condensation and contraction of lung, dilatation of bronchial tubes," as if he were describing a state of disease not previously known. We think this is an advance backwards, and a hindrance to progress. If the same things be gone over and over again, with no change except using different words to describe them, how can progress be made?

Diseases of the Organs of Circulation.

Though there are many cases of interest in this section they do not call for more than a passing notice. The first two, by Drs. Goodfellow and Murchison, are examples of aneurism of the heart itself. The diagnosis of this state is, we believe, amongst the most difficult of any of the affections of this organ; and an approach to a certainty is the very utmost that can at any time be reached, and even that must be very exceptional. The ages of these two patients were forty-eight and sixty-three. The former was a man and the latter a woman, and in each the disease began with palpitations. A systolic murmur was present in each case.

No. 8, by R. King, M.B., is entitled, "Aneurism of the Aorta, associated with fracture of the first rib, and embolism of left middle cerebral artery." In this instance a heavy fall on the right shoulder seems to have led directly to the formation of an aneurism of the aorta. We presume the aorta must have been diseased when the injury was received; else it would be difficult to explain what occurred. And this view is borne out by the fact that considerable disease existed close to and in the left corpus striatum. This case is one of much interest.

No. 11, also by R. King, M.B., is "a case of congenital malformation of the heart associated with caries of the right mastoid bone, and abscess of the right cerebral hemisphere." The boy was aged four years, and the ventricles of the heart were found to have an opening between them. There was no cyanosis; and it was the symptoms caused by the abscess which were first noticed. The right side of the heart was nearly as thick in its walls as those of the left.

No. 12, by Dr. Crisp, is entitled, "Abcesses in the left wall of the heart in pyæmia." In connexion with this case the author has given a *résumé* of forty-two cases of a somewhat similar kind; that is, where pyæmia existed, and in nine of the cases, abscesses in the walls of the heart. It would seem as if males were more subject to this state than females; for the proportion is twenty-nine of the former to twelve of the latter.

No. 13, by C. Kelly, M.D., is "a case of fatal chorea, associated with valvular diseases of the heart." Besides recent deposits of lymph on the valves, there was also hepatisation of the lobe of the right lung; and in the brain each corpus striatum was diseased, as also the vessels about these parts. Before death the temperature rose to 106 deg. We have much yet to learn on this disease.

No. 14, by J. S. Townsend, is a rare example of "aneurrism of the left ventricle of the heart, in a state of ossification." It is strange this state seems never to have interfered with the functions of the organ; which weighed 15½ ounces. The aneurism existed at the apex of the ventricle, and was so much ossified as to require a saw to divide it. There were no adhesions.

Diseases of the Organs of Digestion.

No. 1, by J. F. Goodhart, M.B., is entitled "Casts from the intestine." They occurred in a female, æt. 43; and would seem to have had their origin in a previous attack of fever. Examination by the microscope showed the bodies were more of a solid nature, than that of casts. To us they seem to have been due to that disease—so little recognised—chronic enteritis. The patient suffered from great constipation, and general abdominal pain.

No. 2, by S. M. Bradley, is entitled, "Adhesion of the velum pendulum palati to the posterior wall of the pharynx; loss of the epiglottis syphilis." We notice this case because it seems to us to have been as likely caused by strumous diseases as by syphilis. All the results found here will, we know, be caused by the former disease. No history of syphilis is given, and on the other hand the man died of phthisis.

No. 3, by J. H. Galton, M.D., is an instance of "perforation of the bowel in typhoid fever." The patient was a boy of 12, and the case in itself a slight one; the temperature never exceeding 101½ deg., there were no rose spots.

No. 4, by J. C. Thorowgood, M.D., for Dr. P. James, "is a case of salivary calculus removed from the orifice of the parotid duct." We notice this case because the presence of the calculus was overlooked for some years. It gave rise to much suffering and loss of flesh; and after its removal the patient began at once to recover flesh and health. The calculus weighed 93 grains, and was composed chiefly of phosphate of lime.

No. 5, by J. B. Peacock, M.D., is a very important case entitled: "Fatal constipation from excessive dilatation of the colon." A man of 28 was subject from birth to confined bowels, which were treated, even while still a child, by purgatives. In 1860 he had a severe attack of obstruction, which, though relieved, left after it still more obstinate constipation. He was never free of swelled abdomen, often amounting to tympany; and died after an attack which reached over six weeks, and on *post-mortem* examination not only was the colon found of great size, but it was also ulcerated in patches. We should like in this important case, to have known what light the microscope would have thrown on the state of the muscular fibres. The peritoneum was quite free.

No. 6, by C. T. Williams, M.D., is a case of "Ulceration of the vermiform appendix giving rise to limited peritonitis." This case will well repay perusal; but it is too long for further notice here.

No. 7 and 8, by H. Amott and W. F. Clark, are each examples of "congenital hypertrophy of the tongue." These are rare cases; nor have we seen any such, except in the adult. In the cases before us an operation was performed on each, and in one successfully. It would seem as if the morbid growth which protruded beyond the mouth was entirely due to an hypertrophied state of the natural texture of the tongue.

(To be continued.)

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Correspondence.

MEDICAL ETHICS AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having read with great interest the very sensible letter which appeared in your last week's number by "A Hard-working Practitioner," I desire, with your permission, to offer him my best thanks. To me his remarks appear unanswerable, and all honest, thinking members of the Profession will admit the force of his argument. I object quite as strongly as Mr. Charles Hawkins to see, as I did in *The Times* a few days since, a whole column advertisement of a Medical man, and I also object to advertisements being perpetually inserted in large numbers of the non-Medical press; both are to my mind derogatory to the dignity and honour of our calling. But I can see no possible objection to the occasional insertion of an ordinary book announcement in the columns of the lay press. Consulting-surgeons do not get the bulk of their patients from general practitioners, and as the

Medical journals are supposed not to be read by the public, they have no alternative left them but to let those who suffer disease and desire to be healed know through the medium of the general press what works have been written upon each individual subject. It is very well for those who are rich and can afford to wait for grey hairs before they get a practice to protest, but let such men be honest, and not stigmatise their less fortunate brethren, who are compelled by circumstances over which they have no control to strive by legitimate means to make that practice for which the state of their finances does not allow them to wait an indefinite period.

I am, Sir,
Yours, &c.,
AN AUTHOR.
London, Jan. 9th.

LONDON *VERSUS* COUNTRY PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Should you think the following case sufficiently interesting, perhaps you will find space for it in your independent columns. I think it will be evident that there has been either ignorance or neglect; at all events, it is but one out of thousands, for the idea is—"Run up to London, you will get the best advice there; these country doctors are not to be depended upon." I have heard the above remarks frequently, but truth and error are found on both sides; however, country practitioners are partly to blame for this, they are jealous and quarrel with each other, and prefer sending from fifteen to a hundred miles for a stranger, perhaps less talented than the man at his door—than calling him in—to grab away his patient!! A lady, a dark brunette, above the middle size, and of sedentary habits, has been ill for some time, and went to London for advice; has been at different times under the care of three of the most celebrated physicians, and became gradually worse instead of better. None of them would tell her her complaint, except that one told her that "her nervous system was very much shattered, and she required sea air and moderate exercise;" another, that "her bilious system was out of order;" and the third, that "she required tonics, country air, and patience, and she would get well in time." She returned to the country, placed herself under Medical care, and got no better. "I want to try you," she said, "if you can give me anything to relieve me, I am tired of taking medicine; but what can I do? I am afraid I am past cure." She was lying upon a sofa propped up with pillows; pulse 112 and easily compressed; skin dry and rather hot; headache; tongue very dirty, covered with a dry thick brown crust, from the tip to the root; its sides were natural; mouth clammy and taste very bitter; breath offensive; no appetite; pain of right hypochondrium and on pressure, pain over both kidneys and on pressure; urine very high coloured, offensive, with a quantity of dark brown sediment; constitutional constipation; one motion two days past, very hard, black, and offensive; languor and listlessness; no sound sleep for months past; dreams haunt her continually; occasional nocturnal sweats; she had a wearied look. "Have you done?" she said, "I have answered all those questions before, and no good came of it." Stomach very irritable and rejects everything, except tea. "That stuff"—pointing to some saline mixture she was taking for her stomach—"comes up as fast as it goes down. I will take no more of it, Doctor; I am afraid you are like the others, and will do me no good." "I will restore you to health if you will implicitly obey my orders." "Ah! Doctor, that is sweet music, I have heard it before, and paid for it pretty heavily; but, I said I would try you and I will, I will obey you to the very letter." There was much thirst.

℞ Ol. crot. zig. gutt., ij.;
Mucil. acac., ʒij.;
Aq. ad. ℥ij. M.

One dessertspoonful every fifteen minutes till it operates. She took four, rejecting each a few moments after swallowing; however, before the fifth could be given it operated in a copious discharge of highly offensive matter. Three evacuations followed in a few hours, containing some fæcal matter and a quantity of scyballæ, four of them as large as good sized marbles. Had a tablespoonful of sherry after the first evacuation, which remained.

28th July, 6 p.m.—It is eight hours since I first saw her; she says she feels much relieved, but is very much exhausted. Dry toast and tea and a quarter of a grain of the muriate of morphine.

29th, 10 a.m.—Has had a "most heavenly sleep;" both headache and pain of side are gone; the other pains are easier; skin moist; pulse 100; stomach easy; no nausea; less thirst; one liquid stool this morning; urine as yesterday.

℞ Quass. gent. rad. zingit. jam. cont., ʒiij.;
Utrinsque aq. bullient, ℈j. Infuse.

℞ Nitrat. potass. sp. æth. nit., āā ʒij.;
Sp. ammon. arom., ʒj.;
Infus. quass. comp., ℥viij. M.

One tablespoonful to be taken every six hours. Dry toast and tea mornings and evenings. Rice and the gravy of Australian beef to be kept warm, and taken in small quantities when inclined.

℞ Morph. mur., gr. ij.;
Sacch. alb., ʒij.;
Aq., ℥ij. M.

One tablespoonful to be taken every six hours.

30th, 10 a.m.—Ah! Doctor, I feel so happy, but I am going all the same, weaker and weaker. We can only hope, I said, and mine were very favourable. Pulse 76; tongue cleaning; used the acid of lemon with sugar and a tooth brush; urine not so red; no pain whatever; stomach very comfortable; continue mixture of quassiæ every three hours.

31st, 10 a.m.—Improving; some appetite; urine very much clearer; less sediment and less offensive; no thirst. Has not menstruated for five months until to day. This obstruction I forgot to mention—*Habeat statim.*

Pulv. colocyn. comp., gr. x.

Aug. 1st.—Still improving; sleeps well; pulse steady, at 76. One tablespoonful of sherry after each meal; continue medicine; bowels moved.

3rd.—Very much improved; can walk across the room; tongue clean; mouth comfortable; urine clear; no sediment; enjoys a little beefsteak with rice in the gravy; continue medicine.

6th.—Still improving; omit the quassiæ mixture.

℞ Ferri et quiniæ citrat., ʒij.;
Infus. quass. comp., ℥viij.
M. Coch. amp., ij. *Quartis horis.*

10th.—Garden exercise.

15th.—Has left off medicine; health quite restored.

I am, Sir,
Your obedient servant,
ALEXANDER LANE, M.D., R.N.
Ludlow, Salop.

Medical News.

Pathological Society of London.—The annual meeting of this Society was held on the 7th inst., when the report for the past year was read by Mr. Hulke, one of the hon. secretaries. The balance-sheet showed that a sum of over £90 was due to the Society after the payment of the current expenses. The following new bye-law was then passed: "That the trustees shall be *ex officio* members of the Council." The officers for the ensuing year were then elected—viz.:—President: Sir William Jenner, Bart., M.D., D.C.L. Vice-Presidents: Drs. Dickinson, Quain, and Burdon-Sanderson; Messrs. Cooper Forster, Hilton, Hulke, Hutchinson, and Wood. Treasurer: Dr. Murchison. Honorary Secretaries: Dr. Cayley and Mr. Arnott. Council: Drs. Broadbent, Cholmeley, Selby Church, Langdon Down, Duffin, H. Green, Hughlings Jackson, C. R. Nicoll, Pavy, J. Frank Payne, R. Douglas Powell, and Frederick Robinson; Messrs. Wm. Morrant Baker, Wm. Fairlie Clark, H. J. H. Lawrence, Francis Mason, and Arthur B. R. Myers; Dr. Henry Cooper Rose, Mr. Henry Smith, and Dr. John Way.

Quacks and Victims.—Henry Jackson, the quack doctor who has just been convicted of obtaining money upon false pretences, no doubt richly deserves the sentence of twelve months' imprisonment with hard labour which has been pronounced upon him. At the same time it is difficult to resist the conviction that Mr. Richardson, the prosecutor, was a pigeon whom it was almost impossible for a man with the slightest tinge of roguery in him, to resist the temptation to pluck. A man who, having read Dr. Rook's book, in which that eminent personage says, "Presuming on the liberty of British subjects, I have ventured to express my opinion, that all Medical systems hitherto promulgated in this country are entirely false," becomes convinced that he is suffering from "debility," pays £1 1s. for a "bottle of electric shock," £25 for a box of the "great Indian remedy," £20 16s. 6d. for the "Indian medicine chest," 30s. for a box of "gums and balsams" which were "a mass of electricity," "supposed to be the same spikenard which anointed the feet of our Lord;" £51 for a box of the "Bread of Life," that he understood to be "manna" which had been "left by the Children of Israel" upon trees which had been transplanted to British India,—such a man as this, we say, has scarcely a right to complain if a rogue does him out of his money. Mr. Richardson, we may add, has been engaged in the management of a farm of 500 acres. Clearly, agriculture requires looking after.—*Echo.*

University of London.—By the resignation of Dr. Hirst, the office of Assistant-Registrar has become vacant. His successor will be charged with the duties of the librarian. The salary is to be £500 a year.

Fever at Moseley.—Dr. Ballard has been sent as Government Inspector, to examine the causes of the epidemic of typhoid fever which has been recently prevalent at Moseley.

Royal Navy.—Notice is given of a competitive examination of candidates for admission into the Medical Service of the Royal Navy, which will take place at the University of London on Monday, the 17th of February.

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Scraps from the Editor's Table.

THE YOUNG DOCTOR.

In Dr. Oliver Wendell Holmes' last story, "The Poet at the Breakfast Table," in the *Atlantic Monthly*, occurs the following :—

"The young doctor has a very small office and a very large sign, with a transparency at night big enough for an oystershop. These young doctors are particularly strong, as I understand, on what they call 'diagnosis'—an excellent branch of the healing art, full of satisfaction to the curious practitioner, who likes to gives the right Latin name to one's complaint; not quite so satisfactory to the patient, as it is not so very much pleasanter to be bitten by a dog with a collar round his neck, telling you that he is called *Snap* or *Teaser*, than by a dog without a collar. Sometimes, in fact, one would a little rather not know the exact name of his complaint, as if he does he is pretty sure to look it out in the Medical dictionary, and then if he reads—*This terrible disease is attended with vast suffering, and is inevitably mortal*, or any such statement, it is apt to affect him unpleasantly.

"I confess to a little shakiness when I knocked at Dr. Benjamin's office door. 'Come in!' exclaimed Dr. B. F., in tones that sounded ominous and sepulchral. And I went in.

"I don't believe the chambers of the inquisition ever presented a more alarming array of implements for extracting a confession than our young doctor's office did of instruments, to make Nature tell what was the matter with a poor body.

"There were ophthalmoscopes and rhinoscopes, and otoscopes and laryngoscopes and stethoscopes; and thermometers and spirometers and dynanometers and sphygmometers and pleximeters; and probes and probangs, and all sorts of frightful inquisitive exploring contrivances; and scales to weigh you in, and tests, and balances and pumps, and electro-magnets and magneto-electric machines; in short, apparatus for doing everything but turn you inside out.

"Dr. Benjamin sat me down before his one window and began looking at me with such a superhuman air of sagacity, that I felt like one of those open-breasted clocks which make no secret of their inside arrangements, and almost thought he could see through me, as one sees through a shrimp or jelly-fish.

"First, he looked at the place inculpated, which had a sort of greenish-brown colour, with his naked eyes, with much corrugation of forehead and fearful concentration of attention, then through a pocket-glass which he carried. Then he drew back a space, for a perspective view. Then he made me put out my tongue, and laid a slip of blue paper on it, which turned red and scared me a little. Next he took my wrist; but instead of counting my pulse in the old-fashioned way, he fastened a machine to it that marked all the beats on a sheet of paper—for all the world like a scale of the heights of mountains, say from Mount Tom up to Chimborazo, and then down again, and so on.

"In the mean time he asked me all sorts of questions about myself and my relatives, whether we had been subject to this and that malady, until I felt as if we must some of us have had more or less of them, and could not feel quite sure whether elephantiasis and beriberi and progressive locomotor ataxy did not run in the family."

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

ANCIENT SURGICAL INSTRUMENTS AT THE INTERNATIONAL EXHIBITION, 1873.

It has been suggested to Her Majesty's Commissioners that, in the class of "Surgical Instruments and Appliances" of this year's Exhibition at South Kensington, there might be included representative collections of ancient instruments, or of those used by celebrated surgeons in different ages. For example, steps have already been taken to obtain, through A. Castellani, of Rome, reproductions of the well-known surgical instruments discovered at Pompeii, and now exhibited in the museum at Naples. It is hoped that the implements used by the old English surgeons will also be well represented. Mr. Charles Hawkins has promised to send those used for lithotrity by Sir Benjamin Brodie. Mr. T. Wormald has offered those which belonged to Mr. Abernethy. Mr. Liston's will also be shown; and it is believed that there exist, in many museums and private collections, curious and ancient surgical instruments which would show the progress of the art of surgery, and form a most interesting and instructive series if collected together next April for public exhibition and professional study. The possessors of any such specimens can obtain all necessary particulars as to the cases &c, provided to exhibitors, on application to the secretary of the Royal Commission, Gore Lodge, S.W.

Mr. W. (Glasgow).—You will find it in another column.

Mr. Mather (Manchester).—Our exchange list is already so very large that we do not care to extend it.

Medical Wills.—Under this heading in our "News column," we accidentally killed a gentleman for whom we entertain the highest respect, and who, we are proud to say, is still alive and well. Fortunately, we had not time before going to press with our last number, or he might have had the pleasure and amusement of reading his own "obituary," as was the case with Lord Brougham, and others. We therefore apologise to Mr. Richard Partridge, F.R.S., of King's College, and rectify our error by stating that the death which took place was that of his brother, Mr. John Partridge.

Dr. McGregor Croft.—We shall be glad to insert a letter upon the subject.

Mr. John Pearce.—We think the addition of the Turkish bath to existing bathing establishments would be desirable.

The Naval Medical Service.—A competitive examination of candidates for admission into the Medical Service of the Royal Navy will be held at the University of London, on Monday, February 17th, and following days. Candidates must present themselves four days previously.

S. E. R.—These outbursts of virtuous indignation by our contemporary are excusable; we quite agree with you that they lose their weight by such frequent repetition, especially when the censer is the most frequent offender in the matter it affects to condemn.

VACANCIES.

University of London. Assistant Registrar and Librarian. Salary £500 per annum, subject to annual re-election. Applications, stating age and previous occupation, to be sent to the Registrar at the University offices.

Bolton Infirmary. Senior and Junior House Surgeons. Salary £120 and £100 respectively, increasing £10 yearly. Board and residence. Applications to the Secretary.

Nottingham. Medical Officer of Health for the Borough. Applications for particulars to be addressed to Mr. S. G. Johnson, Town Clerk.

Manchester Royal Infirmary Dispensary and Lunatic Asylum. Two Assistant-Physicians; two Assistant-Surgeons; one Obstetric Surgeon; Ophthalmic Surgeon, and Dental Surgeon. These appointments are all honorary. Applications must be sent in before the 18th inst.

District Lunatic Asylum, Ireland, Londonderry district. Resident Medical Superintendent. Applicants must be qualified in Medicine and Surgery. Applications to Dublin Castle. (See advt).

Sligo Union. Sligo Dispensary District. Qualified Apothecary. Salary £80 per annum. (See advt.)

Ryde Infirmary, Isle of Wight. Surgeon. Honorary.

Stockton-on-Tees Dispensary. Apothecary. Salary £120, non-resident. Applications to the Honorary Treasurer.

Brighton and Hove Lying-in Institution. House Surgeon. Salary £100 per annum, with residence. Applications to the Chairman of Committee.

Islington Dispensary. Medical Officer. Salary £160 per annum, with residence. Applications to the Honorary Secretary.

Leicester Provident Dispensary. Medical Officer.

St. Mary's Hospital for Women, Manchester. Resident Medical Officer. Salary £60 per annum, with board. Application to the Secretary.

◆

APPOINTMENTS.

Barham, Mr. H. F., House-Physician to Addenbrooke's Hospital, Cambridge.

Beckingsale, D. L., House-Surgeon to the Huntingdon County Hospital.

Carter, W., M.B., Medical Officer of Health for West Derby, Lancashire.

Davies, J., M.R.C.S., Medical Officer for District 2 of the Bath Union.

Hatton, J., L.R.C.P. Ed., M.R.C.S.E., Medical Officer of Health for the Coleford District of the Monmouth Rural Sanitary District.

Hodges, W., L.R.C.P., Medical Officer of Health for Horfield, Gloucester.

Lane, J., M.R.C.S.E., Medical Officer of Health for the Skenfreth District of the Monmouth Rural Sanitary District.

Lewis, Mr. G., Public Analyst for the Borough of Monmouth.

Malins, E., M.D., M.R.C.S.E., an Hon. Medical Officer to the Birmingham Lying-in Charity.

Mayou, G., M.D., M.R.C.S.E., Medical Officer of Health for the Monmouth Urban Sanitary District and the Trelleck District of the Monmouth Rural Sanitary District.

Norman, A. B., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Ilkeston District of the Basford Union.

Norman, G. A., M.B., L.R.C.P.Ed., Medical Officer of Health for the Rockfield District of the Monmouth Rural Sanitary District.

Ryding, G., M.D., M.R.C.S.E., Medical Officer of Health for the Neath Urban Sanitary District.

Sellers, W., M.R.C.S.E., Medical Officer of Health for the Radcliffe Urban Sanitary District, Lancashire.

Shepard, H. C., M.R.C.S.E., Medical Officer of Health for the Ragland District of the Monmouth Rural Sanitary District.

Stevenson, T., M.D., Public Analyst for Bedfordshire.

Tripe, J. W., M.D., Public Analyst for Hackney.

Warner, F., M.B., M.R.C.S.E., House-Surgeon to the Royal Surrey County Hospital, Guildford.

Whamond, W., M.D., Medical Officer and Public Vaccinator for the Jarrow District of the South Shields Union.

Woollett, J. M., M.R.C.S.E., Medical Officer of Health for the Monmouth District of the Monmouth Rural Sanitary District.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Diseases of the Stomach. 3rd Edition. By Wilson Fox, M.D. London: Macmillan and Co.

The Half-Yearly Abstract of the Medical Societies. Vol. LVI. London: J. and A. Churchill.

Cholera; its Contagiousness and Treatment. By M. J. McCormack, A.B.

The Pathology and Treatment of Small-pox. By R. H. Bakewell, M.D. London: J. and A. Churchill.

Remarks on Midwifery and Midwives. By C. M. Crombie, M.B. Aberdeen.

Science Gossip. The Practititioner. The Journal of Mental Science. Repertoire de Medicine Dosimetrique. Lyon Medical. Bordeaux Medical Gazette. The American Journal of Insanity. Nature. L'Independente. La France Médicale. The Monthly Microscopical Journal. The London Student's Gazettee. The Irish Hospital Gazette. La Independencia Medica, &c.

◆

MEETINGS OF THE LONDON SOCIETIES.

Thursday, January 16.

Royal Institution, 3 p.m.—Dr. Debus, "On Oxidation."

Hunterian Society, 7½ p.m.—Council. 8 p.m.—Mr. Hutchinson, "On the Laws of the Hereditary Transmission of Gout."

Friday, January 17.

Royal Institution, 8 p.m.—Mr. W. M. Spottiswoode, "On the Old and New Laboratories at the Royal Institution."

Saturday, January 18.

Royal Institution, 3 p.m.—Dr. Edward A. Freeman, "On Comparative Politics."

Monday, January 20.

Medical Society, 8 p.m.—The Second Lettsomian Lecture "On Prostatic Discharges," by Mr. Henry Lee.

Tuesday, January 21.

Royal Institution of Great Britain, 3 p.m.—Professor Rutherford "On the Forces and Motions of the Body."

Pathological Society, 8 p.m.—Ordinary Meeting.

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Marriages.

Dyer—Gwynne.—On the 9th January, at St. Mary's, Tenby, Samuel Webb Dyer, LL.B., of Cromhall, Gloucester, to Katherine Frances Mary, only daughter of Daniel W. Gwynne, Esq., M.D., of Tenby, S. Wales.

Ellis—Fincham.—On the 8th January, at St. Peter's, Westminster, Captain C. H. Fairfax Ellis, R.A., to Alice Anna, eldest daughter of George T. Fincham, M.D., 16 Belgrave Road, S.W.

Fletcher—Stogdon.—On the 9th January, at Barton Stacey, Hants, Dr. George Fletcher, of Earl Soham, Suffolk, son of Dr. Fletcher, formerly of Bromsgrove, to Annie, eldest daughter of the Rev. A. H. Stogdon, M.A., vicar of Barton Starcey.

Fowler—Martin.—At St. Werburg's, Derby, Charles Busterd Fowler, son of the late Richard Fowler, Esq., M.D., Cork, to Mary Elizabeth, daughter of W. S. Martin, Esq., Burton-on-Trent.

Madden—Rose.—On the 7th January, at the Roman Catholic Church, Belmullet, Henry J. Madden, Esq., M.D.Q.U.I., Ballycastle House, County Mayo, to Lizzie, second daughter of Arthur Rose, Esq., Sea View, Belmullet.

Stephenson—Walsh.—On the 9th January, at Stoke Bishop, near Bristol, T. Appleby Stephenson, M.D. (Edin.), Mottingham, to Mary Louise, third daughter of D. B. Walsh, Esq., Clifton, Bristol.

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Deaths.

Hamerton.—On the 3rd January, at Elland, Yorkshire, Ernest Hamerton, M.R.C.S.E.

Hutchinson.—On the 2nd January, at Bishop-Auckland, Jane, wife of V. Hutchinson, M.D.

Kennedy.—On the 8th January, at 1 Upper Merion Street, Dublin, Edith, Emily, the youngest daughters of Evory Kennedy, M.D., aged 16 years.

Lewis.—On the 4th January, at Berkeley Street, Prince's Park, Liverpool, David Lewis, M.R.C.S.E., of Newport, Monmouthshire.

Smedley.—On the 28th December, Nathan Smedley, L.R.C.P.Ed., of Bolton, Lancashire, aged 23.

Smith.—On the 23rd December, E. Smith, M.B., L.R.C.S.I., of Bayview Terrace, Londonderry, Resident Medical Superintendent of the Londonderry District Lunatic Asylum, aged 34.

NOTICE OF EXAMINATION OF CANDIDATES FOR THE NAVAL MEDICAL SERVICE.

NOTICE is HEREBY GIVEN that a COMPETITIVE EXAMINATION of Candidates for admission into the MEDICAL SERVICE of the ROYAL NAVY, will take place at the University of London, Burlington Gardens, on MONDAY, 17th Feb., 1873, and following days, at 10 o'clock.

Candidates must present themselves at this Department on Thursday, 13th February, 1873, bringing with them the various Certificates of Qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for Examination.

A. ARMSTRONG, Director-General.

Naval Medical Department, Admiralty, Somerset House, W.C.,
January 6th, 1873.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

A Course of LECTURES will be delivered at the Hospital during the months of January, February, and March, 1873.

Dr. ALFRED MEADOWS will lecture on "Fibroid Tumours of the Uterus," on Thursdays, January 16th and 23rd.

Dr. HEYWOOD SMITH, on "Cancer Uteri" on Thursdays, January 30th and February 6th.

Mr. CHRISTOPHER HEATH, on "Diseases of the Female Urinary Organs" on Thursdays, February 13th and 20th.

Dr. ARTHUR W. EDIS, on "Miscarriages" on Thursdays, February 27th and March 6th.

Dr. SQUAREY, on "Ovaritis and Ovarian Dysmenorrhœa" on Thursdays, March 13th and 28th.

Each Lecture will commence at 8.30 p.m. Gentlemen proposing to attend can obtain Cards of Admission on application to HENRY B. INGRAM, Secretary.

SURGICAL SOCIETY OF IRELAND.—The next MEETING of the SOCIETY with take place on FRIDAY evening next, the 17th inst.

The Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLIFFE TUFNELL, F.R.C.S.I., }

Royal College of Surgeons, Dublin,
15th Jan., 1873.

CONWAY GRAMMAR SCHOOL.—During the last two years, Boys from this School have passed the *Preliminary Examinations* of "*Physicians and Surgeons*," *Glasgow*; "*Apothecaries' Hall*," *London*; and the "*Incorporated Law Society of Great Britain*." Inclusive terms for boarders £8 per quarter. (*Classics, Mathematics, Modern Languages, Music, and Drawing*). Sea and mountain air.

Address, Mr. Fawcett, Conway, North Wales.

DISTRICT LUNATIC ASYLUMS, IRELAND.

THE OFFICE OF RESIDENT MEDICAL SUPERINTENDENT of the DISTRICT LUNATIC ASYLUM, LONDONDERRY, being now vacant, Candidates for that office are requested to forward their testimonials, with a statement of their peculiar qualifications for the appointment, to the Under Secretary, Dublin Castle, on or before the 15th day of JANUARY next, in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.

The Candidate who may be selected for the office in question, will have to enter upon his duties forthwith.

Dublin Castle, 28th December, 1872.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,

W. O'NEILL, Secretary.

THE Friends of a YOUNG GENTLEMAN, who labours under occasional MENTAL HALLUCINATIONS, are anxious to place him in the family of a Medical Gentleman, who will undertake the treatment of his case.

For particulars, apply to DR. HADDEN, of Skibbereen.

TO PHYSICIANS.—The friends of a Lady whose mind is occasionally affected, desire to place her in a PHYSICIAN'S FAMILY, where she would be treated with care and kindness, and have a happy home. Please state Terms in reply. References given and required.—C. E., Donoughmore, Co. Tyrone.

THE EARL STREET MEDICAL AND DRUG HALL.

J. LEONARD and CO. beg to inform the Medical Profession and Public in general that they have become Proprietors of the above old established Concern, recently in the possession of the late Mr. J. King.

In addition to the usual supply of Drugs and Family Requisites for which this Establishment has been long celebrated, J. L. and Co. have the pleasure to announce that, being Licentiate Apothecaries, they have opened a Compounding Department for the dispensing of Prescriptions under their own immediate supervision, with Medicines of the purest quality, and they trust that this arrangement will be found a great convenience not only to the numerous customers of the Establishment, but also to the inhabitants of the north side of the City.

May 8, 1872. 19 NORTH EARL STREET, DUBLIN

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
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Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☛ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE,

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D., M.R.C.S., F.L.S.,

&c. (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable Investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application. Office hours, from 11 till 4; Saturdays excepted.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Dr. Langley's List (which is sent post free on application).

Y 568. First Class PRACTICE near LONDON, established nearly forty years; average receipts upwards of £700, but could promptly be doubled by a suitable gentleman, as buildings of a good class are being erected all around. The vendor being an invalid, has not been able to push the practice actively, but can transfer the connexion to a gentleman of good qualifications. One horse and brougham sufficient to conduct the practice. There are two appointments causing little trouble, but affording a useful introduction. Midwifery fees, £2 2s. and upwards; large modern house, with conservatory, garden, &c., and every convenience. There is direct railway communication with London, and frequent trains.

Y 613. In a Pleasant Town in a SOUTHERN COUNTY, a well-established PRACTICE capable of considerable increase, realizing about £500 a-year. Appointments £150. Very little opposition. Expenses small.

Y 612. LONDON. OPEN SURGERY without Retail. A well-established connexion in a populous district, capable of great extension. The incumbent is compelled to retire in consequence of ill health. Patients, good middle class. Midwifery fees, £1 1s. and upwards. No horse or carriage required. Convenient house, &c. Rent, £40. The receipts have been lately at the rate of about £200 a year, but the incumbent has not been able to give the business proper attention, and it is believed that £500 a year could be realized promptly by an active gentleman. The surgery is well fitted and stocked, and the situation unquestionably good.

Y 611. SOUTHERN COUNTIES. PARTNERSHIP. A Surgeon, long-established, with a Practice of about £1,600 a year in a small but wealthy town, desires to secure the Co-operation of an active junior, to whom one-fourth of the income, half the appointments and midwifery would be allotted. The public appointments would probably amount to about £250 a year. There is no opposition, and the practice includes the best families in the locality. Premium, £800, part of which might be left on security.

Y 609. PRESCRIBING PRACTICE in a Cathedral Town; old and transferable to a suitable gentleman. Receipts, from £1,000 to £1,200 a year, earned with little labour. Midwifery cases have been taken occasionally at fees from £2 2s. to £3 3s. One horse and carriage. Convenient house in a good situation, with stabling, &c. Rent, £52. The successor should be acquainted with Eclectic practice.

Dr. LANGLEY'S QUARTERLY LIST of Selected Practices and Partnerships, for JANUARY, is now ready, post free on Application.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 22, 1873.

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INJURIES OF THE SPINE, THE RESULT OF RAILWAY CONCUSSIONS.

By J. Morgan, M.D., F.R.C.S.I.,

Surgeon to Mercer's Hospital, and Lecturer on Surgical and Descriptive Anatomy R.C.S.I., &c.

(*Continued from page* 40.)

Cases have already been recorded where "railway spine" has ensued from collisions which seemed comparatively trivial in their nature, and where the recipient at the time thought that nothing had happened, but the *bouleversement* consequent on the accident, the progressive and insidious advance of serious symptoms, however, too often have proved the error of under-estimation of these injuries. This is remarkably illustrated by a case related by Mr. Erichsen.

"A surgeon, æt. 43, stout and active, was in a railway collision, by which he was thrown forward, but without any great violence. He received no blow on the back, head, or other part. He was much frightened, but did not lose consciousness. He did not suffer for the first three or four weeks, but was not able to attend to his business. In about a month he suffered from pain in the loins; he had lost weight and strength. Four-and-a-half months afterwards he was much in the same state, but was obliged to give up his practice, not owing to mental, but entirely to bodily infirmity. The spine generally was tender, and pain was increased by manipulation or percussion; he had numbness and formication in the right and sometimes left leg; walked in a straddling way; if told to stand on his toes immediately fell forward, and did not know exactly where to place his feet."

Seven months after the accident he was again examined, and his condition was found in no way improved—indeed, in some respects it had progressively become worse.

This case was settled out of court for £2,500—a judicious proceeding, it may be supposed, for the company, as the blighting of the hopes of success in life of a Medical man at his age should be valued at a higher ratio by any reasonable jury.

The following instance has come within my own observation, and illustrates some of the uncertainties of the results of railway concussions, showing that the intensity of apparent shock, or the evidences of direct injury to the surface at the time cannot be counted on as a presage of the after-course of the disease. As the sufferer was in this instance a surgeon, and a gentleman of undoubted intelligence and veracity, the record of his symptoms, many of them given by himself, is important. He was starting in his profession, full of life and energy, and was settling in one of our largest northern towns, but by the unfortunate collision was so severely injured that he had to relinquish his undertaking, and lead the life of an invalid for many months, from which condition even at the present moment he has not recovered; yet a jury awarded him the miserably insufficient sum of £650 in compensation for his annihilated prospects, his bodily sufferings, and the inevitable danger he had to go through, and even then with doubtful ultimate results. Counsel on the opposite side went so far as to characterise his statements as gross exaggerations. His own account, however, speaks for itself:—

"The first thing I recollect after the smash, which took place on the 13th May, 1871, was lying on the floor of the first-class carriage, covered with the cushions and dust. I had previously been sitting with my back to the engine, not actually in contact with the back of the carriage, but rather leaning forward in conversation with a fellow-passenger. I was the first to get up and help the others out; I went towards the smash along the side of the embankment to see if I could be of any use. The injured had been attended to before I got there, and I returned along the line to help my fellow passengers, whom I thought I recognised crossing an adjoining field. I attempted to join them, and with great difficulty got over a ditch, and through a quickset hedge. I then thought night came on quite suddenly, it got so dark; but my sight was totally gone, as I came against cattle several times without seeing them at all. The blindness lasted until I was roughly accosted by a man, into whose garden I had stumbled. He put me on the road; I groped my way along it like one drunk, until I heard a car, on which I got, and drove into town. . When I got off the car my sight was better, and I was in a most excited state, stopped people in the street to shake hands with them, and tell them of the accident. I then got the most frightful pains in the thick portion of the calves of my legs, and went to seek Medical aid. I was desired to keep quiet, and go to bed, and was prescribed for. I never slept all that night, and the effort to recall that painful time is exceedingly trying, as it still seems to be an unsupportable horror to me. I slept none, fidgeted about my bed in a purposeless way, longing for day to break till I could go down and see the smash. Shortly after four a.m., I dressed and washed without feeling at all refreshed, and went to see the accident, when I made a sketch of it. I came home about eight a.m., re-dressed myself, and had breakfast; the calves of my legs were frightfully painful, whether I walked or sat. Nevertheless, I went up to the hospital with a Medical friend to see the sufferers. I recollect his chaffing me about my idiotic way of walking and lifting my feet *frantically* high to go over a pebble, and then immediately afterwards stumbling over a curbstone or some large object. I couldn't stay quiet, but wandered about the hospital, behaving in a very unreasonable way, and felt dreadfully quarrelsome. I then had for three days a feeling of not having slept for *several years*, although I don't recollect lying awake all night. The bladder became very irritable, and on one occasion, in the middle of the day, a week after the accident, I passed the immense quantity of 75 ounces of urine, although I had emptied the bladder only two hours before. The quantity was determined in a very curious way. A friend insisted on my dining with him that day, although I had intended dining at home, and I felt so quarrelsome and out of temper that after dinner I had to make an excuse to retire to make water. Though I did not feel as if I was passing a large quantity, yet on measurement it was found as I have mentioned. Three days after the accident the feeling of an iron band being made tighter and tighter, and a general lightness of the head in moving about, with the most excruciating cramps in the muscles of the neck, particularly the longus colli and sterno-mastoids, in which latter pair of muscles I still get severe cramps if I keep my head long in any one position, especially stooping. You may have noticed my fidgety manner when speaking to people lately; when you see me in that way, you may know that my cramps are on. They seem to begin in the *middle* of the muscle, and gradually extend with increasing pain to their origin and insertion, becoming more painful at the latter place. I felt greatly depressed and out of spirits, and hated light, which was most acutely painful to me, and the least noise was like thunder. Unfortunately the walls of my house were very thin, and what I endured from a piano during my illness I could not give you the least idea of. My speech got very bad, and I constantly transposed the beginning and ending of words in the most extraordinary way, particularly words requiring the use of the tongue and the incisors—such a word as *distinct*, for instance; the letter *s*, either alone or in company, completely floored me. The copious urine lasted for three weeks, and for months after I could not pass my water freely at once without waiting for some minutes, and it became very painful to the urethra and bladder; indeed, I could often have cried from the pain of scalding urine. My dorsal vertebræ were very tender, and uncomfortable to lie on. Rough ground or loose stones cost me the most frightful agony. To this day I cannot comfortably carry on a long conversation without feeling fatigued and pumped out, with a sort of cloudiness or forgetfulness of what has been the subject of conversation. I nearly lost the art of spelling, and still have to use a dictionary. Noises bore me still, especially gratuitous ones, such as people shuffling with their feet, &c., &c. I feel myself that even now I am not the same man as I was. I have not yet recovered my colour or my weight; from being nearly 12 stone at the time of the unfortunate accident, I fell to 8½ stone."

The evidence of the Medical gentleman who treated him must be endorsed as having been correct, when he stated "that it was hard to say how his affection would terminate, that he was not fit for business, and that he could not undertake when he would be so."

A remarkable condition of the interior of the eye was also observed and attested to at the trial (which is further illustrated in another case which I have had lately under treatment). "On the right side the optic was congested and vascular, on the left there was a partial wasting, the effects being ultimately to impair sight."

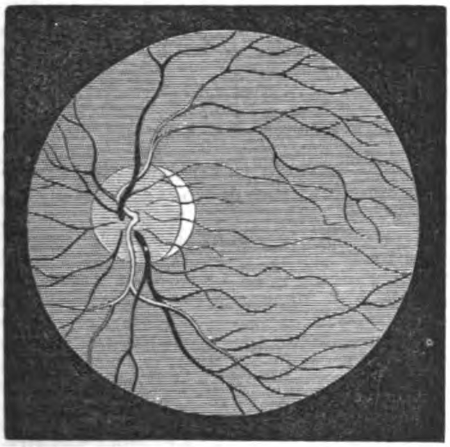
In this interesting case, where the sensations have been plainly recorded, evidently a spinal and cerebral concussion was received. At the time of the accident the body was thrown back from the sitting and leaning forward posture, against the back of the carriage, and the back of the head received a severe blow.

It is nearly two years since the receipt of this injury; yet, although it was endeavoured to be urged on the jury that the symptoms complained of were "gross exaggerations," I can testify from my own observation and acquaintance with this gentleman long before the accident that he has suffered severely, and has still not recovered from the effects of his ill-starred railway journey, for which he was awarded a miserable compensation indeed. In the foregoing case both pupils were dilated for months, and the general muscular cramps were of a distressing nature.

The succeeding history of a patient under my care during the last few months presents features of interest and of contrast.

A railway porter, æt. 30, married, father of three children, strong and wiry, who had been in the employment of the company as general workman. While engaged, in the middle of last December, shunting trucks, was struck on the left shoulder by one which had been set in motion by a fellow workman. It was not moving swiftly, but was heavier and less springy than passenger carriages. He was a good deal hurt, and staggered at the time, and there was considerable local bruising and extravasation of blood. He did no work for the next two days, but then went back for three or four days to complete his fortnight, when he had to give up; and from that date, he states, has not been able to "work a stroke," but has been miserable.

On coming under my observation (November) he presented a pitiable appearance. His entire muscular system was in a state of tremor. He could not hold a cup of water in his hand, but would let it fall; he could not support himself without effort and without great difficulty, owing to the vacillating and unsteady condition of his muscles. A student had to walk at each side of him and give him support while he made his walking efforts; his saliva was inclined to dribble; the pupil of his right eye was largely and permanently dilated; his speech was thick and his tongue clumsy,—on counting to twenty he was puzzled to say eleven, thirteen, and sixteen; he had formication of the hands and fingers, very slight in the feet, but they were hardly numb; even when he was lying, the tremulous condition of the muscles was remarkable; the temperature on both sides was equal and normal; he passed rather larger quantities than natural of urine; the pulse was quick and small, the appetite poor. He was much distressed about his condition, and was positive that on the day of the accident he was as "sound a man" as ever he was in his life. In conjunction with Dr. Jacob, a careful ophthalmoscopic examination was made of the eyes; the right eye, which presented the permanently dilated pupil, gave the following remarkable appearances, which, bearing in mind the report of the ophthalmoscopic examination of the previous case, is of importance. The general fundus of the eye was natural but slightly anæmic, and the blood-vessels were normal, except at the external side of the optic pupilla, where they were much reduced in calibre and wasted in appearance. The optic pupilla presented, as delineated in the accompanying illustration, a crescentic development of atrophy on the internal margin, but showed no cupping or other glaucomatous appearance. As the physical signs indicatad the commencement of atrophic disorganisation the prognosis was unfavourable.



◆

CASES OF RETAINED PLACENTA ILLUSTRATIVE OF THE METHOD OF REMOVAL BY COMPRESSION.

By Dr. McGuire, Cong, Co. Mayo.

In diverging in this paper from my botanic investigations into the Flora of Cong, I may perhaps aptly quote the line from Virgil—"Non omnes arbusta juvant, humilesque myricae."

I have found the above-named method, which was first proposed by Dr. Simpson, of Edinburgh, so successful for many years in my practice, that I hope the publication of the following few cases will not be without interest to some of your numerous readers.

Case I.—On the 24th ult., on visiting Mrs. C., æt. 30, a multipara, I found that she had, nine hours before my arrival, given birth to a full-grown living male child, which to my surprise I found to be still unseparated from the mother. (Many country midwives never separate the child till the after-birth comes away, and in the meantime the life of the mother or child, or the lives of both are lost.) The case in this instance was more favourable, for both lives were saved. My first operation was to separate the child in the usual way. On making an examination I found that the os was much contracted, that the uterus itself was soft and flabby; but still that its contour could be felt through the parietes of the abdomen. I grasped it firmly with both hands, and by thus applying an evenly compressing force upon nearly the whole of its external surface, I aided and imitated the natural action of the organ, and, in two minutes, I had the placenta and membranes expelled without applying any traction whatever to the cord.

Case II.—Some months ago I was called upon to attend a Mrs. M., æt. 35, a multipara. She had given birth to a living full-grown female child twenty-four hours before my arrival. It was, however, then dead, but, as in the former case, lay beside the mother unseparated from her. The os had so contracted that I could hardly introduce two fingers; the womb felt tolerably hard and globular. I formed the fingers of the right hand into a cone, as directed by Dr. F. Churchill in his excellent "Manual on Midwifery," and made them act as a wedge to dilate the os; while with the left hand I firmly grasped the womb, and in a few minutes succeeded in expelling its contents. The mother recovered without exhibiting a bad symptom.

Case III.—Mrs. R. Joyce, of Ballyveean, had been delivered of a living child at midnight. The nurse in this case, finding that the after-birth did not come, separated the child, and sent for me about seven hours after the birth. This was a more untoward case than either of the others, for, the placenta having partially separated at its margin, flooding was profuse, and the patient was *in extremis* from that cause.

The Rev. Mr. O'Rorke, P.P., had just administered the last rites of the church, and he and the friends had given up all hope of the patient's recovery.

My first act was to introduce the right hand as a plug to restrain flooding; on reaching the os I found that it had contracted to a very small compass. I gradually succeeded in introducing the points of all the fingers, and by the cone shaped wedge so formed I dilated the os considerably, while with the left hand, by friction and pressure on the abdomen, and finally by compressing the contracting womb, I squeezed out its contents. The patient made a good recovery, and has since borne children.

Case IV.—On the 30th ult. I was called on to visit Mrs. C., who had been ill forty-eight hours in her first confinement. The os was fully dilated and the head in the pelvis, but all pains had ceased, and the rigid membranes had not yet broken. With some difficulty I succeeded in rupturing these. This operation, combined with ergot, not being successful in bringing on adequate labour pains, I delivered her with the forceps (Dr. F. Churchill's) of a living female child. The womb remaining inactive I squeezed it, as in the first case, between both hands; and, without making any traction on the cord, I expressed the placenta.

The only classes of cases in which I have found this method of compression to fail are—1. Retained placenta after miscarriage. 2. Where there are extensive abnormal adhesions between the womb and placenta. In these I know of no other successful method but that laid down by Dr. F. Churchill in the work referred to above, namely, to introduce the hand into the womb and cautiously separate the placenta with the fingers.

Extraction by this means when carefully performed, though painful to the patient and involving no small difficulty to the practitioner, is, I think attended with very little danger; for, during a tolerably extensive practice, extending over a period of thirteen years, during which time I had frequently to perform this operation, it was never followed by any bad results.

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LECTURES ON HUMAN ANATOMY (*a*).

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture I. (*continued*).

Man's place in Nature—The Human Skeleton—The Vertebral Column—General Characters of a Vertebra—Transcendental Anatomy—Theory of Archetypes.

"In most cases upon the anterior and posterior laminæ of the arch are flattened, slightly projecting more or less oval, smooth surfaces or facets, which in the natural state are covered with a thin layer of cartilage, and come in contact and articulate (by synovial joints) with the corresponding surfaces of the immediately antecedent and succeeding

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(*a*) These Lectures are not given word for word as they were delivered, but contain the substance of several courses. They are designed specially for the use of students and as an *introduction* to the systematic study of human anatomy. One or two preliminary lectures delivered in previous years have been omitted, as it has been considered advisable to plunge at once *in medias res*. An Introductory Lecture was published in the Medical Press and Circular on January 13th and 20th, 1869.

b

vertebræ." These correspond with the human articular processes, and have been called by Professor Owen "Zygapophyses," that placed on the front edge of the arch being the anterior zygapophysis, that on the hinder edge the posterior zygapophysis. As a general rule the latter have their faces directed downwards, overlying the upward directed anterior. Zygapophyses of the vertebra next behind. This is a useful rule to remember in ascertaining which is the front and which the posterior surface of a vertebra. Sometimes the posterior zygapophyses have their faces directed outwards, in which case the corresponding anterior zygapophyses look inwards.

These articular surfaces on the arch constitute a second mode, by which the vertebræ are united, and their size and conformation aid in regulating the amount of motion allowed between the component parts of the column. They are often entirely wanting when flexibility is more needed than strength, as in the greater part of the caudal region of long-tailed animals."—Flower's "Osteology of the Mammalia," page 13.

There are still two or three processes found on the vertebræ which must be mentioned. A process, either single or double, grows occasionally from the under surface of the body, and has received the name of Hypapophysis. This process is found on the cervical or caudal vertebræ of some of the mammalia, and on the anterior lumbar vertebræ of the hare.

Lastly, there are two accessory processes connected usually with the articular processes or zygapophyses of the vertebræ, one with the anterior zygapophysis, called Metapophysis, and the other with the posterior zygapophyses, and called *Anapophysis.*

To render the foregoing account more clear, I will place side by side the scientific names and the corresponding parts of the human vertebra :—

Human Vertebra.	Ideal Vertebra.
Body	Centrum.
Arch	Neural Arch.
Two pedicles Two laminæ	Neurapophyses.
Spinous process	Neural Spine.
Articular processes	Zygapophyses.
Transverse processes :	
(*a*) Anterior	Parapophyses.
(*b*) Posterior	Diapophyses.
Ribs, and modified ribs	Pleurapophyses.
Processes, or tubercles found on superior articular processes of some vertebræ ...	Metapophyses.
Processes, or tubercles found on inferior articular processes of some vertebræ ...	Anapophyses.
Processes growing from the under surfaces of the bodies of some vertebræ in the lower animals ...	Hypapophyses.
Processes growing from the spinous processes of some vertebræ in the higher apes ...	Hyperapophyses.

The hœmal arch formed of the hœmapophyses, and supporting the hœmal spine, is absent in the human vertebra, but here the inspiration of the poetic anatomist achieves one of its greatest triumphs. Truly he says these parts are absent from the vertebra itself, but they are present nevertheless. In the dorsal region, for example, these parts have become greatly developed and attached to the extremities of the ribs, or pleurapophyses. The cartilages of the ribs are the hœmapophyses; and the segments of the sternum are the hœmal spines. The ribs, or pleurapophyses, and the costal cartilages, or hœmapophyses, and the sternum, or hœmal spine, form together a great hœmal arch or thorax, specially modified in the highest vertebrates, to enclose and protect the central organs of the circulationt, the heart, the aorta, and the great bloodvessels of the system.

There is something captivating in these speculations, and there is a basis of truth underlying some of those speculations which seem the most fanciful and farfetched. But the extravagant extent to which these views have been pushed, the torture to which some of the parts of the body have been subjected in order to extract from them a resemblance to a vertebra, has naturally given rise to the formation of another school of anatomists who refuse to advance farther than obvious resemblances will warrant. This school, of which Professor Huxley is the chief representative in England, as Professor Owen is of the Transcendental School, takes its stand chiefly on the mode of development of a part as the test of its affinities, and have received the name of the Developmental School. The transcendentalists say that the skull is made up of four vertebræ, and they find representatives of the parts of the ideal vertebra in the various bones of the skull. The developmentalists say that most of these resemblances are fanciful. The parts differ in appearance from vertebræ, and the history of their development shows that at no time did they exhibit any similarity to vertebræ.

Without pretending to pass any *cathedral* judgment on these rival views, I may be permitted to say that the transcendental theory has always appeared to me to be wanting in one of the great features of a successful generalization. The physical philosopher compares a number of objects of the same kind in order to ascertain what are their essential parts and features, and when he frames his definition of the object he embodies only those characters which are distinctive of it, essential and universal rejecting those which are accidental and inconstant. The transcendental anatomist compares a number of vertebræ, and culling from all quarters special and limited modifications, adds all these peculiarities to the essential features of the vertebra, and thus frames his ideal vertebra, and having framed it, he exercises his ingenuity in discovering resemblances to the parts of his ideal vertebra in arrangements apparently having a totally different character. The vertebra of the transcendentalist is therefore a vertebra which has no existence in the universe, it is entirely a conception of the anatomist, which transcends the limit of human discovery and experience. But the transcendentalist does not stop at the vertebra. He aims at forming a body which shall represent the archetype of all the vertebrate creation. Hitherto he has arrested his steps at the skeleton ; he has not ventured on furnishing it with soft parts or with internal organs. This archetype as it stands is "a faultless monster which the world ne'er saw." Without intending to treat it with any disrespect, it seems to me to be a philosophical toy—an anatomical puzzle. It reminds one of the description quoted as an example in the old Latin grammar—

> "Monstrum horrendum informe ingens cui lumen ad emptum."

As the Mammalian Orders are often referred to in these lectures it will be convenient to subjoin the following :—

CLASSIFICATION OF CLASS MAMMALIA (FLOWER).

SUB CLASS.	ORDER.		EXAMPLES.
1. Ornithodelphia	Monotremata	Two genera ..	Echidna, Ornithorhynchus.
2. Didelphia ..	Marsupialia	.. .. ..	Kangaroo, Opossum, Wombat.
3. Monodelphia ..	Edentata ..	.. .. ..	Sloths, Armadillos, American Anteaters, Pangolins, Cape Anteaters.
	Sirenia ..	.. .. ..	Manatus, Dugong.
	Cetacea ..	Mystacoceti ..	Whalebone, Whales.
		Odontoceti ..	Cachalots, Narwhals, Dolphins, Porpoises.
	Ungulata ..	Artiodactyla "Even toed"	Swine, Camels, Ruminants.
		Perisso-Dactyla "Odd toed"	Horse, Tapir, Rhinoceros.
	Hyracoidea	One genus ..	Hyrax.
	Proboscidia	Two species of Elephant only.	
	Rodentia ...	.. .. ..	Hare, Rat, Guinea Pig, Squirrel, Porcupine, Beaver, &c.
	Carnivora ..	Terrestrial or Fissipedia	Cats, Dogs, Bears.
		Aquatic, or Pinnipedia	Seals, Walrus, Sea Lions.
	Insectivora	.. .. ..	Hedgehogs, Moles, Shrews.
	Chiroptera	.. .. ..	Bats.
	Primates ..	.. .. ..	Lemurs, Monkeys, Apes, Man.

(*Conclusion of Lecture I.*)

The Medical Press

FORTNIGHTLY RETROSPECT

OF

MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man, who attempts to keep pace with the progress of his science, is constantly occupied renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. I.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of MEDICAL PRESS AND CIRCULAR.

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PHYSIOLOGY.

PHYSIOLOGICAL CHEMISTRY.

FALCK.—"The Physiology of Chloride of Sodium." *Virchow's Archiv.*, Vol. 65, Heft. 3.

HISTOLOGY.

GASSET, JOSEPH.—The *Gaz. Med. de Paris*, Jan. 4th, 1873, contains an interesting contribution to pathological histology from the pen of M. Gasset, in which he considers the histological phenomena of inflammation, and advances a new theory based on the consideration of molecular granulation.

GILLETTE.—"Description and Structure of the Muscular Coat of the Œsophagus in Man and animals." *J de l'Anat. et de Physiol.*, Nov.-Dec., 1872.

ORGANS OF LOCOMOTION.

HEITZMANN, C.—"Researches on Bone and Cartilage." *Stricker's Medicinisch Jahrbucher*, 1872, Part 4.

BLOOD.

MALASSEZ, M.—"Number of Red Globules of the Blood in Mammals, Birds and Fishes." *Acad. des Sci.*, December 2nd, 1872.

STRUVE, H.—"Two Different Blood-colouring Matters." *Virchow's Archiv.*, Vol. 65, Heft. 3.

REISS, L.—"Pathological Anatomy of the Blood." *Reichert und Du Bois-Reymond's Archiv.*, 1872, No. 2, Heft. 2.

PODOLINSKI, S.—"Expulsion of Carbonic Oxide and Nitric Oxide from the Blood." *Pflüger's Archiv. für Physiol.*, Band. 7, Heft. 2.

NUTRITION AND GROWTH.

WEISKE-PROSKAW, H.—"Influence of the Earthy Phosphates of Food on the Composition of Bones." *Zeitschrift für Biol.*, Band. 8, Heft. 2.

VOIT, C.—"Nutritive Value of Gelatine." *Zeitschrift für Biol.*, Band. 8, Heft. 3.

JOSEPH, H.—"Influence of Nerves on Nutrition and Growth." *Reichert und Du Bois-Reymond's Archiv.*, 1872, No. 2, Heft. 2.

HOFMANN, F.—"Passage of Fat into the Cells of the Body." *Zeitschrift für Biol.*, Band. 8, Heft. 2.

SECRETION AND EXCRETION.

AUBERT, H.—"Excretion of Carbonic Acid by the Skin in Man." Dr. Aubert estimates with his apparatus the quantity eliminated in twenty-four hours at a maximum of 97 grains, a minimum of 35·5 grains, and a mean of 60. *Pflüger's Archiv.*, Band. 7, Heft. 2.

LIEBERMEISTER.—"Elimination of Carbonic Acid on Exposure to Cold." The author contends that immersion in a cold bath temporarily augments the heat of the body, and that the amount of carbonic acid eliminated is approximately proportional to, and is an approximate measure of, the amount of caloric generated. *Deutsches Archiv. für Klinisches Medicin.*, Band. 10, Heft. 4.

WEISKE-PROSKAW, H.—"Varying Composition of the Urine on a Purely Animal Diet." *Zeitschrift für Biol.*, Band. 8, Heft. 2.

INNERVATION.

"Functions of the Cerebrum." Leading article in *Lancet*, Jan. 4th, 1873.

QUINCKE, H.—"Physiology of the Cerebro-Spinal Fluid." *Reichert und Du Bois-Reymond's Archiv.*, 1872, No. 2, Heft. 2.

LEGROS ET ONIMUS.—"Experimental Researches on the Physiology of the Pneumogastric Nerves." *J de l'Anat. et de Physiol.*, Nov.-Dec., 1872.

HERMANN, L.—"Galvanic Condition of Nerves during Electrical Stimulation." *Pflüger's Archiv. für Physiol.*, Band. 6, Heft. 2.

ORGANS OF SENSE.

ROBINSKI, D.—"The Anatomy, Physiology, and Pathology of the Lens in Man and Vertebrates." *Reichert und Du Bois-Reymond's Archiv.*, 1872, No. 2, Heft. 2.

EMBRYOLOGY.

WEIL, C.—"Fecundation and Development of the Ovum of the Rabbit." *Medicinische Jahrbücher*, Vol. 1, 1873. Weil thinks that the spermatozoa penetrate the germ and then vanish completely, and that the intimate union of the spermatozoa with the ovum constitutes the most important part of fertilisation and is explicative of the inheritance of faculties from the father. See Dr. Klein's analysis of the paper in the *Medical Record*, Jan. 8th, 1873.

MEDICINE.

GENERAL DISEASES.

SCHUPPEL.—"On the Identity of Tuberculosis with Variola." *Archiv. für Path. und Physiol.*, T. 56, Fasc. 1 et 2.

THAON.—"On the Nature of Tuberculosis." *Mouvement Med.*, Nov. 30th, 1872. See Dr. C. R. Drysdale's translation in *Med. Press Circ.*, Jan 1, 1873.

JONES, C. HANDFIELD.—"Cases of Anomalous Rheumatism." *Med. Times and Gaz.*, Jan. 4, 1873.

MORBID STATES OF THE BLOOD.

VIICHOW, in his recent work, "*Ueber die Chlorose und die dametzusammhängenden Anomalien im Gefassapparate*," calls attention to certain vascular abnormalities in cases of chlorosis. The heart and aorta were less developed than normally in most of the cases examined by him. He thinks also that the deficiency of the vascular system and of the blood induces abnormalities of the ovaries and uterus, thus accounting for the connection between chlorosis and disturbances of the menstruation. He indicates how the defective development predisposes to various diseases, more especially to early fatty degeneration of the heart and aorta. The work is very carefully analysed by Dr. Berkhart in the *Med. Record*, Jan. 8th, 1873.

MOSLER.—"On the Etiology of Leucæmia." *Archiv. für Path. et Physiol.*, T. 56, Fasc. 1 et 2.

HANOT recently reported to the *Soc. de Biologie* a case in which uræmia, occurring in a paralytic patient, was distinguished from cerebral hæmorrhage and softening by means of the thermometer, in accordance with the rule laid down by Dr. Bourneville, that in uræmia the fall of temperature is considerable. The case is noticed in the *Lancet*, Jan 4th, 1873.

Davaine et Boulay have lately been directing the attention of the *Acad. de Med.* to the subject of Septicæmia. See recent Nos. of the *Bul. de l'Acad. de Med.*

Perrin has written some interesting papers on the same subject. *Gaz. Hebd.*, Nos. 47 and 51, 1872.

Lewis, T. R.—Dr. Lewis has discovered that in the blood and urine of persons suffering from chyluria in tropical climates a hæmatozoon, apparently belonging to the Filaridæ, exists. Appendix E., *Report of the Sanitary Commissioner in India*, 1872. See also Dr. Cobbold's analysis of the paper in the *Medical Record*, Jan. 8th, 1873.

FEVERS.

Williams, C. Theodore.—"The Treatment of Pyrexia in Phthisis by Cold Baths." *Clin. Soc. London*, Dec. 13, 1872. Cases in which the pyrexia had persisted and assumed a type sufficiently well marked to afford a characteristic tracing were the subjects chosen. Dr. Williams claims for the cold bath that, in his cases, it did no harm, that the appetite was improved, weight was gained, sleep was induced, and the temperature lowered for a time. He would not urge the employment of the cold bath, however, except in very obstinate cases.

Crociani, in a paper in *L'Imparziale*, Dec. 16, 1872, advocates the employment of iodine and flour of sulphur instead of quinine in the treatment of intermittent fever.

DISEASES OF THE ORGANS OF CIRCULATION.

Whipham, T., relates a case in which an old blood clot adherent to the wall of the left ventricle and septum of the heart produced thickening of the endocardium and degeneration of the muscular tissue. The case presented two unusual complications—extensive thickening of the endocardium beneath and around the clot, and atrophy of that portion of the walls to which it was attached. *Lancet*, Jan. 4th, 1873.

Heiberg.—"On Ulcerative Endocarditis, with Fungoid Growth in the Heart." *Virchow's Archiv.*, Vol. 61. See Dr. Payne's analysis of the paper in *Medical Record*, Jan. 8th, 1873.

Yeo, Gerald, puts on record a case in which hypertrophy of the right ventricle and atheroma of the pulmonary artery were developed in an extreme degree. He considers that the co-existence of these affections in the same individual establishes a relation between them. *Path. Soc. Dub.*, Dec. 14th, 1872.

DISEASES OF THE ORGANS OF RESPIRATION.

Cockle, John.—"Intermittent Cervical Hernia of the Lung." *Med. Times and Gazette*, Jan. 4th.

DISEASES OF THE ORGANS OF DIGESTION.

More, James.—Dr. More places on record a case of Sarcina Ventriculi. *Lancet*, Jan. 4th.

DISEASES OF THE LIVER.

Whitmore, W. B.—"Suppurating Hydatid Cyst of Liver treated by Puncture—Recovery." *Lancet*, Jan. 4th.

DISEASES OF THE SPLEEN.

Stokes, W., brought under the notice of the *Path. Soc. Dub.*, Dec. 14th, 1872, a case of strumous affection of the spleen and spinal cord. The case presented some of the symptoms of cerebro-spinal arachnitis, but there was no fever. The spleen was found to be the seat of a cyst, with ossific plates involved, and containing mortar-like matter.

DISEASES OF THE PERITONEUM.

Lyons, Robert.—In an interesting paper by Dr. Lyons, read before the *Med. Soc. Coll. Phys. Irel.*, Dec. 11th, 1872, he advocated *early* tapping as a valuable means of affording relief from the distressing symptoms of ascites.

DISEASES OF THE KIDNEYS.

Clark, Andrew.—"On Renal Inadequacy." *Medical Times and Gaz.*, Jan. 4th.

Macswiney.—"Dilatation of the Kidneys, &c., consequent on Stricture." *Path. Soc. Dub.*, Dec. 14th, 1872.

Johnston, G.—"On the Pathology, Diagnosis and Treatment of Bright's Disease." *Brit. Med. Journ.*, Jan. 4th, 1873.

DISEASES OF SUPRA-RENAL CAPSULES.

Rosenstirn.—"Analysis and Semeiology of the Urine in Addison's Disease." *Archiv. für Path. und Physiol.*, T. 56, Fasc. 1 et 2.

DISEASES OF THE NERVOUS SYSTEM.

Latham, P. W.—"On Sick Headache." *Brit. Med. Journ.*, Jan. 4th. Dr. Latham contends that sick headache is a nervous disorder, but an affection of the sympathetic system rather than a neuralgia, as Dr. Anstie believes. Dr. Latham's paper is a very exhaustive one, and is a complete *resumé* of the literature of the subject.

Raggi, Antigono, writes an important paper on the relations existing between diseases of the heart and mental diseases. *Bull. del Scienze Med.*, Nov. 1872.

MISCELLANEA.

We would call attention to a very ingenious contrivance described by Dr. Poore before the *Clin. Soc. Loud.*, Dec. 13th, for intensifying cardiac murmurs and other sounds produced within the chest.

"The Ophthalmoscope as an Aid to Diagnosis" is the subject of a valuable paper by Dr. Joy Jeffries in the *Boston Med. and Surg. Journ.*, Nov. 7th, 1872, and given in abstract in *Med. Times and Gaz.*, Jan. 4th, 1873. He alludes to the value of the instrument as a means of diagnosis in mania and dementia, in tubercular meningitis, in meningitis with fever, in hydrocephalus, in intra-cranial tumours, in general paralysis, in affections of the spinal cord, in failure of sight, in Bright's disease, in diabetes, in poisoning from alcohol, tobacco, or lead, in affections of heart or blood-vessels, and in diseases of the eye itself.

SURGERY.

PROCESSES OF LOCAL DISEASE.

Savory, W.—"Erysipelas: Its Nature and Treatment." *Brit. Med. Journ.*, Jan. 4th.

Hulke, J. W.—"Rodent Ulcer." *Med. Times and Gazette*, Jan. 4th.

INJURIES AND DISEASES OF BONES.

Poncet.—Attention is directed by M. Poncet's communications on this subject to the *Gazette Hebd.*, Nos. 42, 46, and 49, 1872, and *Lyon Med.*, Dec. 22, 1872. See Mr. Beck's report in *Med. Record*, Jan. 8, 1873.

INJURIES AND DISEASES OF JOINTS.

Bellamy, Edward.—"Case of Dislocation of the Patella on its edge, the Outer Surfaces looking Outwards." *Brit. Med. Journ.*, Jan. 4th.

INJURIES OF NERVES.

Dalby, W. B.—"Case of Wound of Portio-dura causing Facial Palsy." The patient a little child, had accidentally thrust a pair of sharp-pointed scissors into his left ear. *Clin. Soc. Lond.*

INJURIES OF THE HEAD.

Kidd, Abraham.—"Case of Extensive Compound and Comminuted Fracture of the Skull." The following were the points of interest: The advanced age of the man (60); the extremely extensive nature of the fracture; the loss of much brain substance; and the almost perfect recovery, except that vision in the right eye was impaired. The patient has no recollection of having received any injury. *Irish Hosp. Gazette*, Jan. 1.

Pemberton, Oliver.—"Case of Compound Comminuted Depressed Fracture without Symptoms—Elevation and Removal of Fragments—Recovery." *Lancet*, Jan. 4th, 1873.

Bennett, E.—"Case of Fracture of Base of Skull caused by a Fall on the Head, and probably resulting from Impaction of the Vertebræ against the Condyles." *Path. Soc. Dub.*, Dec. 14th, 1872.

INJURIES AND DISEASES OF THE EYE.

Snellen.—The *Brit. Med. Journ.*, Jan. 4th, contains a description of Mr. Solomon's method of treating entropion according to the plan originated by Dr. Snellen, of Utrecht.

Bougon records a case of ciliary blepharitis, with consecutive entropion, complicated with central leucoma of the two corneas. *Mouv. Med.*, Dec. 21, 1872.

Hutchinson, Jonathan.—Mr. Hutchinson, in an important paper, *Lancet*, Jan. 4, draws attention to a peculiar form of iritis occurring in the children of gouty patients. He describes it as differing from the common types of iritis in being insidious, for the most part painless, and persistent rather than paroxysmal. He suggests that, as regards the study of gout and rheumatism, the eye offers a field of unusual interest, and that we shall find in the raneitis of arthritic inflammation to which it is subject a solution of many doubtful questions. He concludes an eminently suggestive paper by maintaining that a "tendency inherited from parents who have suffered from true chalkstone gout may produce in their offspring inflammatory phenomena which differ widely from the usual characters of gout, and are unattended by deposit of lithate of soda."

Wilson, Henry.—"Cases Illustrative of Sympathetic Ophthalmia." *Irish Hosp. Gazette*, Jan. 1.

Jacob, Archibald.—At a meeting of the *Surg. Soc. Irel.*, Nov. 29th. Dr. Jacob brought forward a beautiful specimen of melanotic sarcoma of the cornea. "Removal of Cataract by Solution." *Medical Press and Circ.*, Dec. 18, 1872.

AFFECTIONS OF THE FACE, NOSE, PALATE, &c.

Dauvergne.—"On the Employment of Iodised Caustic Solution of Lugol to Prevent the Reproduction of Naso-Pharyngeal Polypi."

Erichsen, J. E.—"Necrosis of Body of Sphenoid—Removal of the Whole Body through the Mouth—Recovery." *Med. Times and Gazette*, Jan. 4.

Best, A. Vans.—"On Diseases of the Antrum." *Lancet*. Jan. 4.

AFFECTIONS OF LARYNX.

Durantz, E. N.—"On Soft Tumours of the Larynx." *Med. Soc. Lond.*, Dec. 9, 1872, *Medical Press and Circ.*, Dec. 25, 1872.

James, Prosser.—"Clinical Illustrations of Diseases of the Throat and Lungs." *Medical Press and Circ.*, Dec. 18, 1872.

INJURIES AND DISEASES OF THORAX.

Rasmussen, Vald. — "The Employment of the Aspirator in Pleuritis with Effusion" is the subject of an interesting communication to the *Irish Hosp. Gazette*, Jan. 1. Dr. Rasmussen strongly advocates the employment of capillary thoracentesis with aspiration in cases of pleuritis with effusion, and also in suitable cases of ascites, ovarian cysts, echinococcus cysts, spina bifida, arthritis of knee, chronic and acute, and in cases of congestion-abscesses, simple abscesses, and suppurating adenitis.

We may here allude to a case occurring in the practice of Dr **Harris**, at St. Bartholomew's Hospital (*Lancet*, Jan. 4), in which emphysema was greatly relieved by paracentesis thoracis. Two cases of paracentesis thoracis are also reported in *Med. Times and Gazette*, Jan. 4, as occurring under the care of Dr. **Peacock**, of Victoria Park Hospital.

INJURIES AND DISEASES OF ABDOMEN.

MacDowell, Benjamin.—"Penetrating Wound of Abdomen—Extrusion of a Portion of the Great Omentum—Recovery." This case Mr. MacDowell considers as confirmatory of the opinion that the peritoneum, while it should not be meddled with unnecessarily, is not so much to be dreaded as surgeons were formerly wont to suppose. *Med. Press and Circ.*, Jan. 1.

HERNIA.

Duhamel.—"Voluminous Congenital Exomphalos." *Gazette Med. Strasbourg*, Dec. 1, 1872.

DISEASES AND INJURIES OF URINARY ORGANS.

Stokes, W.—Professor Stokes reports a most interesting case, *Irish Hosp. Gazette*, Jan. 1, in which an entire gum elastic catheter was removed from the bladder by Allarton's median operation. The patient was in the habit of practising auto-catheterisation for an old-standing stricture, and while in a fit of intoxication the instrument passed up into the bladder. Professor Stokes claims for this case three points of interest—the unusual nature of the foreign body, the difficulties of the operation, owing to a two-fold stricture and great induration of the peritoneum, and, lastly, he supposes that it shows that the vermicular action of the urethra is towards, and not from, the urethra.

Loustan's work, "On the Urinary Passages," in which he considers the subject of divulsion of strictures of the canal of the urethra, is now published.

AFFECTIONS OF THE EXTREMITES.

Jessop, T. R.—"Case of Tumour in the Thigh closely resembling Aneurism—Treatment by Antiseptic Ligature of Common Femoral Artery—Death in sixteen weeks afterwards from Gangrene." *Lancet*, Jan. 4.

Morgan, J.—"On a Peculiar Affection of the Hands and Feet." *Med. Press and Circ.*, Dec. 16, 1872 and Jan. 8th, 1873. We have no hesitation in characterising this paper as a most valuable contribution to surgical literature.

MIDWIFERY.

Joulin.—The author revives the question, *Gazette de Joulin*, Dec. 15, 1872, as to whether it is necessary to support the perinæum during labour. The same author, in the same journal, writes on narrowing and malformation of the pelvis, and speaks of the repeated success of cephalotripsy.

DISEASES OF WOMEN.

Playfair, W. S.—The subject of intra-uterine medication is now attracting much attention; the *Lancet*, Jan. 4, contains the first part of a series of lectures on this subject by Dr. Playfair.

Atthill, Lombe.—"Endometritis" was the subject of a communication by Dr. Atthill to the *Dub. Obstet. Soc.*, Dec. 14, 1872, in which he advocates the application of fuming nitric acid to the interior of the uterus as a successful method of treatment.

Gallez, Louis.—Dr. Gallez has just published his "History of Ovarian Cysts" ("Histoire des Kystes de l'Ovaire envisagés surtout au point de vue du Diagnostic et du Traitement," Bruxelles, 1873).

Hebra.—"On some Affections of the Skin in Pregnant and Puerpural Women." *Wiener Medizinische Wochenschrift*, 1872, No. 28, quoted *Med. Times and Gazette* Jan. 4. Professor Hebra calls attention to the fact that the physiological changes in the uterus which accompany pregnancy may give rise to similar diseased conditions of the general surface as are met with in several pathological conditions of the internal female organs. He calls upon gynæcologists to investigate the nature of this connection between the skin and internal genitals.

DISEASES OF CHILDREN.

Sansom, A. E.—"Infantile Paralysis treated by the Continuous Current." *Med. Soc. Lond.*, Dec. 9, 1872.

MATERIA MEDICA AND THERAPEUTICS.

"Action of Mercury on the Liver." Leading article, *Brit. Med. Journ.*, Jan. 4. Calls attention to Schiff's experiments as proof that bile passes from the liver into the duodenum, thence part of it passes into the blood, and so to the liver again, while another part of it is carried down with the intestinal contents and evacuated with the fæces. It is assumed that mercury acts on the duodenum as a purgative, and thus prevents absorption there. The article will repay perusal.

Cleland, John.—"Guaiac in Ovarian Affections." *Irish Hosp. Gazette*, Jan. 1. Professor Cleland instances cases illustrative of the benefit derivable from guaiac in amenorrhœa and in inflammatory affections of the ovaries. He considers it to be useless in acute cases, and in those in which the primary disorder is in the uterus, neither has he seen much benefit from its use where there was any marked affection of the cervix. He orders it in 10 grain doses of the resin every morning, taking care to provide against the diarrhœa which is likely to be induced. The great value of guaiac in cases of persistent sore throat recalled to Professor Cleland's mind the old belief of a sympathy between the tonsils and the testes or ovaries, and thus he was led to experiment.

Papillaud et Mousnier.—"On the Employment of Arseniate of Antimony in the Form of Globules." *Scalpel*, Dec. 15, 1872.

Rabuteau et Papillon.—"On the Therapeutical Effects of Silicate of Soda." *Acad. des Sci.*, Dec. 2, 1872.

Picot.—"On the Anti-Fermentable Properties of Silicate of Soda." *Acad. des Sci.*, Dec. 2, 1872.

Lecoq.—"Thesis on the Physiological Properties of Chlorure of Sodium."

Byasson.—"Decomposition of Hydrate of Chloral." *Comptes Rendus*, Vol. 75, p. 1628, quoted *Pharm. J.*, Jan. 4.

Plancheon.—"On Striated Ipecacuanhæ." *J. de Pharm. et de Chim.* (4), 16, p. 404, quoted *Pharm. J.*, Jan. 4.

Colin.—Attention is directed to the very interesting work of Dr. Colin, entitled "Etude sur les Sels de Quinine."

Quinine has lately been found to be a powerful preventative of putrefaction and of alcoholic fermentation. C. Binz believes it to be capable of arresting putrefaction in the blood.

Fraser, Thomas R.—"On the Kombé Arrow Poison (Strophanthus) of Africa." *J. of Anatomy and Physiol.*, Vol. 7, quoted *Pharm. J.*, Jan. 4.

Busch and Oser.—"Researches on the Action of Nicotine." *Stricker's Med. Jahr.*, 1872, Part 7.

Oulmont.—"Hyoscyamin and its Action in Spasmodic and Convulsive Neuroses." *Bull. Gen. de Ther.*, Dec. 15, 1872.

Gubler, A.—"On the Therapeutic Antagonism and Reciprocal Antidotism of Belladonna and Calabar Bean." *J. de Pharm. et de Chim.*, Dec., 1872.

Tripier, L.—"The Surgical Applications of Electricity." *Mouv. Med.*, Dec. 21, 1872.

Smith, Walter G.—"Direct and Induced Electric Currents in Medicine." *Med. Soc. Coll. Phys. Irel.*, Dec. 11, 1872. Dr. Smith considered the application of electricity in Bell's palsy, local traumatic paralysis due to pressure or other injury, and lead poisoning. He took occasion to call into question the accuracy of the statement so common in text-books, viz., that the *extensors* only of the wrist are affected in lead palsy; in his opinion the flexors also are implicated as shown by the impaired grasping power of the hand, the flabby and atrophied condition of these muscles, and their diminished electro-contractility.

Gale, H. Stanley.—"Relief of Pain by the Constant Galvanic Current." *Med. Press and Circ.*, Jan. 1.

Hennequin. — "Of Aspiration as a Therapeutical Method." *Arch. Gen. de Med.*, Nov. et Dec., 1872.

Morgan, John.—"Ether *versus* Chloroform." At a meeting of the *Surg. Soc. Irel.*, Nov. 29, 1872, Dr. Morgan read an important paper on the above subject, claiming for ether superiority over chloroform on the grounds of safety as determined by statistics, and because it acts as a cardiac stimulant, not as a sedative. It has proved in Dr. Morgan's hands not less efficient as an anæsthetic than chloroform, a fact probably explained by the circumstance that he invariably uses the apparatus invented by himself for its administration. For information as to the precautions to be taken in etherisation and for many interesting facts in connection with this subject the reader is referred to Dr. Morgan's masterly paper.

McGill, A. F.—Mr. McGill reports fifty cases of ether administration in the Leeds General Infirmary. *Brit. Med. Journ.*, Jan. 4th.

MEDICAL JURISPRUDENCE.

Reynolds, J. Emerson.—"The Application of the Spectrum Analysis to the Detection of Poisons, Adulterations, and Blood." *Irish Hosp. Gazette*, Jan. 1.

Macswiney. — "Poisoning by Nitrate of Potash." *Irish Hosp. Gazette*, Jan. 1. The patient, a woman aged 70, had taken nearly an ounce of it dissolved in water, mistaking it for sulphate of magnesia. Burning pain at the epigastrium increased by pressure, distressing attempts to vomit, diarrhœa with tenesmus, a sort of stupor, and an intense feeling of cold were the prominent symptoms. For the treatment of the case, which was brought to a successful termination, reference must be made to Dr. Macswiney's paper.

N.B.—For want of space we have been obliged to hold over some important papers until our next Report.—Ed. Retrospect.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of the 3rd January.

The President of the College of Surgeons, Dr. Kirkpatrick, in the Chair.

Dr. Chas. F. Moore submitted to the Society

THE LARYNX, PART OF THE TRACHEA, THE THYROID GLAND, AND TWO SMALL PORTIONS OF INTEGUMENT OF A MAN, ÆT. 27,

who was admitted on Dec. 28th last, under his care to Cork Street Hospital, where he had recently been under treatment for fever on two occasions. His head was much swollen and of a purplish colour, within twenty-four hours an eruption of variola came out on the wrists, legs, &c. Purpuric spots also appeared on the limbs and in large patches on the shoulders. He complained of his throat, he had ichorous discharge from the conjunctivæ and nails. He spat up some blood a short time before his death, which took place about thirty-six hours after admission to hospital. On examination, about thirty hours after death, the thyroid gland was found abnormally large, as were also the liver and kidneys, especially one of the latter. The spleen was soft. The aorta contained a large quantity, indeed was, when examined, full of dark blood. The heart contained large clots of fibrine interwoven through the corneæ columnæ of each ventricle. The lungs were much congested, and in some parts pneumonic. The larynx was greatly congested, the mucous membrane and subjacent tissues being injected, swollen, and of a deep red colour. The treatment adopted during this, his fatal illness, was mainly supporting the patient's strength with wine and such food as he could use, cataplasms to the throat, and some small doses of ipecacuanha, and Dover's powder. It appears that this man had been exposed to cold when in a state of copious diaphoresis, subsequently to his two recent attacks of fever.

Mr. Richardson inquired if the true vocal cords were engaged in the disease?

Dr. C. F. Moore replied that they were. By closing the larynx and trachea the specimen, even in its present state, showed a barely perceptible opening for respiration.

SMALL CALCULUS IN THE BLADDER.

Prof. Macnamara said that on etiological considerations he thought it desirable to present a small calculus that he removed on Monday morning last from the bladder of a boy, æt. 14. He had been suffering under the disease from his fourth year, and one of the remarkable symptoms was repeated hæmaturia. There was little in connection with the calculus to make it of importance as a recent specimen save on etiological grounds; because in this country it was remarkable how rarely compared with the population cases of calculus were met with. Some of the most eminent surgeons of this city, men having the largest practice, had not exceeded something like half a hundred cases. On searching over the records of the Profession here he found that Sir Philip Crampton had only had fifty-two cases, and on mentioning the matter to Dr. Fleming, that gentlemen said he thought Mr. Cusack had not many more. When he (Prof. Macnamara) was in Aberdeen, his valued friend, Mr. Keith, invited him to witness his 266th and 267th cases of lithotomy. Therefore, he thought, on etiological grounds, it was of importance that every case of calculus occurring in this country should be made as public as possible. He removed this specimen by the ordinary lateral operation. He might mention in connection with the late discussion on Ether *v.* Chloroform, that his colleague, Prof. Morgan, was kind enough to attend at the Meath Hospital and administer ether to this patient, and from the time the boy was placed on the operating table until he left it for his bed, twenty minutes did not elapse. The anæsthesia was most perfect, the respiration perfect, there was no sickness, and it was remarkable that the boy never complained of the smell or taste of the ether afterwards. This made a most favourable impression on his mind, and all but made him a convert to ether as administered by Dr. Morgan's apparatus.

VERMICULAR ACTION OF THE URETHRA.

Prof. Macnamara was desirous to make some observation on a subject that had engaged his attention for a great number of years. When he was a student, and for some years afterwards, he entertained the opinion which he had been taught in his youth that the vermicular action of the urethra was outward and not inwards—that when a foreign body was lodged midway in the urethra, the tendency of that body would be to make its way outwards and escape through the external meatus, and not to make its way back towards the bladder. However, very early in life circumstances arose which drew his attention to the study of cases of stricture, and shortly afterwards he began to doubt that which he had been taught, and which he was aware was still very extensively disseminated amongst the minds of the members of the Profession—viz., that the vermicular action of the urethra was outwards and not inwards. This was rather an interesting physiological question, and it had also an important practical bearing. In fact, it was exceedingly difficult to find any physiological problem the solution of which did not involve some practical interest. It might be interesting to trace the origin of what he believed to be the error, and that was the undoubted fact of a small calculus or a small portion of a large calculus became impacted in the urethra unquestionably the working of that calculus was outwards; but this he believed not by any means attributable to vermicular action, but to the *vis a tergo* from the rush of water. Many years since his attention was drawn to the fact that if a catheter was fastened in the urethra the tendency was to make its way towards the bladder and not to fall out. So thoroughly did he become impressed with the truth of this observation that when he was "docking" a patient—he meant when he introduced a gum elastic catheter into the bladder and fastened it there intending to leave it for twenty-four hours—he put on a jugum; but his object was not to prevent the catheter falling out but to prevent it going in, for he had more than once observed that a catheter placed in the urethra made its way towards the bladder, and in some cases on coming to his patient he had been rather startled at not seeing any portion of the catheter protruding from the *meatus externus*. He determined to make a practical application of the subject, and many years ago it became his practice when dealing with what he might call mixed strictures—partly organic and partly spasmodic—to pass a cat-gut bougie as far as he could towards the bladder and fasten it there, and on coming back two hours afterwards he would be rather surprised if it had not travelled on towards the bladder. He communicated these observations to his friends in the Profession many years ago. One remarkable case occurred during the period when Mr. Stokes was his colleague in the Meath Hospital. Mr. Stokes had a case of rather difficult stricture to deal with. He advised him to introduce a cat-gut bougie and lodge it in the stricture, and assured him his experience was that in a couple of hours he would find that the cat-gut had travelled towards the bladder. Mr. Stokes replied that the teaching of the school was opposed to this. However, he followed out his suggestion, introduced the cat-gut bougie into the stricture, and in two or three hours afterwards he was much gratified to find it was lodged in the bladder. He (Prof. Macnamara) believed that the fact—that an instrument had a tendency to work inwards towards the bladder—could only be explained on the principle of vermicular action. No doubt the vermicular action was feeble, and in the 60th or 70th part of a square inch of the urethra its force would be almost infinitesimal; but when an instrument was introduced for some five or six inches the vermicular action was exercised over the whole of this length, and was sufficient to work the instrument on by degrees until it entered the bladder. In the case of the little calculus which he brought forward that evening it afforded a very small surface for vermicular action, this force was quite ineffective against the *vis a tergo* when the patient attempted to empty his bladder; and this explained why the tendency of a calculus was outwards while the tendency of a catheter was inwards. Nothing was done in Nature without some great object; and he believed this was one of the securities intended by the Great Organizer of our system to prevent a leakage of the bladder—that in addition to the other securities against leakage we have this vermicular action by which a drop of water, if it leaked out into the urethra, was returned again, and it was that which preserved the cleanliness of the patient. He believed that this physiological fact was of great practical importance in the treatment of strictures. He was now in the habit whenever he met with an old stricture, which some persons call "impassable stricture," of treating it with the cat-gut bougie, and this mode of treatment had been repeatedly followed by the most satisfactory results. Having lodged the cat-gut bougie in the stricture he left it there, and his experience was, on going back in two or three hours, even in spite of the cat-gut swelling, it had advanced towards the goal he wanted it to reach. The swelling did not occur in the case of the small gum-elastic catheter which he also used. That instrument would gradually work down in the same manner; it had less resistance to encounter in the shape of swelling, but it afforded just the same surface for the vermicular action, and it would much more frequently reach the bladder than the cat-gut. There was an old saying that there was nothing new under the sun. Last night he laboured under the impression that the observations he had just made were original with himself; but he had the pleasure of meeting his friend Mr. Fleming at dinner, and on mentioning the matter to him he said that he had placed similar facts on record in the *Dublin Hospital Gazette* in 1858. It was a pleasure as well as a duty to say that he had been anticipated by Mr. Fleming in the observations he had made on this subject. Mr. Fleming used the remarkable expression that the urethra had, as it were, a "sucking power," and he also spoke of its vermicular action as operating in the same way, and these observation from an authority so much respected as Mr. Fleming who had done so much for surgery, especially in this department, encouraged him in making this statement, as excepting the paper of Mr. Fleming alluded to, he was not aware that attention had been drawn to this subject in any work on urinary diseases. He had looked over several of the standard works on the subject, and they contained not a word in reference to it; and if nothing more accrued from his observations than that they had rendered unto Cæsar the things that were Cæsar's, he thought he should not have wasted their time that evening.

Mr. Fleming said in reference to a case in which a catheter had to be cut out of the bladder, that it clearly showed the vermicular action was towards the bladder. It appeared to him in some cases as if the bladder were trying to swallow the catheter, so energetic was its action. Mr. Fleming called attention to the fact that sometimes the catheter disappeared, and he attributed this partly to vermicular action, and partly to the swelling of the glans-penis. He (Prof. Macnamara) had seen this occur without any swelling of the glans penis, the disappearance of the catheter being solely due to vermicular action, and this explained how frequently they were called upon to resort to operative interference in cases where the patient himself being probably drunk at the time introduced a gum elastic catheter, which, not being fastened, made its way towards the bladder and disappeared. He had seen in the Meath Hospital, under Mr. Porter, some two or three cases of this kind. Mr. Fleming had recorded several similar cases, and he believed it was not a suction power, but the vermicular action of the urethra being towards the bladder and not from the bladder which had led to these results.

The **President** endorsed Mr. Macnamara's views as to the great value of the cat-gut bougie, and thought the cases he had mentioned where the catheter had made its way into the bladder tended to confirm his theory.

Dr. Stapleton had had a great deal of experience for many years in dealing with strictures. A cat-gut bougie was passed into a stricture, and was caught there by spasm; a small piece of the cat-gut generally passed through the stricture, and the water from behind reaching this caused it to swell; the result was that it drew on the cat-gut a little bit more, and this also swelling drew on more, and in that way it made some progress towards the bladder. The same thing would occur with a catheter if not very well made, but if catheters were well made they would not swell or blister, or be drawn towards the bladder. As to Mr. Macnamara's theory of vermicular action he did not believe in it. He would like to know from Mr. Macnamara or Mr. Fleming if they had ever known the whole nine or twelve inches of a catheter to be drawn into the bladder, because what he had seen cut out of bladders were only pieces of either catheters or bougies. He had known more than one case when it was said a catheter had gone into the bladder, and when it was taken out after a great deal of trouble, it was found to be a piece of an old catheter, and not the bougie that had been recently placed in the patient. He remembered a case where a cat-gut bougie having been pushed in too far unluckily tied a knot on itself and there was a great deal of difficulty in getting it out because this knot had swelled to an enormous size. If it enlarged in one case it would in another, and he would expect to find that these cat-gut bougies, when left in the urethra two or three days, became enlarged behind the stricture, while they would not be enlarged in front of it. He repeated that he should like to know whether the whole of a catheter from the ivory handle of the instrument had ever been found in the bladder.

Dr. Henry Kennedy said that the first case recorded in the new Irish Medical journal which had just been published in this city, was that of a whole catheter which had passed into a man's bladder and which was cut out by Mr. Stokes, and so perfect was it that the plug was still in the mouth of the catheter.

Mr. Fleming said it was gratifying to hear the remarks which had been made on that occasion, as on the one hand they would teach them not to be too dogmatical in their opinions, and on the other, they proved the great advantages to be derived from discussions in that room. Mr. Macnamara's mode of treating stricture was to insert a cat-gut bougie and leave it in the stricture for a couple of hours, in the course of which he found that it gained ground in the stricture and made its way into the bladder. Now he should like to ask any gentleman present what would be the condition of that cat-gut after a couple of hours? Did he think because it yielded to his fingers that the cat-gut was going forward and that it got into the bladder? He (Mr. Fleming) was quite favourable to the introduction of the cat-gut bougie into the stricture, provided it was passed in as rapidly as possible into the bladder, as it was then in a condition not so yielding as if it had remained in the urethra for some time. He had repeatedly passed small bougies of different sizes, conical or otherwise, left them in while going the rounds of the hospital, and on returning to the patient after that short space of time found he was able to double the size of the instrument. This proved the value of gradual dilatation. Mr. Macnamara was mistaken in saying that he (Mr. Fleming) attributed the disappearance of the instrument to the enlargement of the glans penis. What he said was that in the majority of cases there was congestion of the whole penis, and that very congestion, with other causes would conceal the whole of the catheter in the organ, and assist in its advancement into the bladder. Mr. Stapleton asked who had ever seen a whole catheter of ordinary size within the bladder? He (Mr. Fleming) asked the same question. Mr. Stapleton was right in saying that in most of these instances the whole catheter was not in the bladder, but the greater part of it was lying in the dilated portion of the urethra behind the stricture. He had removed catheters supposed to be in the bladder, but the greater portion of them was outside in the track of the urethra. In the observations which he had published many years ago on this subject, he spoke of the "suction" of the bladder. Now he asked, had any gentleman ever introduced an instrument into the bladder in a case in which there was not some stricture or disease of the urethra? He assumed not, and that whenever either a catheter or bougie was introduced, the urethra was in a condition of disease. In such a case the instrument being not fully introduced, the water could not get away, the bladder became greatly distended, the ureters were also affected, and in that way there was a sort of suction power on the part of the bladder which assisted in drawing in the instrument.

Professor Morgan thought the term suction power of the bladder an ambiguous one. If the bladder and the ureters were full, he thought it would be difficult to exercise suction power. He also objected to the theory of vermicular motion put forward by Mr. Macnamara, and considered that the explanation of the phenomenon was to be found in the anatomical arrangement of the fibres of the accelerator urinæ muscle. It was not at all impossible that when an instrument was passed into the bladder, from the direction of the fibres we may have a reversed action of the muscle, and that may draw the instrument in towards the bladder, so far as that portion of the urethra was concerned. That explained why the instrument was drawn towards the bladder, but did not get into it, and neither the enlargement of the glans penis nor the vermicular action of the urethra would suffice to explain it. They knew when throwing an injection into the urethra, if the mouth be closed in order to retain the injection, the moment the finger was taken away the injection came out with considerable force. On the other hand, when a bougie or catheter was introduced, the action of the accelerator urinæ muscle might be reversed in consequence of the peculiar arrangement of its fibres.

Mr. Fleming never stated that the congestion of the glans alone would assist in the disappearance of the instrument; he meant the enlargement of the whole organ.

Mr. Wharton did not understand the observations of Mr. Fleming as to the suction power of the bladder, neither could he understand how vermicular action could produce the effect attributed to it by Mr. Macnamara. If a cat-gut bougie were got into a stricture and made its way into the bladder, that was no proof *per se* that it was the result of vermicular action. He could not see how the stricture would have the power of sucking in the instrument as had been suggested. If it were true that the usual action of the urethra was to draw the instrument into the bladder, he certainly would never be apprehensive that it would be forced out, and yet as a matter of practical experience they frequently found the catheter expelled from the urethra. Very lately he used a conical bougie in a case of stricture, but the instrument was forced out instead of being drawn in. He saw no explanation of the facts mentioned by Mr. Macnamara, except that given so clearly by Mr. Morgan. The action of the sphincter of the bladder itself had been somewhat overlooked. When an instrument was passed into the bladder, the contraction of the sphincter upon it might have the effect of drawing it into the bladder.

Mr. **Richardson** asked Mr. Macnamara how he explained the recourse, by the surgeon, to the use of the winged catheter—an instrument with a wing at either side a little behind the beak, which expanded when the catheter reached the bladder, and prevented it from coming out. With regard to the cat-gut bougie being forced on by the muscular action of the urethra, he would merely ask could the full-sized urethra in front of the stricture act on the small cat-gut bougie? Suppose a piece of catheter got wholly within the urethra, the natural musculo-elastic structure of this canal contracting either in front or behind it would drive it one way or the other without the necessity of our having recourse to the theory of a reversed vermicular action. He had over and over again seen a catheter pushed out from behind forwards, of the urethra by this musculo-elastic action.

Dr. **McDowell** considered that the pathological changes which the urethra must undergo to develope stricture would upset the theory of vermicular action. If a large quantity of lymph were shed to form the stricture how could the vermicular action of the urethra be intact?

Professor **Macnamara** replied. He stated that he had quoted accurately the words in Mr. Fleming's paper attributing the disappearance of the catheter to suction power of the bladder, vermicular action of the urethra, and tumefaction of the penis itself. Mr. Stapleton's denial that catheters had a tendency to advance towards the bladder was contradicted by his experience. There could be no question that instruments had gone towards the bladder, and he himself had seen two instruments which unquestionably were in the bladder. He wanted it to be explained how that took place? He said it was owing to the vermicular action of the urethra being towards the bladder instead of outwards. Mr Stapleton's explanation was that when the cat-gut got behind the stricture it swelled. He could understand how its swelling there might render it difficult to withdraw the instrument, but how it would draw it further on he was at a loss to know. However he was speaking of gum-elastic catheters, manufactured by Weiss, which did not swell, and which he had seen come out unaltered after lying in the bladder for twelve hours. It was his habit to dock his patients, and he asserted that when he removed the gum-elastic catheter it was as smooth and clean as when it was introduced; therefore, it could not be the swelling behind the stricture that brought the instrument into the bladder. As to Mr. Morgan's observations, which had afforded such pleasure to his friend, Mr. Wharton, he did not think they threw much light on the subject. They knew it was the action of the accelerator-urinæ muscle which forced out fluids injected into the urethra. Was it reasonable to say that this muscle would act in another way when a catheter was introduced—that it was so great an epicure that when it got hold of a nice gum-elastic catheter it drew it in further, but immediately rejected the nasty nitrate of silver?

THE PATHOLOGICAL SOCIETY OF IRELAND.

At the meeting of the Pathological Society on Saturday, Dr. **Kidd**, President, in the Chair,

Dr. **Bigger** brought under the notice of the Society a peculiar case of fracture of the neck of the thigh bones, which was a trite subject, and one about which at the same time many different opinions had been expressed. The subject of the case to whom he desired to call their attention was a person who formerly had been in good circumstances in life, but had been induced, owing to a fall in his position, to enter one of the valuable charitable institutions in this city. Previous to that period, some eight months, he had fallen, whilst in the act of passing out of his house—some children ran against him, and he fell on his hip, rose and proceeded a few paces, and fell a second time. He was then carried into the house, and a relative, a Medical gentleman, attended to him for some time, but he did not determine the question as to whether there was fracture or not. At length it was decided that the patient was suffering from a severe contusion of the joints, a common occurrence, and productive of very great difficulty of diagnosis. He was taken to hospital, but it was then thought that the man was not seriously injured, as he was able to walk with comparative ease. At length he was confined to bed with an attack of bronchitis, to which he succumbed after some days. On inspecting the trochanter, it was plain that the whole side of the hip was much flattened, and also a fulness existed anteriorly. There was a shortening of about one inch in the whole limb. All this Dr. Bigger perceived long before the man's death, but he did not know there was such considerable deformity as was afterwards found to be the case. On examination the capsule was found to be perfectly intact. In trying to get in a small saw to cut the bone across, he found himself opposed by some foreign body which proved to be a considerable exostosis, which appeared to be among the tendons and immediately below the minor trochanter. It was fully an inch long. The bone appeared sound, and the tissue was exceedingly firm—almost like ivory. On removing another part of it, he found that a false joint had been already formed, so curiously did those parts play upon one another. It was fifteen months since the fracture occurred, and he did not know that it was ever much displaced. When the man lay in bed he turned his foot very slightly outwards, and suffered great pain on the slightest abduction of the limb.

Dr. **Hayden** said he wished to bring under the notice of the Society a matter of some interest. On the 26th November last a man of small stature was sent over from Wales to be admitted under his (Dr. Hayden's) care. He was much emaciated; his age was 43, and the only history he (Dr. Hayden) could obtain of his illness was that he had been complaining of a severe pain in his abdomen, accompanied with irregularity of the bowels, for six months previously. On the right side of the abdomen a hard and rugged tumour, moveable, and manifestly composed of a number of distinct solid bodies, was detected. It yielded the characteristic percussion note of a solid body in front of the inflated intestines. The bowels were remarkably irregular. The pain of the abdomen, which was remittent, was always aggravated coincidently with constipation of the bowels. The fæces were of a singular character, resembling liquid mortar, and free from fæcal odour. The pulse were small and quick but regular, the action of the heart being exceedingly weak, the sounds feeble but distinct. The diagnosis made was scirrhus of the mesentery in the neighbourhood engaging that portion adjacent to the cæcum. Three or four days before the man's death—which occurred on December 31st, the pain in the abdomen became continuous and excessively severe. It was now impossible to feel the tumour, which, up to this time, had been distinctly perceptible, owing to excessive tenderness and inflation of the abdomen. Peritonitis had set in, and the man died on the 31st December. At the autopsy, it was discovered that perforation of the intestines consecutive to sloughing had occurred near the termination of the ilium. The scirrhus tumour had become quite pliable, easily broken up and detached, and this portion which had become discoloured by the effused fæces presented the appearance of intestinal scibold, and led him (Dr. Hayden) for a moment to doubt the accuracy of his diagnosis. It was a good example of a scirrhus mass. The portion which he presented for their inspection was attached to the intestines, and clearly showed the characters. There was, of course, peritonitis. There was a small scirrhus nodule in the cystic duct obstructing the passage. The gall bladder was distended with bile, but in no other situation was there cancerous deposit. The heart presented a good example of atrophy, of that form which was met with in almost every case of extensive cancerous disease, and due to the attendant cachexia. The pericardium was firmly attached to the heart, and was corrugated, clearly showing that there had been pericarditis, incident to atrophy of the heart. In the adventitious structure connecting the pericardium to the heart a number of osseous laminæ were formed near the base, and also to cartilaginous plates so called. These latter, examined microscopically, were found to be composed of nucleated fibrous tissue resembling cartilage corpuscles, but in one situation calcareous spicula were disposed in the form of *chevaux-de-frise*. The heart weighed only six ounces. The muscular substance was of a dark-brown colour, and in the granular stage of fatty degeneration. The cavities and valves were normal, as were likewise the great vessels of the coronary arteries connected with the heart, except that they were reduced in calibre proportionately to the size of the heart. The case, therefore, presented a good example of scirrhus of the mesentery, inducing general marasmus, including atrophy of the heart, and proving fatal by sloughing of the intestine and effusion of the contents into the cavity of the peritoneum. It was also interesting in reference to the existence of osseous and so-called cartilaginous plates in connection with pericardial adhesion. The only explanation Dr. Hayden could offer of the absence of colouring matter in the fæces had reference to obstruction of the cystic duct already mentioned.

Dr. **Law** said the subject of the case to which he wished to draw their attention was a coal porter, 50 years of age, who reported himself as enjoying good health until six weeks previous to his admission into hospital. He then got cold, and when suffering from the effects he attended a wake, where he became intoxicated. He walked home while it rained, and remained in his wet clothes during the night. His case afterwards became very severe, and each day he became worse, until his health failed completely, and he was at the end of six weeks compelled to seek admission into the hospital. His breathing was very much oppressed, and examination proved there was extensive disease in the direction of the anterior and posterior portions of the left lung, and also in the posterior portion of the right. Gangrene of the lung was suspected, and the man survived his admission only three days. The left lung was in a broken-down and disorganised condition. It could hardly be said to be gangrene of the lung, for the offensive smell which it emitted was not a characteristic essentially of that disease. It was more properly putrefaction. Dr. Law said he had seen a good number of cases, and had noticed them to occur under almost the same circumstances—all had resulted from the person becoming affected with cold while in a state of intoxication. In the apex of the lung they always had that broken-down condition. The trachea had an intensely red appearance. The right lung was less affected, but was still in a condition of remarkable disorder. In all these cases where persons had been seized while in a state of intoxication there was a discharge of blood. He believed that the unhealthy condition of the organ usually occurred in cases of inflammation of the lungs in which the ordinary precautions had been neglected. He had a large experience of these cases, and had always found this to be the condition. He had been recently sent for to see a person who was suddenly seized with hemorrhage, and on his arrival he found that the hæmorrhage was of an alarming degree. The man had been playing in a cricket match, and drank rather largely of champagne. He threw himself on the damp grass and shortly afterwards got ill. Subsequently he became much worse, and was treated for acute inflammation. He (Dr. Law) suggested tonic treatment, and rapid and marked improvement resulted. It was an important point to trace the disease and know how to treat it. Profuse expectoration of a green character was a most fatal symptom. He could point to many living persons who had suffered from the disease, but they were carefully watched and the exact point at which the tonic treatment could be adopted with advantage was observed and they had recovered.

Dr. Yeo showed the viscera of a female, æt. 52, who had suffered from albuminuria, great dyspnœa, and the signs of pleural effusion on the right side; weak, rapid, fluttering action of the heart, but no abnormal bruit. *Post-mortem* examination showed all the cavities of the heart dilated and distended with coagula. In the auricular appendices and at the apices of each ventricle, the structure of the clots was characteristic of *ante-mortem* formation, viz., dry, laminated, inelastic, brittle, of a dull yellowish-brown colour, and adherent; loosely attached to these were ordinary *post-mortem* coagulations which occupied the greater part of each cavity. The valves were all healthy. In the lower lobes of each lung, was a hard, airless, hæmorrhagic swelling, the arteries leading to which were tightly plugged with dry adherent clots, the infarctions on the right side occupied nearly the entire of the lower lobe, which was covered by fresh fibrinous exudation, and compressed by about two quarts of fluid. Innumerable small fibrinous infarctions occupied the cortical substance of the left kidney. Dr. Yeo thought it probable that the insufficient excretion of the urinary products had aided the coagulation of the blood in the weak dilated heart.

Dr. Bennett brought under the notice of the Society, a curious specimen of much interest, in a case of fracture of the neck of thigh-bone, which he met with in the course of dissection. The specimen showed that the joint was extremely laminated. It rotated inwards. The question which arose in his mind, was whether to regard it as a case of fracture or of morbus coxarius, and possibly the deformity might have originated in that, although the limb did not present the usual features of that disease.

The Society adjourned until Saturday the 25th inst.

St. Andrew's University.—It has been definitely arranged that Lord Neaves is to be formally installed as Rector of this University on Thursday, the 13th day of February, when he will deliver his Inaugural Address. We understand that Lord Neaves has signified his intention of offering four prizes annually during his term of office to be competed for by the students attending the University, in place of one large prize annually, as was the custom of previous Rectors.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 22, 1873.

THE LAST ILLNESS OF NAPOLEON III.

The public as well as the Professional journals have been crowded with details respecting the late Emperor which might as well have been left unrelated. The general result is that the public feels less confidence than ever in Medical skill, and a number of points of interest to the Profession have become inextricably mixed up with a tolerably simple case. The report of the *post-mortem* examination which we published last week has provoked much comment, and the dissent and opinion expressed by Sir W. Gull are generally pronounced uncalled for.

In our correspondence columns, which are always open to those with whom we differ as freely as to those with whom we agree, will be found expressions of individual opinions quite as valuable in reference to the points raised as that of Sir W. Gull, although to the latter, as the physician in actual attendance, undoubtedly must be attached the greatest value in reference to the *clinical* facts which he was called upon to interpret.

In this respect we cannot pass over the phrase that has been somewhat loosely employed about the inability to detect the extent of disease of the kidneys. It has been understood by the public, and the idea has been widely spread by the newspapers, that the report affirmed the impossibility of detecting disease of the kidneys, and we must confess that this interpretation might have been foreseen by those who agreed to the report. Sir W. Gull would have done more service to the Profession by pointing this out than by making an addendum of his own which could serve no useful purpose and which has caused much adverse comment.

Either he should have stayed to join in the consultation of his colleagues in the matter or appended his signature in the ordinary way. If he felt disinclined to that he might have omitted to sign it altogether in the assurance that his brethren would have regarded the presence or absence of his name with indifference. They looked to Dr. Burdon-Sanderson as the pathologist, and the addition of other names was a mere formality.

It will be remembered that we have published statements respecting the duration of the late Emperor's malady. On the same day as our last issue there appeared in Paris further details confirming our revelations. Dr. J. Lapeyrère records in the *France Médicale* some interesting details that demonstrate the truth of what we put forward, and which we therefore republish. He tells us on the authority of Dr. Guillon, that in 1866, during the stay of the Emperor at Vichy, the last named surgeon found a stricture of the membranous portion of the urethra at the point nearest the spongy part. A small bougie olivaire was employed by M. Guillon, and on the third day the Emperor was able to return to Paris—catheterism having been employed as a matter of precaution just before starting on the journey. Some days later, at Biarritz, the Emperor suffered from inflammation of the prostate gland, which was also treated by Dr. Guillon.

In commenting further on the published statements, Dr. Lapeyrère points out that the discussion that has been initiated by the official report would be far more appropriate in one of our Medical societies, where the doubtful or obscure points would assuredly be cleared up. We certainly think this would be far better than a recourse to the newspapers, and admit that only Professional journals should be made the media for such statements as have lately appeared in the lay press.

The article we have mentioned closes with enquiries as to the general condition of the patient and the effect of chloroform upon him. It then asks whether opium had any part in the sudden crisis—a question in which Sir W. Gull's opinion would be more valued than on the formation of calculus. Finally, it alludes to lithotomy in similar terms to those we employed last week. Whether the questions thus raised receive due consideration or not, we do hope that for the future the leading principles of Medical ethics will be strictly observed even when eminent men are called in to relieve Emperors. From henceforth it will be no credit to a Medical man to issue for publication in the newspapers bulletins of the condition of their important patients.

Another aspect of the matter appears in some of Saturday's papers which state that the *American Register* has published a letter from Sir Henry Thompson, dated the 13th inst., to Dr. Evans, dentist to the late Emperor, explaining the causes of the Emperor's death. Sir Henry Thompson protests against the accounts respecting his mode of practice given by some French journals as wholly inaccurate, and demonstrates the necessity of his mode of treating the Emperor's case. Sir Henry says that the "Emperor did not die from any effect of mechanical treatment, but because the kidneys were in an advanced stage of disease. The pelvis and the ureters were both largely dilated, the left ureter being as large as the aorta. In such conditions I have long ago given it as my deliberate opinion that lithotomy offers no better chance than lithotrity. The instrument used was small. The longer I live the fewer, simpler, and smaller are my tools." Sir Henry Thompson refers to his lecture on lithotrity at the University College Hospital in November last as a complete answer to those who speak of his operation as rough or painful. He says, "I rarely use chloroform. Often no expression of pain is heard. The sitting never exceeds two minutes."

It is not our business to find out why the great dentist should have communicated such a private note to the papers, but we may say that its publication only shows the propriety of the comments we have made.

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HOSPITAL SUNDAY.

There seems now a good prospect that the great "Birmingham invention" for helping hospitals will be utilised in the metropolis, after which there can be little doubt it will rapidly spread.

True there are some difficulties to be overcome, but they are not insuperable. As to sectarianism interfering with such a work we should be ashamed to believe that it will be permitted so to do. In the cause of charity men have long learned to sink theological differences, and they have only therefore to carry out in one more detail a principle to which they have long done homage.

A great Birmingham divine—the late Rev. J. Angell James, once said in the Town Hall that there was "no sectarianism in misery, and should be none in mercy," and his words cannot be better applied than to the proposal to try in London a plan that has succeeded in the capital of the Midlands.

At a public meeting last week, over which the Lord Mayor presided, an influential council was elected to carry out the resolutions passed in favour of a Hospital Sunday, and we are not sure that the scheme will not go far towards superseding dinners, bazaars, and other methods of obtaining support which have no recommendation but that of the money they bring in.

It is, of course, absolutely essential to success to secure the hearty co-operation of the ministers of all sects, and so far, we have every reason to be satisfied, when we find the Roman Catholic Archbishop, the Chief Rabbi, and the leaders of the nonconformist bodies joining with the dignitaries of the Church of England in the good work. If we were to offer any criticism it would be in reference to the preponderating numbers of the clerical members of the Council. To have half clerics and half laymen leaves the Medical element smaller than it should be. We would have suggested a larger number of Medical men on the Council. One-third clerics, one-third Medical men, and one-third neither, would have given a more powerful Council.

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Notes on Current Topics.

Embolism of the Art. Central. Retinæ.

At the first meeting of the Imperial Gesellschaft der Arzte, of Vienna, a most valuable essay was read on this subject, which is one not only of interest as a pathological phenomenon, but its bearings and history are likewise highly important. Virchow made one of his most brilliant suggestions *apropos* of this subject, and the expectation which he expressed in his work "On Embolism," that embolism of the a. centr. retin. would one day be diagnosed by aid of the ophthalmoscope, was not long after realised by V. Graefe, whose diagnosis was shortly afterwards verified at the autopsy of the patient. Prof. Mauthner in his communication stated that embolism of the a. centr. retinæ occurs under similar circumstances to that found in the cerebral vessels, in cases of heart disease and atheromatous disease of the arteries, where small masses are carried forward by the current of the blood into the smaller arteries, the cavity of which they block up more or less completely. One of the most important questions relative to the a. centr. retin. is, whether it is a terminal artery communicating directly with the capillary vessels, or whether it has several terminal branches which would keep up a collateral circulation, and to a greater or less extent counterbalance the effect of the interruption caused by an embolus. Prof. Mauthner believes that it is not a terminal artery, because of its anastomoses with the ciliary arteries. However, as the anastomoses are not extensive and the circulation is not readily established, embolism of the a. centr. retin. is a serious occurrence, amaurosis resulting from it at an early stage. Examination during life shows the arteries atrophic and quite invisible towards the periphery, following sudden loss of sight. The veins are diminished in size towards the periphery. Cardiac disease and atheromatous degeneration of the arteries lend stronger support to the diagnosis. The lecturer differed from Mackenzie and Brown-Séquard as to the cause of sudden blindness of one eye, generally the left, in right hemiplegia. It is the result of embolism of the left a. centr. retin. occurring along with that of the cerebral arteries. The anatomical relations of the left carotid account for the greater frequency of embolism in the left eye; as the carotid on that side rises in a straight direction from the aorta, it does not offer the obstruction which may be found in the anonyma or right carotid.

A Medical Knight.

We are glad to see that a knighthood has been conferred on another member of the Profession, viz., Mr. J. Cordy Burrows, F.R.C.S., three times Mayor of Brighton. It reminds us, however, of the long-promised honours to the Profession that the Government still neglects to bestow.

Metropolitan Hospital Sunday.

At a conference last Thursday the following resolutions were adopted :—

1. "That the success attending Hospital Sunday collections in many of the largest provincial towns induces the belief that this movement will be equally successful in London; it is, therefore, most desirable that simultaneous annual collections should be made in all places of worship in the metropolis on behalf of the Medical charities." Proposed by Rev. Canon Miller, seconded by Rev. Dr. Kennedy, supported by Sir Anthony Rothschild.

2. "That a representative council be elected, by public meeting annually, consisting of not less than twenty-five clerical and twenty-five lay members, to make arrangements for the Hospital Sunday collection." Proposed by Right Rev. Bishop Claughton, seconded by Archbishop Manning.

3. "That the council have power to appoint an annual Committee of Distribution, consisting of members unconnected with hospitals, whose decision shall be final." Proposed by Rev. Dr. Jobson, seconded by Mr. R. B. Martin, supported by Dr. Sedgwick Saunders.

4. "That the Lord Mayor be permanent president and treasurer of the fund, and that the annual meetings be convened by him." Proposed by Mr. Robert Few, seconded by Rev. Prof. Marks.

5. "That the system of distribution be based upon the last three years' expenditure of each institution, after deducting the income derived from endowments, realised property, and legacies exceeding £100." Proposed by Rev. Dr. Davidson, seconded by Mr. Jabez Hogg.

6. "That no institution be admitted to participate in the distribution of the fund if the Committee of Distribution find the cost of its management exceed a reasonable percentage of the whole current expenditure." Proposed by Rev. J. F. Kitto, seconded by Rev. J. R. Bristow, supported by Rev. Canon Oakley.

Gratuitous Medical Advice.

At a meeting of general practitioners at the London Tavern on Thursday evening, to discuss the evils of gratuitous advice, Dr. Leslie in the chair, the abuses of hospitals were discussed with energy, and a committee formed to take action.

Anæsthetics in Midwifery.

As the use of anæsthetics is just now exciting so much attention, the following summary of an interesting paper upon their employment in obstetrical practice, by Dr. Dougan Clark, in the *American Journal of Medical Sciences*, will be found interesting :

"1. In perfectly normal labours of moderate suffering and duration, and without untoward symptoms of any kind, anæsthetics should not be resorted to.

"2. If the pains, even in an otherwise normal labour, be inordinate and protracted, especially in the second stage, anæsthetics are indicated.

"3. Irregular pains, exhaustive in their character, and inefficient, may be tranquillized by anæsthesia, and afterward the action of the uterus is, as a rule, more regular and efficient.

"4. Threatened convulsions may be averted, and those existing may be terminated, by a judicious use of anæsthetics. In cases of eclampsia, however, with congestion of the brain, or organic disease of that organ from any source, they are contra-indicated.

"5. Anæsthesia is proper in all obstetrical operations, whether manual or instrumental. It is useful in eversion, embryotomy, and the use of the forceps, and indispensable in Cæsarean section.

"6. Anæsthetics are among the most reliable means of overcoming rigidity of the perineum, os uteri, or vagina, especially when depending upon muscular excitement.

"7. Chloroform or ether may be employed for anæsthesia, of which chlorofom is the most convenient, agreable and efficient, but ether in midwifery, as in surgery, is the most safe.

"8. Chloroform is much less dangerous in midwifery than in surgery, so far as past experience can determine.

"9. It is not necessary, as a rule, to bring about complete insensibility, but only sufficient to obtund the severity of the pains. The exceptions to this rule will readily suggest themselves to a thinking mind."

Poison in the Ball-room.

We read last week in one of the newspapers a sensation paragraph to the effect that a lady had to be conveyed out of the room at the last *bal masque* in Paris in a complete state of prostration, which turned out to have been caused by the poisonous particles emanating from a green robe she wore. Powerful antidotes had to be employed to recover her. Now, dangerous as the greens produced by arsenic are, they do not manifest their presence by causing a fainting fit at the outset, and there are other conditions in most ball-rooms which do, so that the occurrence is easily explicable.

Dr. Brewer.

We regret to say that the hon. member for Colchester, whose illness in Italy we announced and afterwards his convalescence, has had a relapse. He has, however, happily recovered from this, and was able last week to commence his homeward journey by slow stages. The Italian physicians, considering the nature of the case, felt it was desirable for their patient to move northwards as early as possible.

Lithotrity and History.

The *Bordeaux Médical* asserts that Sir H. Thompson did not perform the operation on the late King of the Belgians, but that the crushing was actually done by M. Civiale, the father of lithotrity. When shall we ever know what actually transpires, and how true history is?

London International Exhibition, 1873.

At a meeting of Surgical Instrument Manufacturers held on Friday, it has been resolved:—

1. That the surgical instrument manufacturers do not exhibit unless the conditions requiring their productions to be submitted to a committee of selection be withdrawn.
2. That they may exhibit all the articles of their manufacture as a whole, and not in sections or subdivisions as proposed by the Commissioners.
3. That the condition on which the foreigner and Englishman exhibit shall be one and the same.

Two New English Words.

A correspondent of the *Medical Archives* thinks it desirable that professional prostitution should be designated in such manner as would distinctly and definitely indicate what vice or evil was alluded to, and proposes two substitutes for social evil and Lock Hospitals. To this end, in analogy with pornography and psychiatria (see Webster and Worcester's Dictionaries, new edition), he suggests two new English words, one of which was used by the ancient Greeks, while the other, although not used, would have readily been understood by them. Thus, as from the Greek λυκειον we have lyceum, so from the Greek πορνειον—brothel—we may say porneum; and, instead of the lengthy and really meaningless expression "social evil hospital," he proposes the short and expressive one, "porniatria" or "porniatric" house, or home, or, "porniatric hospital," from the Greek πορνε, prostitute, and ιατροσ, physician or healer.

How not to do it.

The West Ward Union, so clever at setting at nought the Local Government Board, has now resolved that it is not desirable to join with the other two wards in the appointment of a Medical officer under the Sanitary Act.

The Use of Ergot by Midwives.

The French Academy of Sciences has been recently exercised with the discussion of a question which was referred to them by the Government and which, it would seem, they had some difficulty in settling.

The French law, while it provides for the examination and qualification of midwives, forbids them using ergot in their practice, and French apothecaries, therefore, refuse to supply it on their order. The Academy appears to have felt that serious doubts might exist as to the propriety of allowing the use—and, perhaps, the abuse—of the drug to such persons but, that as the law recognised them as legitimate practitioners it would stultify itself if it refused them the necessary means to practise their business.

By the will of Mr. W. J. Horn, of Sheffield, the General Infirmary of that town receives a legacy of £2,000, and the Public Dispensary, £1,000.

An examination of candidates for appointment as Assistant-Surgeons in Her Majesty's Indian Medical Service will be held at Burlington House, on Feb. 17th.

The old national Pharmacopœia and system of weights and measures is to be abandoned in Bavaria, in favour of a Pharmacopœia Germanica and the decimal system of measurement.

Notice is given that a competitive examination of candidates for admision into the Medical Service of the Royal Navy will take place at the University of London, Burlington Gardens, on Monday, Feb. 17th, and following days, at ten o'clock.

In view of the growing importance of Medical galvanism, the Academy of Sciences of Bologna has announced its intention to present a prize of 1,200 francs for the best scientific experimental essay on galvanic or dynamic electricity. The competition remains open until June 30, 1874.

Dr. Robert Smith, Professor of Surgery in the University of Dublin, and Surgeon to the Richmond Hospital, has announced himself as a candidate for the Vice-Presidency of the Irish College of Surgeons, which will probably become vacant next June by the elevation of the present Vice-Chairman, Dr. Denham, to the Presidency.

The offices of Assistant-Surgeon and Physician for the Treatment of Diseases of the Skin in the Charing-cross Hospital are vacant. The Assistant-Surgeons are required to be Fellows of the Royal College of Surgeons of England.

The Assistant-Surgeons and the Physicians for the treatment of Diseases of the Skin are required to reside within three miles of the Hospital.

We have reason to believe that Dr. Sawyer, Professor of Midwifery in the Irish College of Surgeons is, in consequence of his impaired health, anxious for a temporary retirement from his professorial duties, and that a request from him for the appointment of a *locum tenens* to deliver the winter course of lectures will be shortly laid before the Council of the College.

Prof. L. Popoff has published in the Berlin *Klinisch Wochenschrift*, No. 33, 1872, the results of a series of experiments carried out in the laboratory of Prof. Botkin, of St. Petersburg, on the infectiousness of cholera excretions. The conclusions arrived at were that, not only the intestinal dejections, but also the urine of cholera patients are infectious when introduced into the body; that cholera excretions are more distinctly infective when fresh than when old; when decomposition has commenced, the specific cholera-effects are masked by the effects of the decomposing matter; from one to three (or even more) days are required for the production of the effects of cholera-poison introduced into the bodies of animals; lastly, the poison can affect the system by direct injection into the blood without passing through the intestinal tract.

Active steps have been taken in Munich to meet the probable outbreak of cholera. It has been determined at once to erect the necessary hospitals, and appoint Medical officers for the various districts. The chief physician to a hospital will receive 6, the junior 4 florins daily (about 10s. and 6s. 8s. respectively). The police has issued a circular to the owners of hotels, coffee-houses, and such like places, warning them of the danger of importation, and giving suitable advice. The immediate emptying and daily disinfection of ashpits, privies, &c., is urged. As disinfectants, the following are recommended:—1. Chloride of iron and manganese, 3s., 4s. per lb.; 2. Sulphate of iron; 3. Fluid carbolic acid of commerce, 4d. per lb.—(*Aerzl. Intell. Blatt.*)

An instructive instance of the impracticability of the law was brought under public notice at the Westminster Police Court the other day. A man came forward and complained to the magistrate that he found a chemist, stupidly drunk, compounding medicines in his own shop, and that, though he objected to have his physic dispensed by such a person, others had unwittingly done so, and one woman complained that a powder which the chemist had made up had nearly killed her child.

The magistrate's reply was a curious abstraction of Mr. Bright's famous adulteration epigram, *caveat emptor*. He informed the complainant that the chemist might drink if he liked in his own shop, and the best remedy he suggested was not to deal with such a man "if he sold drugs to persons which injured them he could be made amenable to the law."

We suppose that the moral of this decision is that you should take no medicines until you know that it was made up by a sober man, and if it poisons you you may go to law, but until it does you have no right to complain.

Dr. Schaffer contributes to the *Aerzl. Intell. Blatt.* an interesting case of epilepsy due to laceration of the N. sciaticus. The patient enjoyed perfect health until he was shot in his left thigh near Orleans, Nov. 7, 1870. Unsuccessful attempts were made to extract the bullet. The foot became swollen and useless. In February he had an attack of "cramp" of short duration, but succeeding these severe epileptic convulsions of a very violent type, the attacks lasting several hours. They commenced at a painful spot in the cicatrix, ran up the left nates and spine to the back of the head, and ended with convulsions. At the earnest entreaty of the patient, Dr. Schäffer cut down on the painful place where the patient insisted the bullet lay, and carefully dissected between the mem. biceps and semitendin. The mem. semi-membran. and adduct. magn. were also examined, but unsuccessfully. The wound was closed with suture. Severe fever followed, and a counter-abscess formed on the other side of the thigh. Patient rallied, however, and had no return of the fits.

STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATIONS OF THE BRITISH PHARMACOPŒIA.

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,
Assistant-Librarian Royal College of Surgeons in Ireland.

VAPORES (INHALATIONS).

There are five of these preparations now officinal. They should be so administered in a suitable apparatus as to enable the patient to breathe without effort the volatile ingredients evolved. They are as follows:—

Vapor Acidi Hydrocyanici.—10 to 15 mins. of acid to 1 drm. of *cold* water.

Vapor Chlori.—2 ozs. of chlorinated lime, and a sufficiency of water to moisten.

Vapor Coniæ.—60 grs. of extract of hemlock, 1 drm. of solution of potash, and 10 drms. of distilled water. 20 mins. of the mixture are to be put on a sponge, and the vapour of hot water passing over it to be inhaled.

Vapor Creasoti.—12 mins. of creasote and 8 ozs. of *boiling* water. Cause air to be passed through the mixture, and inhale it.

Vapor Iodi.—1 drm. of tincture of iodine and 1 oz. of water. Apply a gentle heat and inhale the vapour.

The addition of the alkali in *Vapor Coniæ* at once develops the characteristic odour of the hemlock.

VINA (WINES).

Wine, in consequence of the alcohol contained, and in some instances owing to the acidity, is a solvent of many substances insoluble in water. Wines, however, are sometimes objectionable, both from their liability to undergo decomposition, and owing to the fact that the proportion of alcohol present is by no means always constant.

Including Vinum Aurantii and Vinum Xericum there are eleven medicinal wines in the present Pharmacopœia, viz.:—

Vinum Aurantii, Orange Wine.
" **Xericum**, Sherry.
" **Ferri**.
" **Colchici**, 1 in 5.
" **Rhei**, 1 in 15½, or 38 grs. to 1 oz.
" **Ipecacuanhæ**, 1 in 20, or 22 grs. to 1 oz.
" **Opii** (*Extract*), 1 in 20.
" **Aloes**, 1 in 26½.
" **Ferri Citratis**, 1 in 60, or 8 grs. to 1 oz.
" **Antimoniale**, 1 in 240, or 2 grs. to 1 oz.
" **Quiniæ**, 1 in 480, or 1 gr. to 1 oz.

Orange wine forms the basis of Vinum Ferri Citratis and Vinum Quiniæ; sherry, that of all the other wines.

The following are the ingredients of the wines:—

Vinum Aloes.

Socotrine Aloes	1½ ozs.
Cardamon Seeds	80 grs.
Ginger, *coarsely powdered*	80 grs.
Sherry	2 pints.

Vinum Antimoniale.

Tartarated Antimony	40 grs.
Sherry	1 pint.

Vinum Colchici.

Colchicum corm., *sliced, dried, and bruised*	4 ozs.
Sherry	1 pint.

Vinum Ferri.

Fine Iron Wire	1 oz.
Sherry	1 pint.

Vinum Ferri Citratis.

Citrate of Iron and Ammonia	160 grs.
Orange Wine	1 pint.

Vinum Ipecacuanhæ.

Ipecacuanha, *bruised*	1 oz.
Sherry	1 pint.

Vinum Opii.

Extract of Opium	1 oz.
Cinnamon Bark, *bruised*	75 grs.
Cloves, *bruised*	75 grs.
Sherry	1 pint.

Vinum Quiniæ.

Sulphate of Quinia	20 grs.
Citric Acid	30 grs.
Orange Wine	1 pint.

Vinum Rhei.

Rhubarb Root, *coarse powder*	1½ ozs.
Canella Alba Bark, *coarse powder*	60 grs.
Sherry	1 pint.

It will be seen on reference to the above that all the wines may be said to be simple, except *Vinum Aloes*, *Vinum Opii*, and *Vinum Rhei.*

All the wines are made by maceration (pressing and straining when necessary) and subsequent filtration, except *Vinum Antimoniale*, *Vinum Ferri Citratis*, and *Vinum Quiniæ*, and these are made by simple solution, and subsequent filtration.

Vinum Xericum contains from 17 to 18 per cent. of alcohol, with colouring matter, œnanthic ether, &c., and bitartrate of potash, malates and sugar, &c.

Vinum Aurantii is made by fermenting a saccharine solution to which the fresh peel of bitter orange has been added. It contains about 12 per cent. of alcohol, and is slightly acid.

In *Vinum Antimoniale*, when the tartarated antimony is impure or the wine of inferior quality, perfect solution is often impossible, and the salt is frequently decomposed; the wine often contains matters which cause precipitation of the *oxide* of antimony.

Vinum Ferri very probably contains *tartrate of potash and iron*, formed by the action on the iron of the bitartrate of potash contained in the sherry.

Vinum Ipecacuanhæ when long kept not unfrequently throws down a precipitate of a mixture of bitartrate of potash and cephaelate of emetina.

Vinum Quiniæ is a solution of neutral sulphate and citrate of quinine in orange wine; the citric acid aids materially in the solution of the disulphate.

UNCLASSED PREPARATIONS.

Adeps Præparatus.—The fat of the hog (sus scrofa), purified by removing the membranes, washing thoroughly in a stream of water and straining, then liquifying at a heat not exceeding 212° F. and again straining.

It is soft, and melts at about 100°. It should not have a rancid odour, and should dissolve entirely in ether. It consists of about 60 per cent. of olein, with some palmitine and stearine. Distilled water in which it has been boiled should not give a precipitate with nitrate of silver, (absence of chloride of sodium), and should not give a blue colour with solution of iodine, (absence of starch).

It enters into the composition of *Adeps Benzoatus*, and forms the basis of many ointments.

Adeps Benzoatus.—Made by heating in a water bath for two hours, 1 lb. of prepared lard, and 160 grs. of coarsely powdered benzoin, and finally straining.

Benzoin, as we have elsewhere stated, has the property of preventing lard from becoming rancid.

Adeps benzoatus enters into the composition of all the suppositories, and forms the basis of the following ointments:—

Unguentum Gallæ, *Unguentum Plumbi Acetatis*, *Unguentum Sulphuris*, and *Unguentum Zinci.*

Sevum Præparatum.—The internal fat of the abdomen of the sheep, (ovis aries), purified by melting and straining. It is smooth, nearly scentless, and fusible at 103°. It consists chiefly of oleine and stearine. It enters into the preparation of *Emplastrum Cantharides*, and *Unguentum Hydrargyri.*

Sapo Durus.—Hard soap formed by combination of olive oil and *soda.* It is composed of oleate and palmitate of soda. It is greyish white, horny, easily powdered when kept in dry air, and easily moulded when heated. The presence of a little oxide of iron gives it a red or blue marbled appearance. It is soluble in water, and the solution is precipitated by lime, lead, &c. The ash left after incineration does not deliquesce; it should be entirely soluble in rectified spirit, and should not give an oily stain to paper. It enters into the composition of *Emplastrum Resinæ*, and *Emplastrum Saponis*, *Extractum Colocynthidis Compositum*, *Linimentum Potassii Iodidi cum Sapone*, *Pilula Aloes Barbadensis*, *Aloes et Assafœtida*, *Aloes Socotrinæ*, *Cambogiæ Composita*, *Rhei Composita*, *Saponis Composita*, and *Scillæ Composita.*

Sapo Mollis.—"Soft soap" formed by combination of olive oil and potash. It is composed of oleate and palmitate of potash. It is yellowish-green, transparent, and gelatinous.

The ash left after incineration is very deliquescent; like hard soap it should be entirely soluble in rectified spirit, and should not impart an oily stain to paper. It enters into the composition of *Linimentum Terebinthinæ.*

Pyroxylin.—"Gun cotton," prepared by immersing 1 oz. of cotton in a mixture of 5 ozs. each of sulphuric and nitric acids, for three minutes, then washing out the acids well with water, until the washings cease to give a precipitate with chloride of barium, and finally draining on filtering paper, and drying in a water bath.

It is readily soluble in a mixture of ether and rectified spirit. When exploded by heat it leaves no residue. It is introduced into the Pharmacopœia for the preparation of collodion.

Collodium.—Collodion is a solution of 1 oz. of pyroxylin in a mixture of 36 ozs. of ether, and 12 ozs. of rectified spirit.

This is a colourless liquid with an etherial odour; it is highly inflammable, dies rapidly on exposure to the air, forming a transparent film which is insoluble in water or rectified spirit.

Collodium Flexile.—Is a mixture of 6 ozs. of collodion; 120 grains of Canada balsam; and 1 drm. of castor oil.

Æther.—"Sulphuric ether of Edin. and Dub." Contains not less than 92 per cent. by volume of pure ether, $(C_4H_{10}O)$.

It is unnecessary to give in detail the complicated process for preparing ether, as given in the Pharmacopœia. Suffice it to say, in general terms, that it is prepared by the action of 10 ozs. of sulphuric acid on 50 ozs. of rectified spirit, added in successive portions. It is purified by allowing it to stand on chloride of calcium and slaked lime, and re-distilling to the sp. gr. of 0·735.

The following is a brief explanation of the process:—

By the reaction of sulphuric acid on rectified spirit, *sulphovinic acid* $(C_2H_6SO_4)$ is first formed, thus:—

$$H_2SO_4 + C_2H_6O = C_2H_6SO_4 + H_2O$$

By the reaction now of alcohol on the sulphovinic acid, the latter is decomposed, forming sulphuric acid and ether, thus:—

$$C_2H_6SO_4 + C_2H_6O = H_2SO_4 + C_4H_{10}O$$

By the addition of more alcohol, sulphovinic acid is again formed, and thus by the continuous supply of alcohol, the production of ether becomes continuous, sulphovinic acid being an intermediate product.

It is a colourless, volatile, inflammable liquid, with a characteristic odour; boils below 105°. Fifty measures agitated with an equal volume of water are reduced to 45 by an absorption of 10 per cent. It leaves no residue on evaporation.

It enters into the preparation of *Æther Purus*, *Collodium*, *Collodium Flexile*, *Liquor Epispasticus*, and *Spiritus Ætheris.*

Æther Purus.—Ether free from either alcohol or water. The process of purification is effected by washing the ether well with water (by which the spirit is removed), and when the liquids have separated after a couple of minutes, decant the supernatant ether; digest the latter then for 24 hours, with recently burned lime and chloride of calcium (to remove the water), and finally distil with the aid of a gentle heat. Its sp. gr. should not exceed 0·720, and it should not coagulate the albumen of the blood; if alcohol be present, the sp. gr. will be exceeded, and it *will* coagulate the albumen of the blood.

Water and sulphurous acids are occasional impurities, the former increasing its specific gravity, the latter imparting to it an acid reaction.

Chloroformum.—Terchloride of Formyl ($CHCl_3$).

The following is an abstract of the Pharmacopœial method of preparing chloroform:—3 galls. of water and 30 ozs. of rectified spirit are distilled with a mixture of 10 lbs. of chlorinated lime and 5 lbs. of slaked lime; 50 ozs. of the distillate is well washed with water, and after the mixture separates into two strata, the lower one, which is crude chloroform, is removed, washed repeatedly with successive portions of distilled water, and then shaken with its own volume of sulphuric acid. When the mixture settles, the chloroform is again separated, mixed with 2 ozs. of chloride of calcium, and ½ oz. of slaked lime and again distilled.

The following reactions indicate the probable steps in the process.—

1st. $\underbrace{2C_2H_6O}_{\text{Alcohol.}} + \underbrace{O_2}_{\text{Oxygen.}} = \underbrace{2C_2H_4O}_{\text{Aldehyd.}} + \underbrace{2H_2O}_{\text{Water.}}$

2nd. $\underbrace{C_2H_4O}_{\text{Aldehyd.}} + \underbrace{3Cl_2}_{\text{Chlorine.}} = \underbrace{C_2HCl_3O}_{\text{Chloral.}} + \underbrace{3HCl}_{\text{Hydrochloric Acid.}}$

3rd. $\underbrace{2C_2HCl_3O}_{\text{Chloral.}} + \underbrace{Ca2HO}_{\text{Hydrate of Calcium.}} = \underbrace{Ca2CHO_2}_{\text{Formate of Calcium.}} + \underbrace{2CHCl_3}_{\text{Chloroform.}}$

The process as a whole may be thus expressed:

$$\underbrace{4C_2H_6O}_{\text{Alcohol.}} + \underbrace{8CaCl_2O_2}_{\text{Hypochlorite of Calcium.}} =$$

$$\underbrace{2CHCl_3}_{\text{Chloroform.}} + 3(\underbrace{Ca2CHO_2}_{\text{Formate of Calcium.}}) + \underbrace{5CaCl_2}_{\text{Chloride of Calcium.}} + \underbrace{8H_2O}_{\text{Water.}}$$

Chloroform is a colourless liquid with a peculiar ethereal odour and sweet taste. Its sp. gr. is 1·49. It is slightly soluble in water, but soluble in all proportions of alcohol and ether. It is neutral in reaction, should not be coloured by sulphuric acid, and should leave no residue or unpleasant odour after evaporation. It is decomposed by fixed alkalies, and, on exposure to air and light, is apt to be decomposed into hydrochloric acid and chlorine. It is a powerful solvent of caoutchouc, gutta-percha, resins, many fats and vegetable alkaloids.

The following are its Pharmacopœial preparations:—*Linimentum Chloroformi*, *Spiritus Chloroformi*, and *Tinctura Chloroformi Composita*.

Charta Epispastica.—"Blistering Paper." Prepared by digesting 4 ozs. of white wax, 1½ oz. of spermaceti, 2 ozs. of olive oil, ¾ oz. of resin, 1 oz. of cantharides, and 6 ozs. of distilled water, in a water bath for two hours, stirring them constantly and then straining. Mix ¼ oz. of Canada balsam with the melted plaster, and pass strips of paper over the surface of the hot liquid.

Correspondence.

FOREIGN BODY IN THE BLADDER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Perhaps you may think the following case worth a place in your Journal:—

Mary G., æt. 14, was brought to my study on the morning of December 3rd, 1872, suffering, as the mother thought, from "a fit of the gravel." She had almost incessant desire to pass urine, acute pain in doing so, and pain on pressure over the bladder, quick pulse, nausea, and considerable fever. I looked upon the case as one of acute cystitis, and gave her in consequence, a mixture containing opium, belladonna, and camphorated barley water, ordering her a hip bath, and immediately after a light linseed poultice to be applied over the bladder. I saw her the following morning, and found her considerably easier, having slept pretty well the night before, but from information I received in the meantime from the mother, I introduced very cautiously a No. 10 silver catheter, and before it reached the bladder, I distinctly felt it coming in contact with some foreign body. I withdrew the catheter, and introduced a small polypus forceps, and without any trouble, the foreign body, which consisted of a common clay pipe, shank two and a quarter inches long, with the small tubercle at the lower part of the bowl, and two inches of a small iron chain attached—removed. Fortunately it was the chain that was caught, for if it had been the tubercle end of the shank, it is probable the chain might have slipped off and remained in the bladder.

She informed me afterwards, that four days previous to her consulting me, she had been introducing the smaller end of the shank into the meatus urinarius, and by some mishap "it slipped out of her fingers."

I need only add that by removing the cause she got rid of the effect. Yours truly,

P. M. Rice, L.R.C.S.I.

Millbrook House, Galway, January 9th, 1873.

MODIFIED HOMŒOPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You were good enough to include me in the list of qualified practitioners to whom you sent the number of your journal for December 18th last. I thank you for your courtesy. But that copy of the journal contains an article headed "Modified Homœopathy," which I do not hesitate to say is altogether untrue if it be intended to apply to homœopathic practitioners generally. When I say this I admit you were probably provoked to write the article by the one to which you allude in the *Homœopathic Review*.

I assume that your quotation from the *Review* is accurate, because I do not regularly see the *Review*, and therefore cannot tell if the extract has been rightly given. But I am willing to believe that, as a gentleman occupying a good professional position, you would not descend to the meanness of giving a wrong abridgement, in order to gain a temporary triumph for the cause you advocate.

If the editor of the *Homœopathic Review* has written anything to imply that it ever is necessary for a competent homœopathic practitioner to fall back on allopathic expedients for the treatment of disease, then I say I cannot allow that gentlemen to speak for me, for I never have occasion to do anything of the sort. During the more than seventeen years that I have practised homœopathy in this town I assert deliberately that I have never given, or found it necessary to give, even a single dose of aperient or purgative medicine, in any shape or form, in a general practice of average extent, embracing the varied forms of disease continually seen in such practice, namely, small-pox, typhus and typhoid fevers, croup, and other inflammatory affections of the air passages, the brain, eye, throat, and abdominal organs. A very large proportion of my patients recover, very few die, and those who do are the sufferers from disease that would be incurable under any known mode of treatment. This statement can be verified by reference to the lists of the registrars of deaths. Further, for seventeen years or more I have never bled or ordered a leech to be applied, nor cupped, nor used or ordered a blister, seton, issue, croton oil, or other counter-irritant, or salivated, or given laudanum, opium, morphine, or chlorodyne to abate pain, or used tartar emetic ointment, painted with iodine, or any of the like barbarities of allopathic practice, which you amusingly nickname "*scientific!* medicine!!" Yet my patients get well. What more do *I* want? What more do *they* require? But in my treatment of disease I select my remedies—specially prepared after my own formulæ—according to the logical, truly scientific mode, and natural law laid down for us by Hahnemann, from which I never deviate. The only other adjuncts I ever use are those of hydropathy. But as these cannot be extensively employed in private practice I only occasionally use them. Do not misunderstand me. I am not a magician, nor do I claim for the means I use any magical power. I only claim an earnest desire to see my patients get well without the infliction of medicinal disease, and reason and experience have proved to me that the means I use are abundantly sufficient to cure all that is curable of human malady. Again, I ask what more do I want?

But do I judge rightly of cause and effect? Either I am grossly deceived in diagnosing a case of inflammatory disease, or the disease does occur and the treatment cures it. If the treatment does cure it, then there is abundant curative power in properly selected homœopathic means. If, as you say, there is no curative action in the means made use of, then *Nature* cures. If Nature cures, she will cure for an allopath as well as for a homœopath. Medical men, then, will not be wanted, and there can be no other conclusion but that allopathy must be one of the greatest delusions that was ever inflicted on an ignorant, credulous public. Whichever horn of the dilemma you prefer I would have you take.

Sooner or later Government must interfere, and cause a ward in every London and provincial hospital to be set apart for the treatment of disease by homœopathy. It might be a fever ward, or lock ward if wished. Such a ward, under efficient direction, I think would enlighten the understanding of my allopathic barbarian brother—would induce him to throw his *pills*, *mixtures*, *lotions*, and *blisters*, to the "moles and to the bats"—and, having the "beam" removed from his eye, be astonished at his previous antagonism to *truth*.

I ask you in fairness to insert this letter in your journal. A copy will be sent to the editor of the *Homœopathic Review*, because if he has given the advice alleged, it could only be for inexperienced men, whose knowledge of homœopathy is distantly future. I am, Sir,

Your obedient servant,

Southsea, W. Hempson Denham, M.R.C.S.
January 2nd, 1873.

[We are glad to publish the communication of our correspondent because, if his practice coincides with the principles expressed in his letter, we have been lucky enough to hit upon the Medical dodo—the homœopath *pur et simple*. There is no doubt whatever that we have quoted the *Homœopathic Review* correctly. The pronouncement of that journal (which we must presume represents at least an important section of that profession) is as follows:—

"The obligations of the homœopathic practitioner to his patients to relieve pain and to stave off death are higher than his duty to practise homœopathy. If he cannot, whether from the incompleteness of science, or from his own imperfect acquaintance with it, prescribe homœopathically, he must use such measures as, within his knowledge, are most likely to achieve the end he has in view. He is the most successful physician who, within the limits where a homœopathically acting medicine can effect good, can relieve and cure, *most seldom* falls back upon an allopathic palliative."

The editor of the *Review*, in noticing our observations, says:—

"The only cases where anyone who understands homœopathy, or who is familiar with the *Materia Medica*, would care to resort to a sedative or an aperient, are cases that cannot be *cured* by any means at all, cases where it is impossible to put the law of *similars* into action, just because they are cases to which no drug is known to be *similar*. All that is aimed at when such measures are resorted to, is *temporary relief*; and this, whenever it is obtained, is only secured at some cost to the patient."

The previous statement of the editor does not at all confine the use by homœopaths of allopathic medicines to cases where *temporary relief* only is required. His later statement, however, is a perfectly clear acknowledgement that medicines in allopathic doses will give relief after homœopathic infinitesimals have failed, and, therefore, that practitioners who profess to believe that medicine in such quantities is rank poison should, nevertheless, so prescribe it without giving allopathy the credit whenever the infinitesimals or similars are found to be usless.—Ed. M. P. & C.]

ADVERTISEMENTS OF MEDICAL BOOKS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The action of the Royal College of Surgeons of England seems to me as puerile as it is useless, and I am glad to see you have admitted letters on the subject. Not requiring to advertise myself, I can be impartial. The particular case that gave rise to the motion was, no doubt, a gross one; but this differs vastly from the advertisements of books by respectable publishers. It will be impossible to prevent houses like Longmans, Murray, and others exercising their own judgment as to how to sell their books. Why, then, attempt to trammel Medical and scientific publishers like Churchill, Macmillan, Baillière, or Hardwicke?

The folly of the College is the more remarkable when we remember that they do not prosecute those who placard the urinals of London with indecent advertisements, in which the initials M.R.C.S. often appear.

Yours,

Common Sense.

◆

THE DEATH OF NAPOLEON III.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I confess to amazement at the statements contained in the record of the autopsy on the late Emperor Napoleon III., as reported in your last.

If it be impossible to detect kidney disease so advanced as that described, why are all our teachers so constantly urging the necessity of being on the look-out for such lesions? What is the use of chemistry if its easiest clinical tests are thus declared useless? Above all, what is the good of buying a microscope and examining with it the urine of half our patients? If the disease were not suspected, why not have said so? It is too bad to put forth such statements in a document read by every one.

Yours obediently,

A Physician.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You have done well to publish the account of the French Medical attendants of their late Emperor, and I congratulate you on being the first to issue the statement, and thus indirectly rebuke those of your contemporaries who thought the occasion one to glorify English or disparage French surgery. Science is of no nation, and such rivalry ought not to appear. One cannot believe the eminent men actually engaged desired thus to exult, and it shows great want of taste to express such notions.

To my mind the French report is most valuable. It completely sets aside Sir W. Gull's uncalled-for separate report on a subject on which he very likely has no grounds for the opinion he has ventured to express.

Yours,

M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I quite agree with the writer of one of the "Notes" in your journal to-day on the unsatisfactory way in which the precise cause of the Emperor Napoleon's sudden death is left. The statements of the doctors after the autopsy do not at all clear up the mystery. It is a subject of regret that the cause was not found to be what was erroneously suspected, viz., *embolism*. As it is, I think no other conclusion can be arrived at than that the patient died from *exhaustion*, which might have been the result of a too long fast!

Upon reading the account of the periodical visits of the several doctors during the night immediately preceding the Emperor's death, I, as an experienced nurse in the sick room, may be excused for having thought that one good female attendant, who would have administered nourishment or mild stimulants during those long hours, would have done more to prolong the patient's life than those Medical men, who merely looked at the sleeping figure (which appeared to be in a sound sleep) and did nothing, till a *change* alarmed the household, and then stimulants were freely administered, but too late! We hear of a strong opiate having been administered to lull the pain: has this any connection with the "failing of the heart's action"? But that expression, like the term "convulsions," ought not to be accepted as a *cause* of death; it is a symptom of some remoter cause. If a coroner's inquest had been held in this case, I think a proper verdict would be "syncope from too long abstinence from food;" and when we take into consideration the depressing effects of pain and the fear of successive operations upon an already sorely-tried constitution, it is easy to understand that such a patient required to be kept up during the night with suitable nourishment, combined with mild stimulants, and that even *sleep*, however refreshing under ordinary circumstances, could not sufficiently compensate for the exhaustion that had been going on, and the cruel demands upon the strength and nerve of the patient.

Yours truly,

——.

THE REPRESENTATION OF THE IRISH COLLEGE OF SURGEONS IN THE MEDICAL COUNCIL.

We have reason to believe that the opinion of the law advisers of the College as to the points we have raised regarding the validity of Mr. Hargrave's election will be presented to the Council at its meeting to-morrow.

The Council has certainly taken the proper course in satisfying itself, on indisputable authority, as to the *locus standi* of their representative, and in setting at rest, as soon as possible, questions which seriously affected the status of the College in the Medical Council.

Should their law advisers be of opinion that Mr. Hargrave's tenancy is strictly legal, it will then be the duty of the Council to express its opinion as to the capability of Mr. Hargrave to do justice to the Collegiate interests as spokesman for the Council. If, on the other hand, the legal opinion should be adverse to the validity of the election, it will devolve upon the Council without delay to proceed to the election of a representative in legal form, and Mr. Hargrave, should he desire to present himself, will be eligible. In this contingency we think the Council is bound to consider and guard against the possibility of a future representative holding office without re-election for a longer term than the Council itself may live. We think it would be prudent that an understanding should be arrived at that any Fellow accepting the office should undertake to present his resignation of it to the President of the Medical Council, whenever he might be called upon to do so by the Council of the College. It is remotely possible that under the provisions of the Medical Act a representative might, unless so pledged, set the Council at defiance, and continue, in name, to represent the Council after he had ceased actually to express their views.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on the 15th inst., and, when eligible, they will be admitted to the pass examination:—Messrs. Henry A. Lovett, Walter C. Morris, Benjamin Jones, John F. Breach, Herbert Duke, and Joseph B. Richardson, students of Guy's Hospital; Harry Lupton, Charles M'Callum, Eugene Crétin, E. Fairweather Luke, and Alfred E. Prockter, of St. Bartholomew's Hospital; A. Bernard Kelly, David Lloyd, and G. Wilkinson Pyburn, of University College; John T. Appleby, of the Manchester School; William Hindhaugh, of the Newcastle School; Peter Bruce, of the Middlesex Hospital; Henry Donaldson, of the Charing Cross Hospital; William Vernon, of the Glasgow School; Frederick H. Kyngdon, and Thomas D. Davis, of the London Hospital; Robert Robinson, of St. Mary's Hospital; and Charles F. Knox, of St. George's Hospital. Thirteen candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical studies for three months.

Apothecaries' Hall of England.—At Courts of Examiners holden on the 9th and 16th inst. the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Corneby Austin, of 115 Gower Street; Wm. Richard Cumming, of East Acton; H. J. Frith Groves, of Dorchester; Walter Edward Hacon, of Mare Street, Hackney; George Keer, of Wickham Market; Rees Ralph Llewellyn, of Whitechapel Road; and William Allen May, of Colney Hatch; and Messrs. Harold M. Powell, and Frederick William Saberton, both of Guy's Hospital, passed the primary professional examination; and the following as assistants in compounding and dispensing, viz.:—Messrs. George Claridge Druce, of Northampton; John Newton Place, of Spencer Street, Canonbury; William Henry Roberts, of Major Road, Jamaica Road; and Arthur John Rayson, of Yoxford, Suffolk.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Notice to Subscribers.—Subscribers who desire to avail themselves of the reduced tariff, by paying for the year in advance, must please send in their subscriptions before the end of the present month, otherwise the usual rate for credit will be charged.

Dr. Johnston Scott.—Your "Notes on Vaccino-Syphilis" will appear in an early number.

Law Respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions; 2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and subscribers are held responsible for all numbers sent; 3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires; 4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE FUND ON BEHALF OF MR. ISAAC BAKER BROWN.

To the Editor of the "Medical Press and Circular."

Sir,—In the early part of last year an appeal was made to the members of the Medical Profession on behalf of Mr. Isaac Baker Brown who was then in great pecuniary difficulties and suffering from an attack of apparently incurable paralysis. The Profession nobly and generously responded to this appeal, and placed at my disposal the handsome sum of £404 10s. 6d. to be expended as I thought best for Mr. Brown's benefit. I am now desirous of laying before the subscribers an account of the trusteeship with which I was honoured, and to give some particulars as to the expenditure of this money. In the first instance it was unavoidably necessary to release Mr. Brown from some pressing liabilities with which he was hampered. This absorbed about £50 of the fund. I afterwards allowed him two guineas per week for his maintenance. After a few weeks it was thought desirable for him, in consequence of excessive bodily illness, to leave London for the country, and accordingly, at his own request, he resided for some time in an hydropathic establishment at Beulah Spa. This entailed an expenditure of three guineas per week. On his return to London, at the end of the summer, I continued to allow him this sum, under the belief entertained by myself and other Medical friends who saw and examined him that, considering the acute character of his cerebral illness his life could not be of long duration. Under these circumstances I considered that I was only carrying out the wishes of the subscribers by liberally supplying him with all the substantial necessaries of life, as well as a few comforts that his state of severe mental and bodily prostration rendered essentially necessary. Since Mr. Brown has been relieved from the pressure of want and all its accompanying anxieties, his bodily health has improved, although he is still paralyzed and requires the constant assistance of a nurse, being unable to stand alone, dress, or feed himself. In fact, he is nearly as helpless as a new-born child. Taking into consideration the probable duration of his life, consequent upon the improvement that has taken place in his general health, I have suggested to Mrs. Brown the necessity of curtailing the expenditure, and allowing him out of the fund two instead of three guineas per week. To this she has consented. After taking into account a few subscriptions which remain unpaid, and deducting a small sum which was expended in collecting the money, and advertising the list of subscribers, there is now a balance in hand of £219 3s. 10.

Mr. and Mrs. Brown (whom I saw yesterday) are full of gratitude to those friends who so kindly came forward to their relief in the hour of their bitter distress. Personally, I desire to express my sense of the great obligation under which the subscribers have laid me, and to thank them for so liberally assisting in this work of Christian charity.

Your obedient servant,
Forbes Winslow, M.D.

Cavendish Square, London,
Jan. 18th, 1873.

Communications, &c., received from Dr. Harrison, Audlem. Dr. Croft, London. Mr. Coulson, London. Dr. Sawyer, Birmingham. Dr. Thos. Fraser, Edinburgh. Dr. Handsel Griffiths, Dublin. Dr. Greene, New Cross. Dr. Morell-Mackenzie, London. Dr. T. H. Marshall, Coblentz. Dr. Davies, Abergele. Mr. Cole, C.B., Kensington. Dr. Percy Leslie, London. Dr. Morgan, Dublin. Dr. Allott, Barnsley. Dr. Corfield, London. Mr. Pearce, London. Dr. Horace Swete, Leamington. Mr. Hempson Denham, Southsea. Mr. Chas. Cooper, Ouston Ferry. Mr. Cooper, Brentford. Signor Vincenzo, Ferrero. Dr. Devenish, Queenborough. Mr. Gillott. The Honorary Secretaries of the Medical Society of London and the Surgical Society of Ireland. Dr. Alexander Lane, Ludlow. Mr. Hancock, London. Dr. Jenner, Hunmanby. Dr. Shaw, Manchester. Dr. Forsyth, Darlington. Dr. Easley, Darlington. Mr. Mather, Manchester. Mr. B. W. Richardson, Dublin. Dr. Meldon, Dublin. Dr. Johnston Scott, Belfast. Mr. Dickinson, Chorley. Mr. Acland, London. Dr. Clegg, Bacup. Dr. F. Palasciano, Naples. Dr. Forbes Winslow, London. Mr. Messenger Bradley, Manchester. Dr. Nichols, Malvern. Dr. Shaw, Manchester. Dr. Lafarelle, Coleshill. Dr. Bell, Glasgow. Dr. Birch, London. Dr. Bourns, Oxhead. Mr. Boucher, Budleigh. Dr. Smith, Dublin. Mr. T. W. Carson, Danesfort. Mr. A. Slight, Derby. Dr. Hogg, H.M.S. *Serapis*. Dr. Rees Powell Crompadest. Dr. Sheehan, Buttevant. Dr. Haslett, Lahey. Dr. Flynn, Rathmines, Dr. Webb, Cappawhite. Dr. Fitzgerald, Clougharold. Dr. Spedding, Belfast. Dr. Brown, Morland. Dr. Gavin, Boston, America. Dr. Empson, Kilkenny. Dr. Holmes, Cork. Dr. Lowe, Lincoln. Dr. Ivens, Ballyshannon. Dr. McGatran, King's Court. Dr. Jameson, Newtownards. Dr. Blennerhassett, Coolaney. Dr. Sterling, Thomastown. Mr. Griffith, Letterkenny. Mr. Hyslop, Stretton.

◆

APPOINTMENTS.

Adams, W., F.R.C.S.E., Consulting Surgeon to the National Orthopædic Hospital, Great Portland Street, W.

Beck, M., M.B., F.R.C.S.E., an Assistant-Surgeon to University College Hospital.

Carson, A. T., M.D., Medical Officer for the Portrush District of the Coleraine Union.

Farren, N., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Attendant to the Royal Irish Constabulary at Buncrana.

Ford, T. H., L.R.C.P.Ed., House-Surgeon to the Leith Hospital.

Garrard, W. A., L.S.A.L., reappointed Assistant House-Surgeon to the Derbyshire General Infirmary, Derby, for six months.

Gillard, R., M.R.C.S.E., Medical Officer for District No. 7 of the Parish of St. Mary, Lambeth.

Gowers, W. R., M.D., an Assistant-Physician to University College Hospital.

Gregory, J., L.R.C.P.Ed., Surgeon for the Rusholme and Moss-side District of the Chorlton-upon-Medlock Dispensary, Manchester.

Jones, T., M.B., M.R.C.S.E., Senior House-Surgeon to the Royal Infirmary, Manchester.

Kingsford, Mr. P., Junior Resident Medical Officer to the Royal Free Hospital.

Little, W. J., M.D., M.R.C.P.L., Consulting Physician to the National Orthopædic Hospital, Great Portland Street, W.

Lyell, R. W., M.D., M.R.C.S.E., Junior House-Surgeon to the Royal Infirmary, Manchester.

Parmiter, H. R., M.R.C.S.E., Medical Officer for the Winfrith District of the Wareham and Purbeck Union.

Pearson, J., M.D., Medical Officer of Health for the Urban Sanitary District of Maryport, Cumberland.

Prince, J. E., M.R.C.S.E., Medical Officer of Health for the Hill District of the Crickhowel Rural Sanitary District.

Po[illegible], H. C., M.R.C.S.E. (*pro tem.*), Medical Tutor and Joint Demonstrator of Anatomy at Queen's College, Birmingham.

Su[illegible], J. M., M.D., M.R.C.P.L., Medical Officer of Health for the Urban Sanitary District, Oldham.

Tw[illegible], J., M.R.C.S.E., Assistant Medical Officer, Skin Department, University College Hospital.

T[illegible], F., M.B., C.M., House-Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

W[illegible], T., M.R.C.S.E., Medical Officer of Health for the Rural Sanitary District, Cheadle, Staffordshire.

W[illegible], Mr. G. W., Public Analyst for Plumstead, Kent.

The following promotions in Her Majesty's Indian Army were officially gazetted on Friday last:—

BENGAL ARMY.

To be Surgeons Major—Surgeons S. C. Townsend, W. B. Beatson, M.D., C. T. Paske, W. F. B Dalzel, S. B. Partridge.

MADRAS ARMY.

Assistant-Surgeon D. Kearney, to be Surgeon.

BOMBAY ARMY.

To be Surgeons Major—Surgeons M. M. Mackenzie, A. M. Rogers.

◆

VACANCIES.

Charing-cross Hospital. Assistant Physician or Surgeon in the Skin Department. Honorary.

University of London. Assistant Registrar and Librarian. Salary £500 per annum, subject to annual re-election. Applications, stating age and previous occupation, to be sent to the Registrar at the University offices.

Bolton Infirmary. Senior and Junior House Surgeons. Salary £120 and £100 respectively, increasing £10 yearly. Board and residence. Applications to the Secretary.

Nottingham. Medical Officer of Health for the Borough. Applications for particulars to be addressed to Mr. S. G. Johnson, Town Clerk.

Stockton-on-Tees Dispensary. Apothecary. Salary £120, non-resident Applications to the Honorary Treasurer.

Brighton and Hove Lying-in Institution. House Surgeon. Salary £100 per annum, with residence. Applications to the Chairman of Committee.

St. Mary's Hospital for Women, Manchester. Resident Medical Officer. Salary £60 per annum, with board. Application to the Secretary.

North Wales Lunatic Asylum. Assistant Medical Officer. Salary £100, with board and residence. Applications to the Chairman of Committee, Denbigh.

Borough of Bolton. Medical Officer of Health. Salary £200 per annum. Applications to the Town Clerk.

Sheffield General Infirmary. Assistant House-Surgeon. Salary £65 per annum, with board and residence.

Dunfanaghy Union, Crossroads Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

◆

Marriages.

Burghardt—Rawson.—On the 9th of January, at St. Thomas's Church, Ardwick, Dr. C. A. Burghardt, eldest son of Francis Burghardt, Esq., of Bowdon, to Mary, fourth daughter of Benjamin Rawson, Esq., Ardwick, Manchester.

◆

Deaths.

Bancroft.—On the 28th of December, S. N. Bancroft, L.S.A.L., of Great Bolton, aged 70.

Coles.—On the 17th of December, at Vienna, G. Coles, M.R.C.S.E., formerly of Woodstock, aged 66.

Cottle.—On the 8th of January, at Farley Lodge, Hill Lane, Southampton, J. M. Cottle, L.R.C.P.L., aged 69.

Hudson.—On the 3rd of January, at Shepton Mallet, Somerset, T. St. John Hudson, M.D., of Wood View, Glanmire, co. Cork.

Ruddock.—On the 7th of January, at South Brook Street, Leeds, Wm. P. Ruddock, M.R.C.S.E., aged 61.

Smedley.—On the 28th of December, N. Smedley, L.R.C.P.Ed., of Bolton, aged 23.

Advertisements.

INDIAN MEDICAL SERVICE.

NOTICE is HEREBY GIVEN, that an EXAMINATION of CANDIDATES for appointments as Assistant Surgeons in Her Majesty's Indian Medical Service will be held at Burlington House, London, on the 17th February, 1873.

Copies of the Regulations for the Examination of Candidates, together with information regarding pay and retiring allowances of Indian Medical Officers may be obtained on application at the Military Department, India Office, Westminster, S.W.

T. T. PEARS, Major-General,
Military Secretary.

Military Department, India Office,
8th January, 1873.

DUNFANAGHY UNION, CROSSROADS DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

THE COMMITTEE of MANAGEMENT of the CROSSROADS DISPENSARY will, at their Meeting on WEDNESDAY, the 5th of February, at 12 o'clock, in accordance with the sealed order of the Local Government Board, proceed to elect a SECOND MEDICAL OFFICER for said District, at a Salary of £100 per annum, exclusive of Vaccination and Registration fees.

Testimonials as to character and competency to be lodged with the Honorary Secretary, before the day of Election.

Personal attendance of Candidates necessary, and the person elected must reside at Falcaragh, or immediate neighbourhood.

Application to be made to the,
Rev. V. P. GRIFFITH, Hon. Sec.
Falcaragh, Letterkenny, January 16th, 1873.

NOTICE OF EXAMINATION OF CANDIDATES FOR THE NAVAL MEDICAL SERVICE.

NOTICE is HEREBY GIVEN that a COMPETITIVE EXAMINATION of Candidates for admission into the MEDICAL SERVICE of the ROYAL NAVY, will take place at the University of London, Burlington Gardens, on MONDAY, 17th Feb., 1873, and following days, at 10 o'clock.

Candidates must present themselves at this Department on Thursday, 13th February, 1873, bringing with them the various Certificates of Qualifications specified in the Regulations of the 24th June, 1871, when, should they be found in all respects eligible, they will be permitted to appear for Examination.

A. ARMSTRONG, Director-General.

Naval Medical Department, Admiralty, Somerset House, W.C.,
January 6th, 1873.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

A Course of LECTURES will be delivered at the Hospital during the months of January, February, and March, 1873.

Dr. ALFRED MEADOWS will lecture on "Fibroid Tumours of the Uterus," on Thursdays, January 16th and 23rd.

Dr. HEYWOOD SMITH, on "Cancer Uteri" on Thursdays, January 30th and February 6th.

Mr. CHRISTOPHER HEATH, on "Diseases of the Female Urinary Organs" on Thursdays, February 13th and 20th.

Dr. ARTHUR W. EDIS, on "Miscarriages" on Thursdays, February 27th and March 6th.

Dr. SQUAREY, on "Ovaritis and Ovarian Dysmenorrhœa" on Thursdays, March 13th and 28th.

Each Lecture will commence at 8.30 P.M. Gentlemen proposing to attend can obtain Cards of Admission on application to HENRY B. INGRAM, Secretary.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

THE EARL STREET MEDICAL AND DRUG HALL.

J. LEONARD and CO. beg to inform the Medical Profession and Public in general that they have become Proprietors of the above old established Concern, recently in the possession of the late Mr. J. King.

In addition to the usual supply of Drugs and Family Requisites for which this Establishment has been long celebrated, J. L. and Co. have the pleasure to announce that, being Licentiate Apothecaries, they have opened a Compounding Department for the dispensing of Prescriptions under their own immediate supervision, with Medicines of the purest quality, and they trust that this arrangement will be found a great convenience not only to the numerous customers of the Establishment, but also to the inhabitants of the north side of the City.

May 8, 1872. 19 NORTH EARL STREET, DUBLIN

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AS SUPPLIED TO THE SICK AND WOUNDED DURING THE LATE WAR.

THE many and expensive forms in which this well known medicine is administered too often preclude its adoption as a general tonic. The success which has attended WATERS'S QUININE WINE arises from its careful preparation by the manufacturer. Each wine-glassful contains sufficient Quinine to make it an excellent restorative to the weak. It behoves the public to see that they have Waters's Quinine Wine, for the result of Chancery proceedings, a short time since, elicited the fact that at least one unprincipled imitator did not use Quinine in the manufacture of his wine. All grocers sell Waters's Quinine Wine at 30s. per dozen.

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The Medical Press and Circular

The scale of charges is as follows:—

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☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

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This PURE Preparation of Malt, combined with the aromatic bitter of the Hop, possesses in a most remarkable degree the elements admirably adapted for yielding

NUTRITION TO PERSONS OF
CONSTITUTIONAL DEBILITY,
OR THOSE SUFFERING FROM LOSS OF APPETITE,
OR FROM ENFEEBLED DIGESTION.

Dr. Apjohn in his analysis states—"Of its constituents the most remarkable are those which *include Nitrogen*, the amount of which is unusually large—reaching as it does nearly 5 per cent. The *Proteinic* compounds in an ounce of it weigh 21·32 grains, and the analogous compounds in an ounce of beef-steak 98·48 grains. Hence, weight for weight, the *alimentary value* of the Extract is very nearly one-quarter that of the beef-steak. It is, therefore, *nutritious in a high degree, and being no doubt easy of assimilation, it must constitute an useful supplementary food in cases of debility and weak digestion.*"

Mr. Tichborne writes—"It is particularly rich in the *phosphates*, the value of which, from a *nutritive* or *medicinal* point of view, is becoming more palpable every day. Other preparations of this class which I have examined, on evaporation, yielded only 36 grains of Extractive to the fluid ounce, whilst yours contain 101·5 grains.

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RED HEART RUM.

CELEBRATED FOR ITS GREAT AGE, SOFTNESS, and PURITY.

It was specially supplied to the Sick and Wounded during the late War, and is strongly recommended in cases of

CHOLERA, DIARRHŒA, SEVERE COLD, &c.

Price 42s. per doz., bottles and case included. Samples can be had at 3s. 9d. per bottle.

Agent—J. G Turney, 61 King William street.

CELENTA EGYPTA.

THIS exceedingly digestible restorative, composed of prepared Lentils and other cereals, is strongly recommended for use in convalescence from sickness, and for Invalids generally, as an excellent Substitute for Animal Food. A somewhat similar article, sold under the name of Revelenta, is well known. The CELENTA EGYPTA is but about half the price; and as it contains, weight for weight, four times the nutrient power of beef, its relative value is easily calculated.

Sold in 1s. 6d. Tins, by W. HILL and SON, Biscuit Bakers to the Queen. Sample forwarded gratis.

ENTIRE WHEATEN NURSERY BISCUITS

differ from all other, inasmuch as, the bran being ground to an impalpable powder, they contain the whole constituents of the grain. The earthy phosphates, so essential to the proper formation of the bones and teeth, not being removed, renders these Biscuits particularly useful to Children.

Sold at 10d. per lb., by W. HILL and SON, 60 Bishopsgate Street, and 3 Albert Mansions, Victoria St., S.W. Samples forwarded gratis.

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For Burns, Bites, Eruptions, Abrasions, and Irritable Skin,

A Preparation which has for years stood the test of Medical experience as possessing HEALING PROPERTIES of a most marked and rapid character.

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after having been submitted to many careful trials, are found to be safe, efficient, and agreeable, are now daily prescribed by the most eminent Physicians treatment (specially) ASTHMA, and other Bronchial and Pulmonary Affections. In Bottles, at 2s. 9d., 4s. 6d., and 1[illegible]

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1873

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BY J. MORGAN, M.D., F.R.C.S.I.,

Surgeon to Mercer's Hospital, and Lecturer on Surgical and Descriptive Anatomy R.C.S.I., &c.

(*Continued from page* 63.)

WE have in these two cases remarkably confirmatory observations on the condition of the optic papilla, though one subject suffered so much more from general nervous shock and symptoms of urgency sooner than the other. This patient gradually recovered the general command over the muscles; the eye remains in much the same condition. He still dreads some muscular movements, and such an effort as going down stairs, is particularly inconvenient and distressing, and quite unnerves him; his speech is partially recovered; he still says he cannot work, which I am quite sure is true.

There is no doubt, some caution is to be exercised in the analysis of such injuries, as detailed by claimants for damages received by accident; but when we see distinct phenomena develope themselves with a certain regularity, and observe their culmination in the establishment of certain grave and permanent deficiencies of mind and body, such cases are entitled to more than ordinary consideration, and require an extremely guarded prognosis.

In the case of the Medical man who was injured in May, 1871, I have been kindly furnished by him, within the last few days, with the following very interesting and faithful review of his symptoms, as indicated by the effect on the various organs of the body. His description evidences the reception of a jar or concussion to the nervous centres, and the varying influences exercised, even at this interval of time. I look on this account as most important, and remarkably confirmatory of the serious yet subtle effects of these injuries. He thus reviews his condition, past and present:—

"I have adopted a regular order, and describe as closely as I can my sensations, and the effects of the injury

"*On the Memory.*—I had always to write down messages. Could not, for nine or ten months after the accident, be clear in figures, especially with money. On one occasion I almost left myself without money enough to pay the steamboat fare, from not being able to tot up what money I had. I lost the power of telling how distant, in yards, any object was, which I could do very accurately before the accident.

"*On the Thoughts.*—Even now I cannot read with benefit for more than two consecutive hours, and have to read anything of importance several times to get the sense of it.

"*On the Temper.*—I had to keep a constant check for fear of saying rude things, or being cross over trifles, such as drumming on the table or floor, closing doors, the crying of cats, piano practice being highly offensive; and I could not enjoy concerts as I could before, for my hearing became so exalted that false singing was frightful torture, barrel organs were specially so.

"*On Sleep.*—It was fitful and in snatches, without any feeling of refreshment, generally waking as I did for months, a little before dawn, compelling one to read or get up to avoid the tedium of lying in bed.

"*On the Head.*—I felt hot, with lightness, giddiness, and *confusion;* loud noises like rowing, ringing, and rushing, like the sea in a gale.

"*On the Sight.*—Alteration took place in the focal distance—that is, having to walk up to, and examine any object to know what it was; before the accident such an action quite unnecessary. Muscæ volitantes continued for eighteen months, and very vivid spectra; looking at a spot of red the size of a shilling, in a second I would see a ring of bright green, two inches in diameter, round it. I had almost photophobia, and sunshine on my face was very painful. I frown more since the accident than before.

"*On the Hearing.*—It became over sensitive and acute; I could overhear conversations in rooms underneath, or in next house which I could not hear before, and whispering was as distinguishable to me as an ordinary tone of voice.

Any sudden noise was frightful; it would make me jump up, tremble, and sweat as if I was in a hot bath. I could hear my own watch, which has not a very loud one, tick in an adjoining room quite distinctly, and recognise friends' voices coming down a road at some distance, when my people would not believe they were coming at all. Letting a load of stones fall out of a cart on a road nearly finished me once about two months after the accident; it distressed me so much, not seeing it happen, that I cried for half an hour. Now I would not mind as much, if a house fell down.

"*On the Sense of Touch.*—I used to take twice as long to dress myself, and felt confused about buttons; I often had to get myself buttoned by others.

"*On the Attitude.*—It got stiff and unbending, like a man balancing a basket on his head with a heavy weight. My head used to feel as if it weighed a couple of tons at least. I had great difficulty in walking round a corner, and had always to *tack like a ship.* Antero-posterior movements were very painful of the neck; rotation very painful; the rattling motion of a train or carriage was very distressing. I had also great difficulty of picking anything up; I nearly always fell if I could not get any one to pick it up for me. I could not get up without the use of my hands if I laid horizontally. If I was blindfolded and told to walk forward I would fall on my face. My nerve was entirely gone; I could not look over heights or steep places without great pain and fear. Before, I could climb anywhere I could get a hold for foot or hand.

"*On the State of Spine.*—My lower cervical and middle dorsal vertebræ were very painful; sensation on the back of neck very painful. Spinal column I used as if it was one piece. If my hand was taken by a bystander and moved about, it caused the greatest pain *and dread* to me, as if it was to be pulled off with the least touch. After walking or any fatigue to arms or legs, such as rowing or carrying a shawl or basket, great numbness and difficulty in setting the muscles in motion, as if they had got *rusty.* The BRUIT MUSCULAIRE was audibly present to me for months if I was in a quiet place, especially in the muscles of the neck, and shoulders, and arms. I could hear the muscles contracting when I closed my hand in a quiet room. Great sense of *weakness* and *rustiness* in all my joints, such as knees, ankles, elbows, and wrists.

"*On the Gait.*—It was unsteady; I generally used a stick for months; straddled greatly, and wore the heels off my boots in no time, not being able to lift them; going up or down hill was very trying and distressing; sensation in the limbs exalted, and since the accident I am most keenly sensitive to currents of cold air or draughts; feet were generally cold, even with exercise, for a long time—eighteen months—after accident. If I let my feet get very cold the suffering was dreadful, and great difficulty in warming them again. Coming on evening in July and August always felt chilly and damp, and I had to wear warm trousers and a thick pea-jacket. Extensor muscles very painful, especially on part of the thigh, which moved in a very jerky, *rusty* manner. Even now I cannot grasp things firmly or as long as I once could in certain positions of the hand, such as holding a drawing-board or heavy slate perpendicular. Cramps came on, so that I had to let the book or object fall or lay it down. The limbs on the left side of the body did not waste as much as those on the right, and I used to be able to hold out at arm's length a 28 lb. weight with ease. If I were to do it now the pain and *fatigue* of the muscles would make me remember it for some time. Small of my back now weaker than I ever knew it in my life, as I used to be thick and strong then. If I lift a heavy weight now, requiring the use of the entire body, muscles of arms, back, and legs tremble *like leaves.* After the exertion *I can feel the shape, as well as origin and insertion, of all the muscles used.*

"*The Pulse* is slow and weak decidedly. For some four months after the smash I used in my sleep to lie in the *prone* position; I would go to sleep on my right side, as is my custom, and always woke on my face. A high pillow is a great comfort; if I used a low one I always got cramps in the neck."

The contrast of the general symptoms, as well as of those affecting the muscles more particularly, is remarkable; in one case there is constant muscular tremor, and in the other the peculiar exaltation of "muscular sense," with general impairment of power still existing after a lapse of nearly two years.

(*To be continued.*)

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NOTES OF A CASE OF VACCINO-SYPHILIS.

By J. M. Johnston Scott, M.D.

I send you some notes of a very interesting and peculiar case of Infantile Syphilis, which came under the care of Dr. H. S. Purdon, at the Hospital for Diseases of the Skin, Belfast.

Thomas Harrison, a well-nourished, and very pretty child, was brought to the above-named institution by his mother, on the 9th November, 1872. Her account of the child and its malady was as follows:—"The baby was in perfect health from the time of its birth (ten months ago) up till the third month, when it was vaccinated. The pock was developing in the usual way, when an eruption made its appearance on the arm, near the vesicle, and over the whole body." This she described as being little "watery blisters," which were a little "itchy."

When we first saw him his body, arms, and head were covered with a bullous eruption, which was very copious on the body, where the bullæ were the size of a shilling-piece, and also on the head and forehead, where they were much smaller, being about the size of a threepenny-piece, while a few still smaller in size were observed on the ankles and toes of both feet, and also a solitary one on each ear. The pock at the time we first saw him was an open ulcer, circular in form, and about an inch in diameter, with raised edges, and an indurated base. It will be remarked that this was fully six months after the child had been vaccinated, and in the meantime the ulcer had shown no tendency towards repair, and almost none towards extension.

We also learned that another eruption had existed some time before he was brought to the hospital, and of which we could still find some traces in the shape of "cooked ham" coloured maculæ.

There were no mucous patches at the mouth, nose, or anus, but around the latter part the eruption was plentiful and well marked. The bullæ were well marked and distinct, circular in form, and contained a clear serous fluid, which on rupture or drying, left a perfectly flat greenish black scab; showing no tendency to ulcerate; we may remark *en passant* that the bullous is one of the rarest forms of syphilide.

Dr. Purdon, on examining the child, ordered him aperient powders, and citrine ointment with carron oil. On the 17th, as the former medicine had not produced any amelioration of his condition, he was ordered iron wine and Fowler's solution; on the 27th, from the appearance of the eruption, which was now better developed, he was ordered mercury with chalk in one-grain doses at night, from which time he improved so rapidly that he was discharged completely free from the eruption on the 1st of January, 1873.

There cannot be any doubt as to the syphilitic nature of the above disease, when we take into consideration the character of the eruptions, the marked improvement which took place when mercury was exhibited; the peculiar characters of the cicatrices left behind, and the salmon discolourations which we found wherever there had been a spot of disease.

The suspicion of its being a case of hereditary syphilis is untenable, because we have no history of any syphilitic taint in any member of the child's family. The father and mother are healthy, neither of them ever had any eruption. The mother never had a miscarriage, her seven other children are alive and healthy, and the subject of these notes was equally so up to the time he was vaccinated.

Nor had our patient, when brought to us, the characteristic cachectic appearance of hereditary syphilis, while the state of the pock, its indurated base and permanence in the absence of treatment, point plainly to its being the place of implantation of the virus.

It is curious to notice the difference in the duration of the incubation of the two diseases. The vaccinia had advanced to a considerable degree before the effects of the syphilitic virus which was implanted at the same time made their appearance.

Not the least interesting point in this case is that we are shut up to the belief that the syphilis was introduced into the child's system by the use of impure vaccine lymph taken from the body of a person tainted with syphilis.

And I am induced to send you these notes, because I am aware that the existence of this as a cause of syphilis has been, and still is, denied by many; and that, notwithstanding the evidence of Dr. Pacchiotti, of Turin, the historian of the epidemic of syphilis, which produced such disastrous results amongst the children of the valleys of Rivalta, in Piedmont, in the year 1861.

Dr. Whitehead, quoted by Tanner, writes that he has seen several cases of infantile syphilis brought about by impure vaccine lymph, while many writers on syphilis and on vaccination, agree with Viennois, that syphilis may be propagated by vaccination, but that it only occurs where blood has been taken along with the lymph from the arm of a syphilitic patient.

As to the propriety of administering mercury to young children suffering from the ravages of syphilis; many and diverse opinions are held at the present time among Medical men.

Some authorities interdict the use of mercury in this case, and state that under no conditions whatever would they venture to administer this drug to infants or young children, while others assert quite as firmly that it is not only useful but indispensable; among whom I may mention Dr. McCall-Anderson, who, in his latest work on the "Treatment of Diseases of the Skin," says there is no other treatment which appears to have any material influence on the disease.

Another section would not give the drug directly to the child, but would affect it through the mother, while the most extreme party of all asserts that by the use of mercury we may eradicate the syphilitic virus from the system if the case be taken in time, that is, before the virus has had time to produce a profound cachexia.

Those authorities who prescribe mercury for children order it, as a rule, in the form of mercurial ointment, directing it to be firmly rubbed into the skin; and state that by so doing they obtain more satisfactory matter than if it were administered by the mouth; and, as a rule, this will, we think, be found the better plan of the two.

But in a case like that detailed above, where the eruption involves a large area of the cutaneous surface, and where the remaining skin is irritable from the effects of the virus, such treatment, if persevered in, will most probably result in an eczema mercuriale.

In the above case our treatment produced a diarrhœa, which for a few days interfered with and retarded the progress of the cure, but this was checked by the use of chalk, after which we resumed the mercurial.

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CASES IN MILITARY PRACTICE.

By **Mark Anthony**, M.D., 47th Regiment, Carlisle.

APHASIA.

Whilst serving abroad some short time ago, I find from my note-book the case prefaced as above, and the following ones, which for interest and peculiarity are deserving of some attention:—

Private M——, 53rd Regiment, æt. 32, was admitted into hospital on 18th May, 1871, with the following symptoms:—Is unable to articulate or make himself understood; has great confusion of ideas; cannot read or write (though previous to seizure could do both); suffers no pain, but by pointing to left side of head; indicates some uneasiness in that locality; both pupils are natural; tongue foul; bowels irregular, and the pulse at both wrists beating regularly and naturally. He understands everything that is said to him, but his endeavours to reply are pitiful in the extreme. He has forgotten the names of places and things. No paralysis or disease of heart, and his urine is natural in quantity, and shows no traces of albumen. Eats and sleeps well.

His previous history is as follows:—Has always been healthy and sober in habits; has served in India for several years, where he enjoyed good health, save when at one time he had enlargement of spleen. On the day before admission had been on duty when he got a chill, and immediately afterwards felt a numbing sensation over left side, beginning at left temple; that evening was attacked by symptoms already indicated. The treatment adopted was at first calomel and pulv. jalap comp., and subsequently iodide of potassium with quinine, together with a mild and unstimulating diet. Under this treatment he recovered so far as to be able to recount in a sort of way his symptoms and the period of attack. There are still, however, words he cannot pronounce or spell correctly.

He remained in hospital one month, when, owing to his being sent with other invalids to England, I lost sight of his most interesting case.

Unusual as are the number of cases of this peculiar disease which comes under the notice of the physician, yet each one furnishes new matter for thought, and a comparatively open space for theory in the study of aphasia.

Without injury, previous inflammation, or discernible disorder of other organs, a young man is suddenly bereft of all power of expressing his ideas, painfully conscious of his defect, and with unimpaired intellect he becomes dumb.

Since the discovery of Monsieur Broca that the seat of the articulating power of the brain was in the second and third frontal convolutions of the left anterior lobe, much has been done to elucidate the mystery of the aphasic condition. In Private M.'s case the theory was, that an embolism had blocked up the middle cerebral artery, probably from some former undetected disease, either of liver or spleen incurred during his former service in India. In military practice we have often to deal with serious and life-destroying diseases; but, unfortunately, we have also to remember that the most serious disease is often mimicked by ingenious but ungrateful defenders of their country. In considering the present case, this had to be passed in review before arriving at a diagnosis of the disease, falling back for want of something better, and thereby following the example of our professional brothers in law. On circumstantial evidence it was found that every outward circumstance precluded the idea of the man being a malingerer. I regret that the circumstances above mentioned prevented me from following up the case, but I have little doubt, taking all things into consideration, his good general health, his age, and the degree of recovery he exhibited during the short time under my care, when the treatment was merely tentative, with the hope that Nature would re-establish the current of circulation; that eventually he would recover the faculty of speech of which he was so suddenly and with such little apparent cause deprived.

INGUINAL HERNIA REDUCED BY TAXIS AND POSITION.

Was asked by Dr. H——, Civil Practitioner at St. George's, Bermuda, to see the subject of present short description. A middle-aged man, a negro, suffering from rupture of left side, which, though of several years standing, had only become irreducible on the morning of our visit. On examination, we found a large inguinal hernia, which resisted our efforts to reduce it by taxis and warm baths. Before trying the effects of chloroform, we determined to try the effects of gravity on the tumour, in other words, to invert the man as much as possible, with his back leaning against the edge of the bed, his head downwards, nearly resting on the floor, and with my friend, Dr. H., assisting to maintain him in this novel position. I succeeded after very slight manipulation in reducing the rupture, which, whilst the patient lay in the recumbent position, had resisted all our efforts. In describing such a case, I know many objections are capable of being raised to its treatment; but, having effected its purposes, was sufficient to me that there was a something in it, though rough, and in very many cases, inapplicable, it is at least prompted and suggested by a little common reasoning.

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ON THE USE OF DRY-POWDERED BLOOD.

By Dr. de Pascale, of Nice.

Several years ago I published from my experience and medical practice, some observations on the very beneficial effect of warm blood taken the moment when extracted from the calf or ox, killed for general domestic use.

I mentioned at that time the cases of three invalids, not English, suffering from hæmoptysis, in whom tubercles were diagnosticated, who derived great benefit from that treatment. The quantity of blood lost by one of the above-mentioned invalids was enormous; but his perseverance for two years or more in drinking daily the blood, made him well and healthy. At this present time he is walking about Nice, or attending to the business of his large establishment.

I do not wish to dwell upon the great improvement in my own general health after drinking the warm blood for about a month. One of the English doctors practising in this place had the opportunity of verifying my improvement, and the experiment which I made, when in a state of general weakness and pallor, in consequence of suffering for many years from malarial fever, taken during the siege of Venice in 1848 and 1849.

Everyone knows the history of those barbarians, who were accustomed to drink the blood of their victims at a feast after their bottles; and also of those who were supported by the blood of their companions, wrecked in the *Medusa* in 1807; and of others who have been nourished in the desert by the blood of animals.

Dioscorides affirms in his *De Medicinali Materia*, that animal blood has been used for the purpose of curing diseases; the old women adopted a similar system.

Finding among the English and American patients in Nice an unconquerable repugnance to such a remedy, the name only having the power of producing nausea, I was obliged to disuse it. But afterwards a dim recollection of the manner in which it was administered by old Medical men in my youth, made me adopt the plan of giving it in the form of dry powder.

History also relates that dry-powdered blood was used before the thirteenth century, when the quack, Jean de Gaddesden, brought it into renown.

It is easy to understand the comparative difference between the warm and the dry blood. In the first there is life with animal heat, and volatile principles, which conduce to assimilation. Notwithstanding, in the dry blood, fibrine, albumir, hæmatozine, manganatic, and ferruginous salts remain.

Between the seventeeth and eighteenth centuries the celebrated anatomist of that time (F. Buischio) found in the blood the necessary elements for the composition of every tissue of our body. At the end of the seventeeth century also was discovered one of the most important principles of the blood, that is iron, by M. Lamey, and afterwards by Berzelius. According to Berzelius, a distinguished professor of chemistry, the blood of the ox is the most similar to that of man; this, in fact, I have used in several cases of general weakness with anæmia, and in cases of chlorosis.

The blood of the ox, after being dried in a water-bath, is reduced into a very fine powder. and grated through a sieve. Dry blood can be taken for any length of time, being almost tasteless, and no repugnance is likely to be felt, as is often the case with raw meat. It can be taken as any common powder, mixed with soups, milk, marmalade, chocolate, or enclosed in a wafer.

In two cases I have given the powdered blood under the name of nutritive powders, mixed with a small quantity of pepsine; choosing that name lest ladies, startled by one more precise, might have difficulty in taking the medicine.

The quantity to be taken may vary according to the age, sex, or the state of health and digestive power of the patient. In general, I begin with thirty grains, which is increased according to circumstances; but quantity must be left to the discretion of the physician who prescribes.

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Hospital Reports.

JERVIS-STREET HOSPITAL.

Notes of Cases occurring during December, 1872, *in Dr. Meldon's Clinique.*

(Reported by L. J. Hughes, Resident.)

On Monday, the 29th of December, Dr. Meldon, in his clinical lecture, reviewed the cases treated by him during the month then closing. He remarked that the students of Jervis-Street Hospital have unusual opportunities of becoming acquainted with every variety of accident. Fractures and wounds have been very numerous during the present month; no less than thirty of the latter, and twenty-two of the former, having occurred during Dr. Meldon's term of ten days' duty. Most of the wounds were contused and lacerated—in one it was necessary to tie the ulnar artery, and in another the occipital was cut. Two were cases of punctured wounds—one by a scissors, which pierced the ulnar artery in the centre of the forearm, and which vessel was secured by a double ligature, above and below the bleeding point; the other was that of a sailor, who had been stabbed in the back and side with a penknife, which penetrated to a considerable distance in four places. This man, who refused to remain in the hospital, was dressed, but unfortunately did not return.

In general the sutures used for external patients, have been carbolized catgut. The lacerated wounds were all dressed with charpie saturated in a lotion composed of equal parts of sulphurous acid and glycerine, and which is usually known as Dr. Stapleton's lotion.

The fractures have been much more important, though not so numerous. They included ten cases of Pott's fracture, two compound comminuted fracture of both bones of the leg, three fractures of the thigh, one of which was compound, occurring in a patient who had also a compound comminuted fracture of the forearm, and a Pott's fracture of the other leg.

One case of fractured tibia, that of the French sailor, was worthy of notice from the manner in which it occurred. In this case the fracture was caused by powerful straining of a rope in which the man's leg had somehow got involved, and so was twisted round until it was broken. On admission there was enormous effusion, and apparently great laceration of the surrounding parts. The leg was put up in a box splint, and afterwards in starch, with the happiest result to the patient.

There was another case of compound fractured tibia in the lower third, and a simple fracture of the fibula near the knee, which was also put up in a box splint filled with bran; this can be so arranged as to take the part of pads, and at the same time it acts as an antiseptic. The box splint has many advantages, and can be made to do the part of a Dupuytren by the proper arrangement of pads without in any way sacrificing its own peculiar merits. In this way, by securing the knee a perfect rest for the lower extremity is obtained, whilst a proper application of pads in the case of Pott's fracture is sufficient to obtain the result derived from the use of Dupuytren's appliance. Moreover, it is possible by suspending the box-splint to allow a certain amount of motion without any risk of disturbing the fragments. This, of itself, is very important, having regard to the general health of the patient. The box may be easily suspended a little above the level of the bed, by tying a tape to each of the four corners of a piece of linen, passing under the splint, these may then be passed extending above from one extremity of the bed to the other. This custom ot slinging fractures of the leg was first introduced into Jervis-Street Hospital by the senior surgeon, Dr. Stapleton.

Two cases of compound fractures were followed by tetanus, one of which ended fatally. In this case the patient was not brought to hospital until five days after he had received the extensive injuries, namely a compound fracture of the femur, compound comminuted fracture of the radius and a Pott's fracture. The day of his admission he became the subject of traumatic delirium, of a low muttering character, as also extensive pneumonia. From these, however, he recovered under stimulating treatment. Some days after, owing to extensive bed sores, it became necessary to put him lying on his face, having previously put up the fractures in plaster of Paris. Tetanus set in on the twentieth day after the accident, and terminated fatally in twenty-two hours. In this case some temporary relief was obtained by the inhalation of chloroform. In a *post-mortem* examination it was found that the large branch of the ulnar nerve, which is given off in the forearm (Dorsalis Carpi Ulnaris) had been pierced by a spicula of bone. This, as well as the ulnar itself, was in a congested condition. All through this case the risus sardonicus was badly marked, although the muscles of deglutition, as well as those of mastication, were much affected. Death was from asphyxia.

The second case, that of James Kavanagh, commenced with very acute symptoms; these, however, yielded to treatment, and the patient is now so much improved, that he may be pronounced out of danger. The treatment consisted in the administration internally of large doses of belladonna, conium, and hyoscyamus, at the same time that atropia and small doses of morphia were injected subcutaneously on either side of the spine. It may be remarked, that after each injection the symptoms underwent considerable abatement. At one time, when the disease was most severe, the morphia was omitted, but when it was found that the usual improvement did not follow its injection, the morphia was again added. At a subsequent period the atropia was omitted with like results. Of the other cases of fractures, few observations are necessary. One, an old woman, æt. 90, who sustained a compound comminuted fracture of the leg, died.

There were three cases of dislocations, one compound of the thumb, and two of dislocation of the head of the humerus into the axilla. All these were reduced without trouble.

Of general surgery, there have been many interesting cases; one of necrosis of the femur, on which Dr. Meldon operated early in the month, gave some little trouble, owing to secondary hæmorrhage, which occurred on the seventh day from the anastomatica magna. This was so copious that in a few moments the patient was blanched, and in a state of syncope. It was effectually arrested by plugging the wound with lint, steeped in equal parts of muriated tincture of iron and turpentine. In the same ward we have a well-marked case of iliac, as also one of psoas abscess, from which two and a-half quarts of pus were removed by means of the aspirator. In the female ward, in a case of varicose veins, Dr. Meldon passed needles under the saphena vein, and thereby obtained its obliteration. This may be compared with one similarly affected, in which sometime since he performed the operation known as "Corrigan's operation," and which consists in cutting down on the vein and touching it with nitric acid; the result was also satisfactory.

Several cases of sciatica were cured by the use subcutaneously of atropia and morphia. Dr. Meldon remarked, although these medicines were generally considered antidotal, yet in practice we find that the combination is most useful.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 14TH, 1873.

T. B. CURLING, F.R.S., President, in the Chair.

AN ANALYSIS OF SHIP AIR, AND ITS EFFECTS.

BY ALEXANDER RATTRAY, M.D. Edin.,
Surg. R.N., H.M.S. *Britannia*.

(*Communicated by* GEORGE BUSK, F.R.S.)

MUCH, perhaps nine-tenths, of the sickness prevalent in H.M. Navy is preventible. Many diseases result from impure air. Experiment shows that ship air is more vitiated than is generally supposed. No analysis has hitherto been made. Without a correct knowledge of the intensity and nature of pathological agents, we cannot fairly estimate their effects, or endeavour to counteract them.

Measurement showed that in H.M. frigate *Bristol*, the type of a large class, the crew had little more than from 100 to 120 cubic feet space at night and 60 at meals; officers about 400. This contrasts with the 600 cubic feet allowed soldiers in cold and 1,500 in warm climates; hence chiefly why ship air is more impure than that of barracks or private dwellings generally. Although large ironclads give a greater air-space, they are more shut in, and the internal atmosphere is probably equally impure.

The results of 150 experiments, during a four months' voyage from the Cape of Good Hope to England, show that carbonic acid, chiefly derived from the lungs, is the great impurity. This varies from 4 to 18 vols. per 1,000, and even more in the deeper parts. For obvious reasons, it is most abundant where and when the men are crowded—*e.g.*, on the berth-deck, at meal-times, and at night. It also varies with the ventilation.

Ammonia from the urine; sulphuretted hydrogen and sulphide of ammonium from the bilge; volatile organic matter chiefly from the lungs, skin, and mucous membranes; watery vapour from the skin, lungs, and sodden decks; microscopic floating dust or *débris* from the ship, stores, and crew, are also estimated; the quantities being more abundant than is consistent with health. Ozone diminishes as the impurity increases, and is absent in the innermost parts.

The mechanical and chemical pathological effects of carbonic acid are immediate and remote. From nightly renewed imperfect blood aeration follow lung congestion and a predisposition to pulmonary and cardiac ailments, easily excited by the sudden chills of night-work and severe exercise aloft. Hence the frequency of diseases of the respiratory and circulating systems—*e.g.*, phthisis, bronchitis, catarrh, &c. From its non-elimination, and perhaps reabsorption, spring general blood and tissue poisoning, imperfect nutrition and function of every organ and system, whether nervous, muscular, or granular, a long list of more or less obvious, but perhaps oftener obscure ailments, and ultimately premature old age. These results are aided by the long inhalation of organic matter—sulphide of ammonium, &c., and perhaps the deficiency of ozone.

The practical conclusions show the necessity of giving ships the best ventilating apparatus; of always keeping this efficient and at work; and of not trusting solely to fixed systems, but aiding these, when possible, by others; as the air which all, and especially fighting men, breathe cannot be too pure.

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THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of the 3rd January.

The President of the College of Surgeons, Dr. Kirkpatrick, in the Chair.

(Continuation of the discussion on Mr. Macnamara's communication regarding the "Vermicular Action of the Urethra.")

He (Professor Macnamara) was calling attention to the actions of the urethra on the catheter before it got near the sphincter, which disposed of Mr. Wharton's observation on that point. Reference had been made by Mr. Richardson to the winged catheter. He thought in some cases it was an exceedingly useful instrument, but it was not intended for stricture at all. It was a kind of elastic stem, with a wing at each side, and it was introduced into the bladder in cases of enlarged prostate where it was necessary to pass an instrument continually. He (Mr. Macnamara) did not say that vermicular action would counteract the specific gravity of the instrument when the patient was walking about, and the penis in a depending condition, in which the natural tendency of the instrument was to fall out; it was in these cases they put on the jugum. Dr. McDowell's observations would have great weight, if from the meatus externus to the bladder the whole urethra was in a state of stricture; but they knew as a general rule that the stricture rarely occupied more than one inch, the whole of the remaining eight inches of the urethra being in a normal and healthy condition. He contended that his theory of vermicular action was the most reasonable explanation of the undoubted fact that the tendency of an instrument introduced into the urethra was towards the bladder. If the instruments which had undoubtedly made their way into the bladder, did not reach it by vermicular action, how did they do so?

Mr. **Fleming** suggested that in those cases when an eight or a ten inch staff had been introduced into the bladder, the staff might have driven the portion of catheter remaining in the urethra into the bladder, and thus the whole of the catheter would be found in this viscus.

Professor Macnamara said he was present at an operation where a portion of a catheter was cut out of the bladder, and it was found to be agglutinated together by the mortar-like deposit. It was clear that this could not have been poked in by an instrument a few minutes before, as it would not have had time to agglutinate itself into a mass, almost resembling a stone.

FORCEPS FOR EXTRACTING FOREIGN BODIES FROM THE ŒSOPHAGUS.

Mr. **Stapleton** exhibited an instrument made by Matthieu, of Paris, for extracting foreign bodies from the œsophagus or the stomach. It was made on the model of what were called lazy scissors, or garden scissors for cutting grapes. It was very elastic, easily introduced, and took a very firm hold of any foreign body it grasped; and being rounded at the point could be introduced without danger. Another instrument had been made by Matthieu for the purpose of detecting foreign bodies in the œsophagus. It was eighteen inches long, made of whalebone, and towards its end was covered with ivory knobs, so that if there was anything in the œsophagus, it could be detected by the knobs touching it. A child was recently brought into Jervis Street hospital having swallowed a halfpenny. He got this instrument, and with it was able to percuss the half-penny, and turn it from one side to the other. As from its shape it could not be extracted, they inverted the child, gave it a shake and the coin fell out.

The Society then adjourned.

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DUBLIN PATHOLOGICAL SOCIETY.

Dr. **Henry Kennedy** presided at the meeting on Saturday, January 25th.

Dr. **Eames** said the subject of the case which he was about to bring under the notice of the meeting was a compositor, who died on the morning of Friday from bronchitis. He had been twice previously in Mercer's Hospital under his (Dr. Eames') care. When he was before admitted he was somewhat emaciated, the skin and conjunctivæ slightly jaundiced, and dark areolæ under the eyes. There was no cardiac murmur, but his breathing was rapid, owing to the pressure upwards of the fluid in his abdomen, which was greatly distended. The percussion dulness of the liver was diminished, and that of the spleen was not increased. It appeared from the history of the case that the man used to drink raw whiskey in the morning, after ceasing his nightwork. He had vomited blood, and had had piles, but there was no history of syphilis. He suffered occasionally from constipation, and at other times he had diarrhœa. He had slight pains from time to time over the abdomen, and sometimes experienced localised pain over the region of the liver. On both occasions he was relieved by diuretics, purgatives, and the hot-air bath. He was afterwards attacked with bronchitis, and brought to Mercer's Hospital in a dying state, where he succumbed. The autopsy showed evidences of perihepatitis. The liver was small, dense, and not fully cirrhosed, the capsule being thickened; the gland was carnified with fibrous trabeculæ passing through its substance; a large cystic tumour was attached to it below; the gall bladder distended, and the intestines bound together by dense adhesions; spleen small and hard; the right kidney had two small cysts within it, but the left was healthy. The diagnosis was cirrhosis; but the *post-mortem* proved it to have been perihepatitis. The portal vein is in both obstructed, and the results were accounted for by his habit of drinking in the mornings, when probably it was the more readily absorbed by the veins of the stomach and brought to the liver. As for the slightness of the pain over the liver and the absence of tenderness on pressure, the hæmatemesis and piles were sufficient to account for the error in the diagnosis.

The specimen which Dr. **Purser** desired to bring under the notice of the Society was from the body of a woman who had been under his care in the City of Dublin Hospital. She was 35 years of age, unmarried, and came to the hospital early in last summer suffering from the common form of Bright's disease. She remained for some time in hospital, and during that period nothing occurred calling for notice, except that while under treatment the dropsy completely disappeared from the left side of the body, while it still remained on the right. She came back about two months ago, but then had not any dropsy, though still passing albuminous urine. She could retain nothing on her stomach, her tongue was dry and glazed, and she sank from day to day. On opening the chest, the right pleura was found to be full of a rather bright greenish-coloured fluid, perfectly limpid and transparent. In this liquid was found a number of floating cysts, the walls of which were exceedingly thin, so that if it were attempted to lift them up they were immediately broken. They were perfectly transparent, and they appeared not to be very tensely filled with fluid, as when floating they tended to flatten themselves out. He examined these cysts. Their walls were homogeneous or faintly striated, and their inner surface was covered with shining granules, some of which dissolved in acids with effervescence, and others, apparently of a fatty nature, remained grouped in masses, as if they were the remains of degenerated cells. He had looked very carefully into the fluid for hookets or other peculiarities which might be diagnostic of echinococci. There was no trace of inflammation of the pleura. The lung was compressed on that side, though the air was not completely expelled from it. He might mention that during the last four or five days of her illness she was lying altogether on her right side. The diaphragm was healthy, as was also the heart. The abdomen and peritoneum appeared perfectly healthy, and there was no fluid in it. There was no dropsy of the cellular tissue. The liver was very much deformed, and united in places by old adhesions with the diaphragm and the spleen. The surface—particularly the superior—of the liver was marked by deep cicatricial fissures, from many of which the bands of adhesion already mentioned, passed. There were also scattered through the substance of the liver, partly lying in these cicatrices and partly in the unaltered tissue of the liver, round nodules, varying in size from a pea to a marble, of a dull white colour and firm consistence. Under the microscope they presented the ordinary appearance of tissues which had undergone cheesy formation,—viz., small shrivelled cells, fatty granules, and fine distinct fibres. The gall bladder was full, but without any obstruction of the bile duct. The kidneys were large, heavy, and firm, smooth and mottled on the surface. On section they resented the appearances of parenchymatous nephritis, and on the addition of tincture of iodine the vessels became brown. The mucous membrane of the stomach presented a few hæmorrhagic spots, but was otherwise healthy. The pyloric opening was slightly constricted. The other organs were healthy. The uterus was small, and apparently a virgin uterus, and there was no sign of syphilis on any part of the woman's body—either in the bones, skin, or genital organs. From all this it was very difficult to believe that the disease of the liver was syphilitic, and yet it was still more difficult to know what it was if it were not syphilitic. The points calling for observation in this case were—first, the disappearance of dropsy from one side of the body, which was inexplicable, except they assumed some influence of the nervous system on the production or disappearance of dropsy; second, the resemblance of the disease in the liver to that produced by syphilis, yet with the absence of any sign of syphilis in the other organs of the body; and third, the peculiar bodies which were found in the pleura.

Dr. **Hayden** exhibited an example of

MULTIPLE CIRRHOSIS OF THE LUNGS,

resulting from chronic interstitial pneumonia, together with circumscribed and exaggerated vesicular emphysema, compensatory of the former. A man, æt. 43, a pensioner from Her Majesty's Army, who had spent nine years in India, and had, whilst there, fever and ague, was admitted into the Mater Misericordiæ Hospital on the 27th December, 1872. Two years previously his health became deranged, and his respiration embarrassed, with some pain of the chest. Three weeks before the date of admission his feet began to swell. When in hospital his condition was the following:—He was cyanosed; unable to lie down from difficulty of breathing; the lower extremities were œdematous and livid; pulse rapid and feeble; precordial dulness abolished; the heart pulsated behind the ensiform cartilage. Its action was feeble, and its sounds, which were all but completely masked by loud bronchial râles, were free from murmur. The chest walls were generally hyper-resonant, and loud bronchial râles were audible all over it. Expiration was prolonged, and, in short, all the ordinary signs of emphysema existed, with which it is unnecessary to occupy the time of the Society, with one exception, and that had reference to a phenomenon which, in his judgment, had a special diagnostic value. In the lower and back part of the left side, and in the left sub-clavicular region, an auscultatory phenomenon of a peculiar character was heard, both with inspiration and expiration. It might be described as a sibilus, with a metallic quality, and might be conveniently designated as an amphoric sibilus; such a sound as one might suppose produced by blowing through a reed into an empty cask. From this sign he confidently diagnosed localised exaggerated vesicular emphysema. On a former occasion he had the honour of laying before the Society the particulars of a case in which, from the evidences afforded by a similar phenomenon, he made the diagnosis of a corresponding state of the lung, and the morbid specimen he then exhibited to the Society confirmed his diagnosis. The urine was normal, and passed in small quantity. The condition of the man underwent alternate changes of improvement and retrogression. The legs were punctured, and a large quantity of serum was thus evacuated. He sank by a gradual process of asphyxia and failure of the right side of the heart, and died on the 19th of January, 1873. The thoracic viscera were alone examined. The lungs were extensively adherent to the chest walls. The pulmonary pleura on the right side was a quarter of an inch thick, and sent strong fibrous bands from its deep surface into a portion of the lung about its centre. This portion of the organ, about four inches square, was perfectly solid, and when cut into grated [illegible] the knife, was devoid of air, and exhibited in section [illegible] white bands of fibrous tissue, forming a close net-work. Examined under the microscope, this portion of the lung [illegible] a greatly hypertrophied condition of the connective [illegible] with total obliteration of the air-cells. The apex of [illegible] was blown out into something like a bladder as [illegible] clenched hand. This was ex- [illegible] surface corresponding to [illegible] previously described. The base of the left lung [illegible] seat of pneumonia in its first stage. It was solid, [illegible] and readily broken up under pressure. The [illegible] of the inferior lobe formed a bladder-like [illegible] but larger than, that of the right apex, [illegible] lung presented a similar condition [illegible] portions of the lungs [illegible] surrounding surface, were strictly circumscribed, of tympanitic resonance, and fixed in their respective situations. They presented examples of veritable localised vesicular emphysema, consisting of over-inflated air sacs, with partial rupture of the intervening septa. The anterior edges of the lungs, which were likewise emphysematous, over-lay the pericardium, to which they were firmly attached by old adhesions. The lungs were considerably in excess of the normal volume. The trachea and primary bronchi were dilated and congested. The heart was generally dilated and hypertrophied, especially the right ventricle; it weighed eighteen ounces, but was structurally healthy, as were likewise the valves. Dr. Hayden begged to remark in reference to this case, that it was interesting as affording an example of several distinct centres of chronic interstitial pneumonia, followed by hypertrophy and contraction, with limited compensatory emphysema of the lungs. These changes, no doubt, dated from the period of his illness two years previously. The case was, however, especially interesting in a diagnostic sense, as affording an example of an auscultatory phenomenon, which he ventured to regard as pathognomonic of exaggerated and circumscribed vesicular emphysema, and for want of a more convenient term would designate as *amphoric sibilus*. Theoretically, it was not difficult to conceive how this phenomenon was produced. An air tube, of very small calibre, opening abruptly into a large air chamber with membranous walls, would conceivably yield such a sound during the entrance and exit of air correspondingly to inspiration and expiration respectively. The practical value of the sign is, however, of greater importance than the theory of its production; and having now made the diagnosis of the condition of the lung previously mentioned on two several occasions from this sign alone, and having been borne out by the result of *post-mortem* examination in both these cases, he ventures to regard it as pathognomonic of the condition mentioned.

Dr. **Henry Kennedy** made a communication of

A CASE OF ACUTE THESIS,

in which the colon was very extensively engaged.

As our space does not permit of an extension of this report we must postpone the publication of Dr. Kennedy's address until our next issue.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 29, 1873.

THE IRISH COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.

The opinion of the law advisers of the College was not submitted to the Council of the Royal College of Surgeons in Ireland, as was expected, on Thursday last, and we are, therefore, not accurately aware of the opinion which they entertain as to the legal questions respecting Mr. Hargrave's position as representative of the College. We have, however, taken steps to inform ourselves as to the law on the subject. As our readers are aware, we challenged the legality of Dr. Hargrave's election on the grounds—firstly, that he was appointed three months before the office was vacant, and secondly, that the appointment was extended from one year to five, by an interlineation in the minutes, which materially altered the terms of the original resolution.

On both of these points we believe it will be found that the election was *at the time* distinctly illegal and improper, but it will be held that the Council by permitting Mr. Hargrave to hold office for so long have condoned the original irregularity of the appointment, and could not now succeed in any legal steps to remove him. This condonation does not, however, affect the right of any Fellow of the College to pursue the matter by an application for a writ *quo warranto*, which would in all probability be granted.

We give this *résumé* of what we believe to be the law, being, of course, aware that a resort to legal proceedings could not be necessary if the Council thought fit to express their opinion as to the competency of their representative. Should the opinion of their law advisers coincide with that expressed above, it will devolve upon the Council to act on their own responsibility. We cannot believe that any of its members will be content to sacrifice the interests of the College to their own *mauvaise honte*. There is a certain party in the Council from whom we hardly look for action in the matter, but we must again ask, in the interest of the Fellows, what has become of the reform party who have within the last three years obtained admission to the Council by denouncing abuses and proclaiming purism? Are the Fellows to infer that not one of the representatives of the "outside party" has the courage to protest against a cardinal and indefensible abuse such as that which we have repeatedly exposed?

THE THEORY OF ARTERIO-CAPILLARY FIBROSIS.

It was inevitable that the new theory of the Pathology of Chronic Bright's Disease should provoke considerable discussion, especially as it went far towards upsetting doctrines that had been pushed with considerable vigour, and, moreover, might admit of further extension.

Abstracts of the paper in which it was originally broached by Sir W. Gull and Dr. Sutton, and that read in reply by Dr. George Johnson, have already appeared in our columns, and some brief comments have been made upon them.

The controversy raised at the Royal Medico-Chirurgical Society is, however, far from concluded, for not only have the original disputants continued their debate but others have been drawn into it. A committee will in due time report, but we may in the interval collect some of the opinions emitted at the public discussion of Dr. Johnson's paper. This is a convenient point at which to begin, apart from its taking up the question where we left it, inasmuch as Dr. Sutton's reply embraces, so to say, the opening of the original case.

It will be seen by reference to our report that at the begining of his paper Dr. Johnson referred to three cases, in which the kidneys were reported by Sir W. Gull and Dr. Sutton to be healthy, the heart hypertrophied, and the vessels thickened, by fibroid changes. Dr. Johnson considered that the hypertrophy of the left ventricle was not due to vascular change, but to vesicular emphysema and to senile degeneration.

Dr. Sutton replied that not only the right ventricle was hypertrophied, but also the left, in many cases of vesicular emphysema; and it was difficult to explain why it should be so in such cases. Clearly this was not due simply to the atrophy or stenosis in the lungs, for these organs were sometimes greatly contracted, the right ventricle dilated and hypertrophied, whilst the left remained healthy. He attributed this hypertrophy to the morbid changes found in the arterio-capillary system. It had been stated that senile degeneration might account for the hypertrophy of the left ventricle; but in using the term senile degeneration no definition was given of the histological changes that had taken place to necessitate cardiac hypertrophy, and the fibroid change described was one form of senile degeneration. It was not asserted that the thickening of the arterioles was always associated with atrophy of the adjacent tissues; but it frequently was.

Dr. Johnson next maintained that the microscopic appearances seen in the vessels and described by them were not *ante-mortem* but *post-mortem* changes.

Dr. Sutton admitted fibroid tissue was seen better in glycerine and water than in salt and spirit and water, but in specimens mounted in salt and water, spirit and water, iodised serum, and albumen and water the outer coat of the vessel had been seen to be thickened by fibroid changes. He reaffirmed that the capillaries had been found thickened in the manner described, and added that later investigations seemed to show that the capillaries were thickened in some cases where the morbid change was little marked in the arterioles.

Dr. Dickinson expressed his belief that the thickening of the tunica adventitia, as observed by Sir W. Gull and Dr. Sutton, was undoubtedly the result of disease, not of *post-mortem* action of any kind. It was seen exceedingly well in vessels which had never been touched with glycerine, but had been hardened in chromic acid and preserved in Canada balsam or some similar material. He found the smaller arteries were greatly thickened, and their channels narrowed. The thickening involved both the muscular and the adventitious coats. The muscular coat was greatly thickened, and at the same time altered in structure, so that the change could not be regarded as a simple hypertrophy. The muscular nuclei became attenuated or extinct, while the striæ, both circular and longitudinal, were exaggerated. The altered muscular coat was almost unaffected by carmine, while the corresponding part of a healthy artery absorbed it abundantly. The thickened muscular coat was generally spotted, sometimes closely, with oil, and often gave evidence of calcareous change, these degenerations causing the liability to rupture present in the circumstances. The outer or adventitious coat also became thickened, sometimes more and sometimes less than the muscular. Sometimes it was increased so as to form the chief bulk of the arterial wall, in other instances the increase in this coat was less conspicuous than that of the muscular. The thickening was not only hyaline, but generally delicately fibroid.

Dr. Bastian said he had frequently met with fibroid changes in the vascular system, and he thought such change more frequent in chronic Bright's disease, and where fibroid change occurred elsewhere. He had also seen hyaline thickening of capillaries occasionally, and once in the capillaries of the spinal cord in a case of locomotor ataxy.

Dr. Broadbent said that in Bright's disease the whole arterial system was in a state of tension. Pyrexia was known to relax the arteries and diminish tension. Passive obstruction from thickening of the arteries by a hyalin-fibroid substance, would, however, prevent them relaxing when pyrexia occurred, though in Bright's disease with this high tension, if pyrexia came on, the tension was lowered. Nitrite of amyl produced the same effect.

Dr. Green agreed with Sir W. Gull and Dr. Sutton that there was no distinct relation between hypertrophy of the heart and change in the kidneys.

Dr. Payne remarked that in Bright's disease abnormal distension of the arterial system was present, and so a great amount of muscular tissue might be a consequence, not a cause.

Dr. Johnson criticised the observations of the several speakers, and supported the proposal to appoint a committee, which was adopted. He also forwarded to the journals a statement that he had intended to say, in reference to Dr. Broadbent's very interesting observation on the effect of nitrite of amyl in reducing the arterial tension in cases of chronic Bright's disease, that, while it is confirmatory of his doctrine that the peripheral resistance is the result of excessive contraction of the hypertrophied muscular arteries, it is quite irreconcilable with the theory that the resistance to the blood flow is caused by degeneration and consequent rigidity of the minute arteries and capillaries. It is obvious that resistance thus originating would be uninfluenced by the peculiar action of the nitrite of amyl upon the muscular arterioles.

Notes on Current Topics.

The Medical Council.

We have reason to believe that the General Medical Council of Education and Registration will meet either on the 12th or 19th of March next. The question of Conjoint Examining Boards, so important to the Profession as well as to the public, will then be brought forward.

A French Retrospect of the Medical Sciences.

Last week appeared the first part of the *Revue des Sciences Médicales en France et à l'Etranger.* It is in the form of one of our quarterlies, and contains 448 pages. It is a full quarterly retrospect, analytical, critical, and bibliographical, edited by Dr. Hayem, and published by M. Masson. Dr. Hayem has secured a number of able coadjutors, who, in their several departments, have worked with a will, so that the *Revue* promises to be the most valuable compendium of Medical progress in the French language.

"Madras Medical Journal."

We are glad to see that the editor of this useful monthly has abandoned his intention of discontinuing it, and announces that for at least six months it will appear as before. We hope in that time our Indian brethren will rally round it and maintain it.

Royal Institution of Great Britain.

The first lecture of the Session before Easter was given on the evening of Friday, Jan. 17, by the treasurer, William Spottiswoode, Esq., LL.D. The subject of discourse was on the Old and New Laboratories of the Royal Institution, and it came most opportunely just as the new laboratories had attained such a state of completion as to be open for the inspection of the audience at the close of the lecture.

The lecturer, after a few graceful compliments expressing how much he was indebted to the honorary secretary (Dr. Bence Jones), proceeded to review the work alone in the laboratories of the Royal Institution from the time of its first establishment, at the close of the last century, by Count Rumford, to the present day.

It seems that at first the so-called laboratory was not much more than a smith's shop, where patent digesters and sundry other culinary utensils were manufactured on highly scientific principles. In later years all this passed away, the smith's forge becoming a chemist's furnace, and in due time the great discoveries of Sir H. Davy and Dr. Young came forth to the world as results of their work in the Royal Institution laboratory.

The lecturer most happily introduced interesting experiments reminding the audience of Dr. Thomas Young's researches on interferences in the undulatory theory of light; showing the way in which its waves are interrupted in passing through a film of wool or a fine grating; and it appeared that Dr. Young proposed this method of examining wools as a means of ascertaining their fineness or coarseness.

Other experiments brought to mind Davy as the discoverer of sodium and potassium, and as the inventor of the safety lamp. Faraday and electro-magnetism came next in order, with some apt experimental reproductions from that great philosopher.

Among men of more recent date, came Dr. Frankland, and his researches on the ethers; and here Dr. Spottiswoode showed how zinc ethyl, by its strong affinity for oxygen, bursts into flame as soon as the tube containing it is broken and contact with air permitted. The effect of condensed air on luminosity was shown, and also the curious fact that while oxygen and hydrogen gases, ignited under ordinary pressure, explode loudly, when they are ignited under a high pressure, brilliant incandescence is the result, with no explosion.

It was not without a struggle that the managers of the Institution had decided on the complete removal of the old laboratories, where Faraday and Davy had done so much; but honoured as the old places were, they were badly lighted and badly aired, and the day had come for them to give way to modern structures and modern improvements.

After speaking of the work of Professor Tyndall, and the liberality of Mr. Fuller, in consequence of the almost blissful evenings that he passed in the theatre of the Royal Institution, Dr. Spottiswoode encouraged his hearers to emulate the generosity of Mr. Fuller, and found professorships for the promotion of scientific research.

The president, Sir H. Holland, occupied the chair, and after the lecture the audience spent a short time in inspecting the spacious new laboratories of the Institution.

Professor Erasmus Wilson will commence a course of six lectures on "Dermatology," at the Royal College of Surgeons of England, on Friday, the 31st instant.

Professor Flower will deliver eighteen lectures on "The Osteology and Dentition of Extinct Mammalia," commencing on the 17th February.

In June Professor Holmes and Dr. Humphry will complete the lectures for the present year—the former by six lectures on the "Surgical Treatment of Aneurism in its Various Forms," in continuation of his course of last year; and the latter by three lectures on the "Varieties in the Muscles of Man."

A Chemical Combination.

THERE has existed for a long time a combination among the manufacturers of iodine, which, with a few brief intervals of disagreement, has been sacredly maintained. During 1872 they resolved to "bull" the price of their staple to an immense extent. Cost what it might, buyers must have iodine, and therefore the manufacturers have had very literally a golden year. The *Chemist and Druggist* observes that, for some inscrutable reason, they have fallen out among themselves, and the consequence was that on the 3rd of January the price of iodine dropped suddenly from 2s. 1d. to 9d.

Adulteration of Cream of Tartar.

A CORRESPONDENT declares in the *American Chemist* that he examined some cream of tartar for a drug broker of that city, and found it to contain *seventy-seven per cent. of alum*. What ought to be done to him?

Amorphous Quinine.

THE *Chemist and Druggist* says that, for some time past, Mr. Broughton, the Government quinologist in India, has been endeavouring to introduce to the hospitals of that empire a cheap substitute for the costly English-made sulphate of quinine. This preparation is simply the alkaloids exactly as they occur in the cinchonas of the Neilgherry plantations. Mr. Broughton has calculated that the Neilgherry plantations might yield about 1,300 lbs. of this article annually, the cost of production hovering between 1s. and 1s. 6d. per ounce, while there is little hope of reducing the cost of quinine below 5s. per ounce. In the Presidency of Madras alone, the consumption of quinine at this time reaches nearly 400 lbs. annually, so that the saving of Mr. Broughton has indicated would be very considerable.

Rivals for the Plush.

THE "leading" Medical journal and the "organ" have frequently engaged in keen rivalry for the honour of chronicling the corn-aches of royalty, which they have been wont to do with oracular pomposity and an assumption of inspired importance, which would make the fortune of a toast-master. As Heaven is to be thanked just now that all "Kings, Princes, and Governors" are in the enjoyment of excellent health, and there is not even a royal cold in the head to work into a paragraph, the "leading" journal is obliged to content itself with thanking Providence that the world is in so beatific a condition. Accordingly, it "is authorised to state that the Empress's health is at present remarkably good."

Bubble and squeak! Did we not know that the "authorised" report is a paragraph to catch a quotation in the daily papers, we should think our contemporary was in its dotage.

Quackery.

A QUACK who calls himself Professor James, was inculpated in the result of a coroner's inquest held last week at Gloucestershire. He had undertaken to treat a woman, who was suffering from heart disease and dropsy, by applying an instrument armed with a bundle of needles to her back and rubbing in an ointment which brought out an immense pustular eruption. The woman died of pulmonary apoplexy, and the jury found that she had been killed by the quack, but, strange to say, did not find him guilty of manslaughter.

This species of quackery is well known in Dublin, having been practised there about three years ago by a German clock dealer, who denominated it the "Exanthematic" system, and who attracted a sufficient number of well-to-do dupes to enable him to set up a sort of sanatorium at Stillorgan, whence he disappeared a couple of years since.

Surgical Society.

AT the meeting of the Surgical Society of Ireland on Friday last, Dr. Henry Kennedy read a paper on "Hemlock in relation to the prevalent Scepticism as to the use of Drugs;" Mr. Swanzy exhibited a drawing of Optic Neuritis; and Mr. Morgan exhibited a dissection of Crispitura Tendinum. Dr. Jacob asked permission to postpone his communication on the accidents peculiar to the operation of flap extraction of cataract, which will therefore be read at the next meeting of the Society on next Friday week.

Sir William Gull on the Case of Napoleon.

SIR W. GULL has thought it consistent with his position to write a letter to the *Times* in reference to some observations made by the *Lancet* and quoted in the *Times*. More surprising still, he has also informed the *Lancet* that he does "not think it proper that he should personally justify himself before the Profession." The opinion of the *Lancet* having been endorsed by ourselves and other journals, may certainly be assumed to be the opinion of the Profession. We would add now that we think it would be far more proper for Sir W. Gull to justify himself before the Profession than before the public. Whether he acted wisely or not in giving a separate opinion on the autopsy of the Emperor is assuredly more a professional than a public question. If an unknown physician had rushed into the *Times* to protest against the comments of the Medical journals as written by persons "imperfectly informed of the circumstances," it would have been regarded as calling for adverse criticism. Our respect for the position of Sir W. Gull must not lead us to adopt another standard for him, and we do not hesitate to say that this last act of his needs far more justification "before the Profession" than his addendum to the report of the autopsy. Anything he had to say should have been to the Profession, and he should have either addressed the Medical journals or maintained a dignified silence.

Prostatic Discharges.

ON January 20th Mr. Henry Lee delivered the second of the Lettsomian Lectures under this title. In referring to the previous lecture, Mr. Lee said he had known secondary syphilis produce a vaginal discharge repeatedly in a married woman, which produced urethritis in the husband on each occasion; he considered that this discharge would have produced primary syphilis in the virgin subject. The lecturer described the experiments of Hunter and others, showing that the vesiculæ seminales are not the receptacles of the semen, and that they are filled with the same fluid after the removal of the testicles as when the glands are present; also observations by himself and others, proving that the testicle may remain healthy although the vas deferens be obliterated, its secretion being absorbed; from this it was inferred that perfect continence does not produce a morbid condition of the gland. The discharge from the prostate, which occurs after defæcation, or at the end of micturition, very rarely contains semen, and does not injure the general health, unless the patient becomes desponding—individuals with light hair, blue eyes, and dilated pupil are particularly liable to this complaint. Mr. Lee prefers astringents to caustic in the local treatment of these affections, as more efficacious, and because he thinks it unnecessary to destroy the mucous membrane; and showed a silver catheter, the stem of which formed a long syringe, used by him for applications to the prostatic urethra. A case was mentioned where this treatment succeeded after cauterisation had failed; the injurious effects of caustics were also commented upon. The injection preferred was composed of from two to four drachms of the Liquor Ferri Perchloridi to eight ounces of water.

London University.

Last week Convocation discussed the propriety of requiring Greek at the matriculation. We are very glad that Greek is not to disappear from the subjects of examination, for we consider that Medical students should all possess a knowledge of the elements of that language.

We fully sympathise with those who desire to entice Medical students to enter the London University, and should be glad for the matriculation and preliminary scientific examinations to be made somewhat less rigourous. But surely enough Greek should be required to render scientific terms comprehensible. There are many other ways of making the University more attractive. The getting up of dates, for instance, might be dispensed with, and the amount of mechanical philosophy demanded might be reduced, while chemistry could be deferred to the preliminary scientific.

Might not something be done, too, in the way of giving optional subjects, somewhat after the manner initiated by the University in their examinations for women?

Sir H. Thompson on the case of Napoleon.

Sir H. Thompson has written a letter to a Medical contemporary to say that the reasons for adopting lithotrity in preference to lithotomy "were distinct and conclusive," and that "the most perfect accord existed between all His Majesty's advisers." This is very satisfactory, and might have been to some extent anticipated, only that rumour has all along asserted that prior to Sir H. Thompson being called in other opinions had been obtained, and that they pointed in a different direction. Whether this be so or not is of little avail. It seems that an ex-Emperor cannot die without the public being interested in the particulars of his illness, and then differences of opinion are sure to crop up. Sir H. Thompson can well afford to wait patiently for the history of the case which he announces is being drawn up by the private physicians of the late Emperor, and which, he tells us, will afford full information on all points of scientific or practical interest to the Profession.

A **Spanish** Medical journal called the *Revista Medica de Chili* is now published in Santiago.

A New Diploma.

All true reformers desire to diminish the number of licensing bodies. Nevertheless, the Obstetrical Society has taken upon itself to issue a diploma to midwives. This is a step in the wrong direction, and should be resented by the Profession. We might as well have the midwives themselves set up a trade union of their own and issue certificates of competency. Free trade in physic, and in diplomas too, has gone far enough, but if we are to have it, let it be openly, and not under cover of a diploma from an unauthorised association of practitioners.

Abortives of the Pustules in Variola.

Dr. Revillod, of Geneva (*L'Union Phar.*, Dec., 1872), says that a mixture he has lately used for preventing scars in small-pox is composed of ten parts of soap, four of glycerine, triturate together, to which is added twenty parts of mercurial ointment. This mass has a consistence such as to be able to be applied to the pustules without causing pain and in an uniform consistence which does not melt. It does not prevent the swelling and produces the desired result, if used at the commencement or before the transformation of the papules into vesicles.

The sudden death is reported of two physicians, Dr. Thomas Thomson, and Dr. Henry Bedwell, of Leamington.

Dr. Livingstone having received the supplies and reinforcements sent forward by Mr. Stanley on the 18th of August, set out for the interior of the country.

Professor Gairdner, in a letter to the *Glasgow Herald*, urges that the owners of houses in which the law is broken by over-crowding should be fined.

The next meeting of the London Pharmaceutical Society will be held on February 5th. The chair will be taken at half-past eight precisely. The following paper will be read:—"Notes on some rare Drugs from Morocco," by Arthur Leared, M.D., F.R.C.P.

Dr. Meymott Tidy has been appointed Analyst for the Whitechapel district for a term of six months. He is to receive for the first hundred cases one guinea for each analysis, for the next fifty cases half a guinea each, and for any number of subsequent cases that occur during the half year six shillings each.

As we stated in our last issue, Dr. Sawyer, Professor of Midwifery in the Royal College of Surgeons, Ireland, has requested the Council to appoint a deputy to deliver a course of lectures on that subject for this session. Accordingly the Council has issued advertisements for such lecturer Dr. Atthill has already announced himself as a candidate.

We noted a fortnight since the advent of three new Medical journals. This week we observe that Messrs. Churchill announce that, on April 1 they will publish, as a monthly, the *Obstetrical Journal of Great Britain and*

Ireland, including midwifery and the diseases of women and infants. It is to be edited by Dr. Aveling, Honorary Secretary to the Obstetrical Society of London, and Physician to the Chelsea Hospital for Women, &c.; and Dr. Wiltshire, Honorary Secretary to the Medical Society of London, Assistant Accoucheur to St. Mary's Hospital.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

[Lecture I. appeared as an Original Communication. We place the remainder in the Column for Students.—Ed.]

Lecture II.

The Differential Characters of the True Vertebræ, Cervical, Dorsal, Lumbar—Table of the Differential Characters—Discrepancies of Authors—The Tubercles of the Dorsal Transverse, and Lumbar Articular Processes—Uniformity in the Number of Cervical Vertebræ in the Vertebrates—Three Exceptions—Number of Dorsal and Lumbar Vertebræ in Mammals—Anomalies.

Gentlemen,—Having become acquainted with the common characters of the True Vertebræ, we now proceed to compare the Vertebræ together and to ascertain the points in which they differ individually from each other. In making this comparison we shall dwell only on the more striking characters. It is impossible in Lectures to exhaust any subject, and it would be equally tedious and unnecessary even if it were possible to say everything which is said in systematic treatises. It is the business of the Lecturer to lay down the outlines clearly and sharply, and to leave the finer details to be filled in by the diligence of the student. A Lecture, especially a Lecture on Anatomy, resembles a Picture to be seen from a little distance, which demands bold lines and sharp contrasts rather than delicate shades or elaborate detail. The Lecturer should cull from all quarters and insist on principles; the student, confining his attention to a few text-books, should master each part thoroughly as he proceeds, and complete the picture which the Lecturer has drawn (*a*).

Probably the chief fault which is committed in Lectures is giving too much. Sir Benjamin Brodie, in his "Autobiography," says of Abernethy—"He was an admirable teacher. He kept up our attention so that it never flagged, and that what he had told us could not be forgotten. He did not *tell us so much* as some other lecturers, but what he did he told us well," p. 23. It is quite possible to be a good *Lecturer* and a bad *Teacher*, and even to be both.

The True Vertebræ fall naturally into three groups, corresponding to the three regions in which they are found. The first seven Vertebræ occupying the Neck are called Cervical, the twelve succeeding, placed in the Back, are called Dorsal, and the remaining five, located in the Loins, are called Lumbar Vertebræ. Regarding and comparing these three sets of Vertebræ individually and collectively, we cannot fail to notice that their differential characters are clear and distinct in the centre of each group, but that where these regions join each other the representative characters become shaded down. The first Dorsal approximates in its appearance to the last Cervical Vertebra, and the last Dorsal to the first Lumbar. Hence, if we wish to obtain marked distinctions, we must take a specimen from the middle of each of the three regions; a fourth or fifth Cervical Vertebra, a sixth or seventh Dorsal, and a third or fourth Lumbar.

If we take a fourth or fifth Cervical Vertebra we find that it presents the following features:—

Its *Body* has its long diameter from side to side or transversely; the upper surface is lipped. The anterior surface is prolonged downwards. The lateral lips on the superior surface pass upwards to embrace the lower part of the sides of the vertebra above. They render the upper surface concave from side to side, and their obvious purpose is to prevent the displacement of the vertebræ from each other in the free movements of the neck. Both the anterior and posterior surfaces are flattened, the former slanting forwards, and the latter being nearly perpendicular. The lower surface is slightly convex from side to side, and concave from before backwards. As a whole, the body of a cervical is smaller than that of a dorsal or a lumbar vertebra. Its chief characteristics are its lateral length and its lips.

The *Pedicles* are slender and pass obliquely outwards and backwards.

The *Laminæ* are long, narrow, thin at their lower edge, inclined, and imbricated.

The *Foramen*, enclosed by the *Pedicles* and *Laminæ* or *Arch*, is of large size and triangular in shape. It is larger than that of either the Dorsal or the Lumbar Vertebræ. This circumstance is explained by the facts that the Spinal Cord presents a transverse enlargement in the cervical region, and that the movements of the cervical vertebræ are distinguished for their freedom; hence a large foramen is needed for the protection of the Spinal Cord.

The *Transverse Processes* have four chief peculiarities. They arise by two roots, one from the Body and one from the Arch, they enclose a Hole or Foramen (*a*), they are divided at their extremity so as to present two tubercles, one anterior and one posterior, and they are grooved at their upper surface. For each of these peculiarities there is an object. Their origin by two roots and enclosure of a foramen are to protect a large artery, called the Vertebral Artery, which passes up to the Skull and Brain through the series of foramina presented by the transverse processes of the Cervical Vertebræ. How efficient is the protection thus afforded may be judged from the fact that the Vertebral Arteries remain intact in the fractures and dislocations which occur from violent injuries to the Cervical portion of the Spine. Our Museum contains a specimen recently added by Mr. Hutchinson of complete disruption of all the tissues connecting the fifth and sixth Cervical Vertebræ, and yet the Vertebral Arteries remain unsevered. Their coats are weakened and stretched and seem in part to have given way, but their continuity has not been destroyed anywhere, and they form the only bond of connection between the vertebræ above and below. Wounds of the Vertebral Artery are very rare. The two Tubercles are for the attachment of two sets of muscles, one set being placed in the front and the other at the back of the Neck. The grooves are for the lodgment of the nerves which come off from the spinal cord and pass out to their destination between the two sets of muscles. A second circumstance in connection with the two roots of the transverse process may be mentioned here. The anterior root is the representative of a Rib, springing as it does from the Body of the Vertebra, whilst the posterior, which springs from the point of junction of the Pedicle and Lamina, is the true Transverse Process.

The *Articular Processes* have an oblique direction (*b*), and

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(*a*) In preparing these Lectures for publication, matter will be added which was not actually given in the theatre, and hence there may appear to be a discrepancy between the principle here laid down and the practice of the Lecturer. It will, however, be very evident that a method suited for a *viva voce* discourse and for impressing the main features of a subject on students commencing anatomy would be too bald and superficial for written discourses. Besides, in an oral lecture, delivered for the purpose of teaching *something*, it is necessary to repeat, to write on a slate, and to ask questions on what has been given, and much less can be delivered within the hour than could be read off in the same period.

(*a*) Sometimes two Holes, the second being much smaller than the other.

(*b*) The *direction* or *aspect* of a surface is found by drawing a line perpendicularly to its centre, the *slope* or *inclination* by drawing a line parallel to the surface.—Ward, "Osteology." First Edition, p. 6.

are hence often termed the Oblique Processes. A line drawn perpendicularly to the centre of the Superior Articular surface passes backwards, upwards, and inwards. A line drawn perpendicularly to the centre of the Inferior Articular surface passes forwards, downwards, and outwards.

The *Spinous Process* is short, inclined more or less downwards, and bifid at the extremity as if made of two lateral halves which had partially coalesced and then divaricated. The two tubercles at the extremity attach the tendons of the muscles on each side of the spine. Of the Notches, the Superior are deep and narrow, the Inferior shallow and broad.

If we now take the sixth or seventh Dorsal Vertebra we find that its features are markedly distinct. The *Body* is heart-shaped; it is hollowed behind, is prolonged forwards in front, and is wider considerably behind than before. It is distinguished by the presence of four small articular surfaces for the reception of the Ribs. These articular surfaces, or *facets* as they are generally termed, are characteristic of a Dorsal Vertebra. You do not find them either on the Cervical or the Lumbar Vertebræ. They are placed on the upper and lower margins of the Vertebra at the posterior part of its lateral aspect, are covered by cartilage in the recent state, and form, with the corresponding facets on adjacent vertebræ and the uniting intervertebral substance, complete cavities for the Heads of the Ribs. The upper and lower surfaces of the body are flat, the anterior convex, and the posterior concave from side to side. It is deeper behind than in front.

The *Pedicles* pass directly backwards from the upper part of the body.

The *Superior Notches* are shallow,

The *Inferior* deep and broad;

The *Laminæ*, which are short, deep, and thick, overlap each other like tiles.

The *Arches* enclose a small rounded *Foramen*, the smallest foramen of the three.

The *Transverse Processes* pass obliquely outwards and backwards. They are long, thick, and strong and terminate in a clubbed or triply tubercular extremity, which presents anteriorly a concave articular facet for the reception of the smooth facet on the *Tubercle* of the *Rib*.

The *Articular Processes* are nearly vertical in position. The *Superior* articular surfaces are flat, and are directed backwards, a little outwards, and upwards. The *Inferior* surfaces, also flat, are directed forwards, a little inwards, and downwards.

The *Spinous Process* is very long, triangular, or "bayonet-shaped," passes obliquely downwards, is tubercular at its extremity in some of the Dorsal Vertebræ, and overlaps the spinous process immediately below.

If we now take the third Lumbar Vertebra we find that it has been made in a rougher, and, so to speak, a coarser, mould than either the Dorsal or the Cervical Vertebra.

All its parts are more marked, it is the largest and strongest of the three, and obviously adapted to carry a heavier burden.

The *Body* is large, with its long diameter from side to side, a deep constriction in the centre of its outer surface, and very prominent margins. It is rather thicker in front than behind.

The *Pedicles* are strong, and pass directly backwards from the body.

The *Notches* are large.

The *Laminæ* are short, broad, and strong.

The *Arch* encloses a large triangular foramen, larger than that in the Dorsal Vertebra, but smaller than that in the Cervical.

The *Transverse Process* is long, slender, with thin margins, and directed transversely outwards, and a little upwards.

The *Articular Processes* are vertical, and "curved so as to lie in the arc of a circle" (Quain's Anatomy). The surfaces of the Superior Processes are concave and directed backwards and inwards, while those of the Inferior are convex and directed outwards and a little forwards. Moreover, the Superior Processes are placed more widely apart, so as to embrace the Inferior—one of the many securities against dislocations.

The *Spinous Process* is thick, broad, quadrilateral, rough, and prominent along its posterior edge.

The peculiarities of the Dorsal Vertebræ have reference to the limited movements of the spine in the dorsal region, to the attachment of the ribs, and to the formation of the thoracic cavity. The peculiarities of the Lumbar Vertebræ have reference chiefly to freedom of motion, and to the increasing weight which they have to sustain.

Let me place the chief features of the three sets of Vertebræ in a tabular form for the purpose of comparison, contrast, and facility of reference:—

		CERVICAL.	DORSAL.	LUMBAR.
Body		Long diameter from side to side, lipped above, anterior surface prolonged downwards.	Heart-shaped, wide behind, narrow in front, facets for ribs, long diameter, transverse.	Large, rough, long diameter, transverse, deeply constricted, prominent margins.
Arch	Pedicles	Obliquely outwards.	Backwards.	Strong, backwards.
	Laminæ	Long, narrow, imbricated, thin at lower edge.	Short, deep, thick, and imbricated.	Short, deep, and strong.
Foramen		Large, triangular in size, No 1.	Small, circular, No. 3.	Triangular, No. 2.
Transverse Process		Two roots, bifid, two tubercles, a groove and a foramen.	Obliquely outwards and backwards, thick and strong, 3 tubercles and a facet for the rib.	Long, slender, transversely outwards. Tubercles above have joined the articular processes.
Articular Process (a)	Superior	Inclined and looking backwards, upwards, and inwards. BU.	Nearly vertical, flat, backwards, outwards, upwards. BO.	Concave embrace, lower, backwards and inwards. BI.
	Inferior	Downwards, forwards, outwards.	Nearly vertical, forwards, inwards, downwards.	Convex, outwards, and a little forwards
Spinous Process ..		Short, bifid, nearly horizontal.	Long, triangular, obliquely downwards, overlapping, tubercular.	Thick, broad, quadrilateral, and rough.
Notches	Superior	Deep and narrow	Shallow.	Shallow.
	Inferior	Shallow and broad.	Deep and large.	Large.

(To be continued.)

A STORY OF WATERLOO.

(Compiled by C. A. GORDON, M.D., C.B., &c., &c.)

ALTHOUGH the greatest of England's victories is now in a measure out of date, having been eclipsed by recent events on the Continent, there is at least one respect in which a reference to it may have an interest to our military brethren. So much attention has of late years been given to the physical constitution of armies, to means for supplying them with food, and in regard to necessary provision for sick and wounded, that some at least may be interested to learn what was then the case in these several respects.

Unfortunately, Medical Blue-books were not then in fashion, neither, so far as we are aware, have any reports on this great battle appeared in print from the pen of any Medical officer present on the occasion. Perhaps some of those who still live may favour us with a few remarks on the sanitary arrangements connected with the battle, but in the meantime we take the very interesting "Story of the Battle," by the Rev. G. R. Gleig, M.A., Chaplain-General, and make such extracts as appear desirable.

The troops at the disposal of the Duke of Wellington are described as having been raw, and dispirited; those of his opponent as the best appointed and best disciplined of any that even Napoleon had ever commanded.

That the means of removing the wounded off the field were very limited we have many proofs. On the night of 16th June, after the repulse of the Prussians at Ligny, it is on record that it was impossible to collect the wounded and carry them to places of shelter; nearly all were therefore left where they lay, and very piteous were the groans and cries of many of them throughout the succeeding night. It would appear, however, that carts and conveyances for the purpose were on the following day sent out from Brussels, for on the 17th many of the wounded were by such means conveyed to that capital.

(a) The main direction of the Upper Articular Processes in each region may be remembered by the use of the initial letters, BU., BO. (bubo is a word not unfamiliar to the student), BI. Of course, the Inferior Articular Processes will have directions exactly the reverse of the Superior.

The available means of transport among the Prussians must have been very defective, for Blucher, who was severely crushed by a fall under his horse, had to be laid across the back of a trooper, and thus borne from the field. During the terrific struggle within the enclosure of Hougomont, the absence of men or means to remove the wounded was the occasion of a remarkable and striking incident. At the moment when flames burst out in the adjoining church, in which a number of the wounded had been deposited, Sergeant Graham, who was bearing himself with great bravery upon the banquette, asked permission to retire for a moment. Colonel Macdonell granted it, but asked why was it solicited at such a time—only, said the sergeant, that he might search for his brother, who was among the wounded in the burning building. He soon found him, carried him in his arms to a friendly ditch, where he laid him, then resumed his own place in the fight, where his gallantry was again conspicuous.

Picton, while leading his division in the charge, was killed by a musket bullet through the head, and was carried to the rear by his own men. Shaw, the life guardsman, however, exhausted by wounds received in hand to hand fight, remained with thousands of other wounded men upon the field all night, and in the morning his dead body was discovered in the general search then made.

Colonel Ponsonby, severely wounded, was left upon the field for want of means of removal. For a time he was in the hands of the French, after, indeed, a lancer had run him through the chest, as he lay helpless on the ground, uttering as he did so, the exclamation, "Tu n'est pas mort, coquin." Another Frenchman, however, more humane, placed a knapsack under his head, gave him his brandy flask to drink from, and then left him to pass the night of the 18th on the field.

After the battle of Quatre Bras, on the 16th of June, it is evident that surgeons were not present on the field, at least in any considerable number. When the Duke of Brunswick was here struck down fatally wounded, he was carried to the rear, and laid down in a field, while search was made for a surgeon. At last a staff surgeon came to him, but it was too late.

Food seems to have been abundant on the French side, but on that of the English, supplies for the troops and forage for horses were alike deficient in the interval between the first fights between the opposing armies on the 16th, and the great struggle on the 18th. In regard to the latter, these defects were perhaps not to be wondered at under the circumstances, as the movement of the allies was for the time being retrograde.

On the night succeeding the great victory, the Anglo-Belgian army lay on its arms in the field it had won. They stood much in want of provisions, but no provisions came, nor were the means at hand to send them forward. The British soldiers were very hungry, but they could not bring themselves to eat the viands found on the heights of Belle Alliance, where the French had bivouacked the previous night. They had found there raw meat of every description in abundance, beef, pork, and mutton; the very hides in some instances left upon the morsels, and these indifferently bled. Faint as they were, they flung such food away in disgust.

Both Napoleon and Wellington showed solicitude in regard to the sick and wounded. The former issued special directions on this subject after the battles of Quatre Bras and Ligny. He rode over the field on both occasions, gave directions that the wounded should be taken care of, and spoke to the different regiments as he passed them. During the 17th and following night arrangements were being made on the British side for expected wounded on the succeeding day—apartments fitted up in every house, not only in the village of Waterloo, but along the entire rear of the position; and we learn that in the course of the 18th wounded and fugitives came crowding back.

A very complete and touching account is given of what would now be called the ambulances after the battle. As the Duke of Wellington returned to the small village of Waterloo, and entered the house selected as his headquarters, he found every apartment filled with wounded, and, to repeat the words of Mr. Gleig, their kind and indefatigable Medical attendants. And the Duke's heart sank within him as he looked around. Dr. Hume passed to and fro, bringing aid where it was wanted, or directing others to perform offices deputed to them. Almost all the houses there and further in the rear had been converted into temporary hospitals. Straw covered the earthen floors, but wholesome sheets were spread over it. The wounded lay with scarcely an interval between them; surgeons and their assistants gave to each intern such attention as they could bestow. There was no rest, no sleep all that summer's night, next day, nor for many days afterwards to those ministers of health! The marvel is how they succeeded to any extent in paying heed to the incessant and multitudinous demands upon their skill. Everywhere around, in the capital and the country, every door was opened to receive the wounded. Delicate women waited upon them and dressed their hurts. Ladies of rank and men of property gave up their rooms, or sent to the hospitals bedding, wine, brandy, linen, vegetables, and fruit. Subscriptions were set on foot to create a Waterloo fund for the supply of relief to the wounded, their families, and to increase the allowance to the disabled and to the widows of the dead. Numbers of Medical men, at their own cost and still greater personal inconvenience, hastened from London and elsewhere to lend assistance.

We learn that after the battle the wounded and their attendants *streamed* into Brussels, the latter even in greater numbers than the former. Such of the men injured as were unable to reach the capital crept into the wood of Soignes, and there sat down, many of them to rise no more. Waggons and carts had gone out for them and brought back numbers. It does not appear, however, whether those waggons were part of the regular transport of the army, whether they were voluntarily supplied or "requisitioned."

Fatigue parties went out in all directions, the melancholy spring waggons were busy in the prosecution of their melancholy work; feeble movements of limbs or attempts to rise to a sitting posture pointed out where the wounded still lay thick among the dead.

Literature.

ENGLISH MIDWIVES THEIR HISTORY AND PROSPECTS. (*a*)

We are much indebted to Dr. Aveling for his contribution to our stock of knowledge on the above subject. The information his book gives, will do much towards explaining the present relations of accoucheurs and midwives to the practice of midwifery in this country.

The book gives a sketch of the history of midwives, from the 16th century to the present time. Chapter I is occupied with the 16th; chapters II. III. IV. and V. with the 17th; chapters VI. VII. VIII. and IX. treat of the 18th; and chapter X. deals with the present century, while chapter XI. is devoted to the consideration of how best to realize the requirements of the age.

(*a*) "English Midwives, their History and Prospects." By J. H. Aveling, M.D.

Dr. Aveling first shows us the position of midwives in the 16th century, how that they were licensed by the bishops in consequence of having frequently to baptise the child; and that they were only prohibited from performing this duty about the commencement of the 17th century, but that they still continued to be licensed by the bishops, until the middle of the 18th century. Mrs. Cellier, however, mentions that between 1642 and 1662, the midwives were licensed at Chirurgeon's Hall, but not till they had passed three examinations before six skilful midwives, and as many chirurgeons expert in the art of midwifery. It does not appear on what grounds those examinations were discontinued. During both the 16th and 17th centuries, the practice seems to have been almost entirely in the hands of women. In the beginning of the 17th century, Peter Chamberlain began to practise midwifery, and it was from him that the first proposal came "for the instruction of civil government of midwives." Unfortunately, no action on the matter was taken. "Had this proposal been carried out at that time," says Dr. Aveling, "England would have been in the van of the movement which has been going on in Europe since Peter Chamberlain's days, instead of in the rear; our midwives would have been for more than two centuries properly instructed, and controlled, and we should have been saved the humiliation of being pointed at by our continental neighbours, as a nation which does not care so much for the lives of its mothers, as to induce it to secure for them sufficient help in their times of jeopardy." In spite, however, of the disadvantage of the time, many of these midwives were women of considerable skill and ability. Dr. Aveling gives us quite a list of the most notable women of the time, the greater number being royal midwives. Among those mentioned at this period, Mrs. Jane Sharp was the first to publish a work on the art of midwifery. Mrs. Cellier, also gained for herself considerable notoriety from her political intrigues. "A scheme for the foundation of a Royal hospital, and the maintenance of a corporation of skilful midwives" was originated by her, but was not found practicable.

During this century, the practice of midwifery made immense advances, owing chiefly to the labours of Drs. Chamberlain, Harvey, &c., who to their credit, be it said, made many endeavours to improve the education of midwives of their time. "Up to this time," Dr. Aveling tells us, "the man-midwife was not employed in ordinary cases, his assistance being only sought when instrumental interference became necessary," for which, however, they do not appear to have been very grateful.

Dr. Aveling gives us an interesting account of the struggles between the man-midwife, and the midwife. The midwives strove hard to hold their own against the encroachments of the man-midwife, and against the use of the forceps, and which gave men their most telling advantage. Mrs. Stone, the second lady writer on midwifery, Mrs. Kennon, and Mrs. Nihell, were among the most prominent opponents of their introduction. Mrs. Stephen is only an opponent of men-midwives. She seems not to have been satisfied with the instruction afforded to women, for Dr. Aveling quotes from her, "I intend to continue my lectures as usual to women entering upon the practice of midwifery, until the men who teach that profession, render them unnecessary by giving their female pupils as extensive instructions as they give the males."

Dr. Aveling demurs to this charge of Mrs. Stephens, which is also repeated by others, and thinks that the writings of the men-midwives of the time, show that their most earnest desire was, "to instruct and improve the midwives." "The men constantly declared that they had no wish to injure in any way their sister practitioners."

Dr. Mawbray earnestly laboured as a teacher of midwifery, and put forward a list of the qualifications and knowledge which he considered a midwife should possess. Sir Richard Manningham, in 1739, established a lying-in ward in St. James's, Westminster, where midwives might receive proper instruction.

Dr. Aveling says, "It is remarkable, considering the number of proposals for the instruction and government of midwives, which were made during this century, that no effective step should have been taken." "When the Church undertook the control of Medical affairs, it gave licences alike to physicians, surgeons, apothecaries, and midwives, but when the faculty took these matters into their own hands, midwives were ignored." "In reviewing the progress of obstetrics during the 18th century, this appears to have been the only retrograde step."

Coming to the present century, Dr. Aveling notices the effort made by the Society of Apothecaries in 1813, to persuade parliament to pass enactments for the examination and control of midwives. He also alludes to the Obstetrical College, which has "provided the public with excellent midwives, capable of attending cases of natural labour, and recognising difficulties requiring more skilful assistance," and he speaks highly of a scheme elaborated by Miss Nightingale for the instruction of midwives. The regulations also of the examinations of midwives, held by the Obstetrical Society are given in full. The diploma granted by this Society gives no legal standing, but Dr. Aveling tells us, that "the General Medical Council has passed a resolution, which if carried out, will remedy the defects of the Obstetrical Society's scheme, by providing for the education and registration of midwives." Dr. Aveling shows that, in the villages, a large proportion of the population, varying from 30 to 90 per cent. is attended by midwives, and the proportion is almost as large among the labouring population in manufacturing towns. In the east of London, from 30 to 50 per cent. are attended by midwives; in the west, scarcely 2 per cent. Taking the population of England and Wales to be 23,000,000, according to the calculation adopted in Germany and France, there should be 11,500 midwives in this country.

POPULATION AND FOOD (*a*).

The work by Mr. W. R. Greg is a collection of eight essays on various knotty problems of speculative philosophy. The author is well known in the literary world, and the book is worth perusing by Medical men, although it is perhaps rather literary than scientific in some parts. The second essay, denominated "Malthus Notwithstanding," speaks of the check which was sustained by the writers who, like Southey and Coleridge, R. Owen, Fourier, and St. Simon, dreamed of the perfectibility of the race, by Malthus's work on the "Population Theory at the end of Last Century." "Malthus (says Mr. Greg) demonstrated, or was held to have demonstrated, that a condition of universal comfort and plenty as that shadowed forth could never be reached on earth, inasmuch as there was a constant and irremediable pressure of population on the means of subsistence; that it was in the nature, in the essence of human beings, to increase in a more rapid ratio than food; that, as long as and whenever population did increase faster than its sustenance, the great mass of mankind must be in a state of wretchedness; and that this incurable tendency could only be counteracted by what were merely other forms of wretchedness—viz., profligacy, excessive and premature mortality, or abstinence from marriage, or, as he phrased it, by vice, misery, or moral restraint."

In an article "On Population," which Mr. Malthus

(*a*) "Population and Food." A Review by C. R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E., Physician to the North London Hospital for Consumption.

"Enigmas of Life." By W. R. Greg. London: Trübner. 1872. Pp. 308.

"Principles of Biology." By Herbert Spencer. Vol. ii.

"Gynæcological Society's Transactions." Paper by Dr. Storer, of Boston, February 20th, 1872.

"Principles of Political Economy." By J. S. Mill. Book ii, Chap. iii.

contributed to the eighth edition of the "Encyclopædia Britannica," he lays it down as indisputable and obvious, that population, if unchecked, tends to increase in a geometrical ratio, and that food, the produce of the soil, can only at the outside increase in a geometrical ratio. That the inhabitants of a given country or area will, as is seen, actually double their numbers in twenty-five years, and might easily double in a much shorter time; whereas, even if we concede that in the same twenty-five years the produce of the soil in the same given country or area may be doubled likewise, it is certain that in the *next* twenty-five years, while the population would *tend* to double again or quadruple its original numbers, the soil could at most only add an equal increment to that of the preceding period.

"Malthus's doctrine (says Mr. Greg) has been accepted as undeniable by nearly every writer of repute on economical subjects, and by none more unreservedly than by the latest, and in some respects the ablest of all, J. S. Mill. None of the many authors who have questioned or assailed it, such as Ingram, Alesior, Sadler, Doubleday, or Quetelet, have been able to shake in any material degree its hold upon the public mind . . . Some years ago I hoped to be able to show, in opposition to the received doctrine, that, however irrefutable was Malthus's logic, his premises were imperfect, and his conclusions in consequence unsound. It is with some sadness that I am compelled to admit that further investigation and deeper thought have shaken this confidence."

Mr. Greg, however, has some misgivings as to the truth of Malthus's theory—firstly, because, even in some parts of Mexico and the United States, the actual doubling never seems to be much faster than twenty-five years; whilst the theoretical powers of the species would suggest a possible doubling in less than ten years. "In the United States and Lower Canada, which come next, it is calculated that when the large immigration is substracted, the period of doubling by natural increase is twenty-five years. But this falls far short of the possible rate of theoretical increase, since, adopting data which are actually reached and indeed extended in some instances, the population of a country can double itself in less than ten years. Again, the ordinary size of families in England and Wales, judging by a comparison of the yearly marriages with the yearly births, is now about 4·15 children, and we may fairly assume that with us no artificial means, of abstinence or otherwise, are employed to prevent each marriage yielding its natural number of offspring. . . . We cannot, with any accuracy, ascertain the number of children born to a marriage in America, as statistics there are complicated by immigration, migration, extension, and other causes; but I believe no one would place the average higher than six. But the possible number of children to a marriage—the *natural* unchecked number under the best conditions is far beyond this—is certainly four-fold. The child-bearing ages of women extend over nearly 30 years—certainly over 25, or from 16 to 40 inclusive, on a moderate estimate. Twenty-five children to each marriage is, therefore, no impossibility; in favourable conditions we should say no unlikely occurrence."

On page 69, Mr. Greg observes that "nowhere in the United States, one would suppose, can pressure of population on means of subsistence be alleged as the true acting cause of non-increase of numbers or failing fecundity; yet, it is asserted confidently (and there seems every reason to believe with accuracy), that the native-born citizens of some of the New England States cannot—at all events *do* not—keep up their numbers." Dr. Storer, of Boston, is quoted as an authority on this point, and as will be seen in the MEDICAL PRESS AND CIRCULAR, of Nov. 20, 1872, Supplement, that gentleman, in a paper communicated to the Gynæcological Society of Boston, February 20th, 1872, maintains that the inhabitants of some of the States imitate the Parisians, and other inhabitants of France, in voluntarily limiting their families. "In this connection (says Dr. Storer) I would for a moment refer to a subject which seems entirely to have escaped the notice of the Medical writer; and yet it is one which most often forces itself upon the mind of the physician, not merely as a prominent ground for variations in the tables relating to population, but also as being a not inconsiderable cause of uterine disease. I allude to the means so extensively used to prevent impregnation. Although there exists a large number of individuals whose conscientious scruples would prevent them from deliberately producing an abortion, very many of them seem to think it perfectly safe and right to use all practicable means to avoid conception. To such an extent is this feeling carried that it is a very common occurrence for the physicians to be told that children need not be conceived, and by such persons they are not conceived; frequently to these individuals no children are ever born."

This passage from Dr. Storer may explain to Mr. Greg that there is nothing very mysterious in the population check which at present acts so strongly in some parts of the United States, and probably in Boston and its neighbourhood. It is the fear of poverty which keeps that population so nearly stationary, not any occult influence, such as Doubleday or Herbert Spencer, are wont to expatiate upon. We suspect that, as Mr. Greg says himself, in page 69, "the repellent character of Malthus's conclusion has been usually regarded as in itself a ground for suspecting its truth . . . There are certain truths which the general sense of mankind has adopted and clings to as undeniable, partly from instinctive conviction, partly from overpowering proof, partly from religious teaching,—such as the wisdom, power, and ultimate essential universal goodness of God. It is right and wise to doubt *provisionally*—not of course to deny—any doctrine which contradicts or seems to contradict these truths, and which has been arrived at by steps of logic." This is the sort of argument which satisfies Mr. W. R. Greg, as he explains in Chapter I. at considerable length; but is one which may be said to be moribund now among intelligent persons, and held in contempt by modern physiologists, or other scientific inquirers, and, as Mr. Alexander Bain has well said, "Science is the Regenerator of Mankind."

Mr. Herbert Spencer is not affected with these theological disabilities for being a thinker, as we fear we must say of Mr. Greg, notwithstanding the excellent service the latter writer has done in his work on the "Creed of Christendom," and it is, therefore, curious to study Mr. Spencer's way of getting out of the Malthusian difficulty. If we turn to his "Principles of Biology," vol. ij., chap. 13, we find that Mr. Spencer holds that diminished fecundity and reduction in the rate of increase *must* physiologically ensue from mental action and advance of civilisation. "It is manifest that in the end pressure of population and its accompanying evils will disappear, and will leave a state of things requiring from each individual no more than a normal and pleasurable activity. Cessation in the decrease of fertility implies cessation in the development of the nervous system, and this implies a nervous system that has become equal to all that is demanded of it, has not to do more than is natural to it. In the end, therefore, the obtainment of subsistence and the discharge of all the parental and social duties will require just that kind and amount of action needful to health and happiness . . . The excess of fertility has rendered the process of civilisation inevitable, and the process of civilisation must inevitably diminish fertility, and at last destroy excess. From the beginning, pressure of population has been the proximate cause of progress . . . And after having caused, as it ultimately must, the due peopling of the globe, and the raising of all its habitable parts into the highest state of culture, after having brought all processes for the satisfaction of human wants to perfection, after having, at the same time, developed the intellect into complete competency for its work and the feelings into complete fitness for social life, the pressure of population as it gradually finishes its work, must gradually bring itself to an end."

Correspondence.

ETHER AS AN ANÆSTHETIC IN OPHTHALMIC CASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The unfavourable experience of the house-surgeon of the Royal London Ophthalmic Hospital, as expressed in the *British Medical Journal* last week, respecting the use of ether in ophthalmic cases, exactly coincides with that of Mr. Wilson, of Dublin, as detailed by him at the Surgical Society of Ireland a month ago. I think that the statements of these two gentlemen, being so completely coincident, go far to prove that ether *as administered by them* is an anæsthetic unsuitable for the performance of eye-operations. They do not, however, afford the least evidence that that anæsthetic given in a different manner produces the results which they have experienced, or is open to any objection in ophthalmic practice; and my observation of its use in a considerable number of ophthalmic operations of all degrees of gravity, enables me to say that the unpleasant symptoms to which these gentlemen have referred are in no respect the fault of the anæsthetic, but are dependent entirely on the method of administration. I have not seen ether administered by the towel and sponge, but I am not at all surprised to learn that its use in that way—mixed with a large quantity of air—has given rise to violent delirium and vomiting. I am satisfied that those *désagremens* are the result of the dilution of the vapour with air, and that they will almost never occur if the ether be given by the inhaler recently invented by Dr. Morgan, of Dublin. The principle of this instrument is to exclude the air as much as is possible, and to cause the patient to rebreathe the vapour until perfect anæsthesia is produced. I have, within a few months, performed forty-two operations on the eye with the aid of ether given by Dr. Morgan's inhaler. In one case only out of the whole was there vomiting during the operation, the patient having, in disobedience to orders, taken a full meal immediately previously. In no case was there sickness afterwards. In several cases there was muttering delirium, but in only one was there violent excitement, which we were unable to understand until we discovered that the elastic diaphragm of the inhaler was torn, and that a quantity of air was being inhaled with the ether. In nine-tenths of the cases the anæsthesia was rapid, calm, complete, and undisturbed, and the recovery immediate and unchecked. As the mouthpiece of the inhaler fits closely to the face, a very small quantity of ether vapour can reach the atmosphere of the room, and the conflagration which "the house-surgeon" anticipated is impossible.

This report of the administration of ether may meet with some scepticism in consequence of its roseate colouring; but I believe that any of your readers, who will make trial of the administration with the inhaler to which I refer, and with a good specimen of the ether, will be satisfied that I am not chargeable with exaggeration. Arguments against he use of that agent are meaningless, unless it be shown that it is given in the right way.

I am, &c.,
ARCHIBALD H. JACOB, M.D., F.R.C.S.
Dublin Infirmary for Diseases of the Eye and Ear.

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A NEW CHARITY!!

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I venture a suggestion as to a new charity? My sympathies and those of others have often been painfully excited by the sufferings of the deserving poor, who having a matter against a neighbour or burning under the sense of some injustice desire to appeal to that law which is so well known to be open equally to the rich and the poor, but cannot obtain justice through lack of means. This, then, is my proposition:—To have an established hospital duly officered, with in- and out-patient departments, the beds being occupied by those who, suffering under long and tedious litigation, would be, by mental worry, prevented from pursuing with advantage any ordinary occupation; these unfortunates would be skilfully attended and their cases, if possible, brought to a successful issue by our most eminent barristers, who, doubtless, are but waiting for the chance to imitate the members of the sister profession of medicine, and would vie with each other in the endeavour to obtain an appointment on this staff, where they might have the opportunity of bestowing gratuitously the results of their labour and skill, hoping thereby to derive a satisfaction which would probably owe its chief charm to its novelty. The out-patient department for minor cases of litigation, with special arrangements for wills, loans, &c., would be also a most valuable school for the junior members of the Profession, who would thus, while acquiring a vast experience, be qualifying themselves for the higher appointments when their seniors had gone to receive the reward which they, in company with the Medical Profession, would in time accustom themselves to look for in some other world than this.

Should this suggestion find favour in your eyes and those of your readers, may I crave your help to establish the charity, so that before long Medical attendance and medicine may not be the only things in this world which can be obtained absolutely for nothing?

I am, Sir,
Your obedient servant,
Jan. 22, 1873. A. W.

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THE ADMINISTRATION OF IRISH LUNATIC ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I should prefer leaving to others the controversy and correspondence on this subject. I have received through the post a reprint of various articles which appeared in the MEDICAL PRESS AND CIRCULAR; I have also accidentally seen a reprint of a letter by a Visiting Physician, addressed to a local paper, in consequence of its having quoted portions of your articles; and I have read in your last issue Dr. Maconchy's letter, which, like the former, questions the accuracy of your statements, and gladly testifies to the harmony existing between the Medical officers in their respective asylums. It is with very great satisfaction that I can personally state that similar friendly relations exist between me and my colleague, who is now my brother-in-law, and with whom I enjoyed professional intimacy before his appointment to the Maryborough Asylum. But all these cases are but negative; and I cannot allow it to be represented that all is smooth in asylums generally without through you calling attention to some facts.

No doubt your articles are to be understood as dealing with the system as a whole, and I am aware by your former articles, in years gone by, that you are in possession of details which justify the putting of your arguments in very strong language.

Now I distinctly state that, though there are some happy exceptions, the feeling—large, if not general—is one of impatience by the resident towards the visiting officers. I have seen much of it in the Maryborough Asylum, where it had an undesirable notoriety; and since my own appointment, several years ago, I experienced it on the occasion of my visiting on other than the usual day a case which I considered required daily attention. I was informed with much warmth that such visits were not contemplated, were outside my duty, and were offensive to a resident Medical officer.

I am aware of the expounding of the rules to junior by senior resident Medical superintendents, pointing out what was and was not the duty of the visiting physician. In this way it even happened that certain changes in the rules first came to my knowledge, which, by the way, are successively and insidiously, slowly and surely shelving the visiting physicians. Were such changes introduced like a Parliamentary Bill, there would be a fair opportunity for honest protection of interests, instead of our first knowledge of a real but covered injury being in the appearance of new orders.

Several visiting physicians have considered it necessary to seriously consider these matters in self-defence, yet they are not aggressors. Some have been careless for many years, and some have been informed that they do more than their duty, when they have thought otherwise.

It will be in the recollection of most of your readers that the history of the office of resident Medical superintendent is that under the original Privy Council rules framed by the late able Lord St. Leonard's, each asylum was governed by a layman called the Manager. In due time it was very properly considered desirable that the manager should be a physician, his duties, however, continuing lay and fiscal. It has been but very recently that the title "Manager" was changed to that of resident Medical superintendent, when commenced the transfer of Medical duties from the visiting to the resident officer—a change at first strictly limited to the treatment of mental disease, but now less openly and honestly, but not less surely, including the treatment of bodily disease.

In your editorial note you quote from the Privy Council rules as follows: "The consulting physician is on his arrival to communicate with the Medical superintendent, in company with whom he shall visit, besides patients labouring under bodily disease, *whose course of treatment he shall direct*, and in seclusion," &c. Now, Sir, the rule you quote has been pruned up in a recent issue (1870), and the words "whose course of treatment he shall direct," have been expunged. Again, in a former rule directing the visiting physician to "at least once a fortnight examine into the mental condition of every patient in the asylum," in the recent rules this has been changed as follows, "He shall once at least in each fortnight examine, with the resident Medical superintendent, into the mental condition of every patient in the asylum *who is under special Medical treatment*." Many similar changes have taken place from time to time.

Now, Sir, I distinctly state that there should be none but the most harmonious and cordial co-operation between the Medical officers. Rivalry or jealousy is abnormal, unsound, and a scandal; it exists, nevertheless, and the visiting physicians are not the aggressors, they are on the defensive for their rights and their general professional endowment of £2,700 annually, which it is sought to alienate with the connivance of some members of our Profession, whose salaries would not be improved by the spoliation, and whose duties and *responsibilities* would be increased by the removal of visiting physicians.

As to visiting physicians being a check from without on the residents, and a guarantee to the public, against abuse, such a feeling undoubtedly does exist amongst the governors, and that feeling has had its origin in the insidious changes in the regulations which they could not overlook.

It appears to me that the resident Medical superintendents have ample use fully to occupy their time, having completed the daily consideration, direction and treatment of the insane under their care, and having disposed of the very considerable amount of "management" and fiscal duty which was formerly alone considered enough to employ the time of a well-paid lay manager; and having devoted any possible leisure to the study of psychological literature, and the noting for the benefit of others the experience their opportunities afford, those who now think otherwise may see that, without any great sacrifice of dignity, they can leave to the visiting physicians the comparatively small amount of general Medical duty which secures them salaries, which, in the aggregate, cannot be spared by our Profession, and which duties require the aid of experience and daily practice which we must humbly admit is too often insufficient to combat disease, and which physicians and surgeons retired from general to special practice are the less able to afford.

In conclusion I must refer to an attempt to establish in Ireland a so-called Psychological Society, which the resident physicians only were invited to join to the exclusion of the visiting physicians and physicians of private asylums. I will hope that the omission was accidental, but though I am aware that attention was called to the circumstance it has never been corrected. Was the object sinister? I understand the association has collapsed.

Very faithfully,
DAVID JACOB,
Surgeon to Queen's County Infirmary, Visiting Physician Maryborough District Asylum, Proprietor of the Midland Retreat.
17th January, 1873.

[It is not our object, in pointing out the narrowing tendency of the Privy Council rules, to set class against class, or to excite a feeling of jealousy or ill-will between visiting physicians and resident Medical superintendents. We leave that employment to those who have been gradually tightening the bit until both governors and visiting officers have become restive. There would not be, nor ever was under the old system, any clashing between the extern and intern Medical officers, but the former class are sharp enough to see that the policy of gradually transferring their duties to the resident, and making their visits a mere formality, can only have one object and ending—their disestablishment and disendowment. We cannot allow that little plot to be worked out without suspicion or protest, and we warn visiting physicians that the next step from mere formal duties is no duties at all.

Our chief concern, however, is that the former system of supervision and watchfulness over the management of asylums shall be maintained. We don't wish to see the thousands of poor lunatics in Ireland consigned to establishments into which no vigilant eye is allowed to get a glimpse, and we believe it will be admitted, with the remembrance on our minds of the condition of the Limerick Asylum and the murder of the lunatic Danford, and the more distant recollection of the *exposé* which began at Maryboro' and ended at Castlebar, that, without doing an injustice to resident Medical superintendents as a body we have cause for our apprehensions. The brief interval since we last wrote has furnished us with an illustration, for we learn that in the Dorset County Asylum a patient was found within the last few days brutally beaten into insensibility by one of the warders.

Such occurrences should be not only improbable but impossible, and nothing but vigilant watching and enforced publicity can make them so. We want some better security against abuses than is afforded by the three monthly official inspections from the Castle, and the good intentions of resident officers who are, practically, responsible only to themselves. We have no distrust of the resident Medical superintendents, nor, despite an occasional disclosure like that at Limerick, have we any reason for such a feeling; but "doctors are but men," and they must be something more if they are to be expected to resist the temptation to do what they like when—if the day ever comes—there is no one to look at them.—ED. M. P. & C.]

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your review of the Pathological Society's transactions last week you refer to a case of mine, entitled "Adhesion of the velum pendulum palati to the posterior wall of the pharynx, with loss of the epiglottis, caused by syphilis," in which you incline to the belief that the lesions were probably caused by struma and not by syphilis. If it had occurred to me that this mistake would have been made, I should have given a fuller history of the case before describing the lesions presented after death. Permit me, however, to supplement the case by adding a few words in your journal which seem necessary to demonstrate the syphilitic character of the disease.

The man was a prisoner in the Manchester county jail, and on his admission was suffering from constitutional syphilis. There was, in addition to a crop of syphilitic maculæ, which persisted after death, extensive circular (syphilitic) ulceration of both tonsils. He was a robust and muscular man, without a trace of struma about him; but after a time the syphilitic inflammation spread to the air passages, giving rise to syphilitic laryngitis, and, subsequently, symptoms of phthisis manifested themselves, which killed him. On inspection after death there was found, besides the peculiar pharyngeal and laryngeal deformation, a large vomica in the apex of the right lung, which I rationally attributed, and still attribute, to the poison of syphilis. I should, perhaps, mention that there was also multiple adenopathy in one groin, and a hard based cicatrix upon the penis.

Your obedient servant,
S. MESSENGER BRADLEY, F.R.C.S.
Longsight Hall, Manchester.

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Medical News.

Maugham's Solution of Iron.—The number of preparations of iron is so great that one is at times somewhat puzzled

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and.—The following
examinations for the
of the College on the

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are.

, Camberwell.
n, Isle of Man.

, Delamere Crescent.
Ed., Ringwood, Hants.
ton Place, Belgrave Road.
Leicester.
Highbury Hill.
, Surrey.
xon, Cheltenham.
., Dorchester.
ld Burlington Street.
.A., Cinderford, Gloucester-

.C.P.L., Dulwich.
cester.
Bath.

Mecklenburgh Square.
South Wales.
d.
Lewisham, Kent.
s, St. Thomas Terrace.
mar, Bath.
ne, Devonport.
, Athelston Hill, Hereford.
R.C.P.Ed., Weaverham, Cheshire.
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rt, Kennington Park Road.
Birmingham.
., Lewes, Sussex.
cer, Everett Street.
Bromwich.
tleton, Modbury, Devon.
A., Hackney Road.
Myddelton Square.
id, York.
Bala, North Wales.
M.D., Barmouth.

en passed on the 24th inst. :—
orge, Stanley Street, Pimlico.
dward, Hobart Town, Tasmania.
riott, Tottenham.
Lowry, M.D., Ontario, Canada.
Hosking, L.S.A., Red Hill Surrey.
ussell, Westbourne Terrace Road.
mpton, S.W.
M.B. Dublin, Limerick.
Hopkins, Edmonton.
, Southampton.
Hill, W.
lton, Modbury, Devon.
Birmingham.
, Hartfield, near East Grinstead,

gham, Wilts.
vistock, Devon.
Square, Brompton.
rham, Tynemouth.
primary examination in
inst :—Edward Roe, F. Champneys, L. D. Bell, C. Curwen, F. G. Hamilton, H. Peevor, and E. R. Hutton, St. Bartholomew's Hospital ; A. G. Buckland and J. B. Ruddock, London Hospital ; E. E. Glyde, Guy's Hospital ; C. N. Griffiths, King's College ; W. G. Rountree, University College ; J. R. Ogle, Birmingham. Of the 104 candidates examined on the 14th, 15th, and 16th inst., 42 failed to satisfy the Court of Examiners, and were referred to their anatomical and physiological studies for three months.

College of Physicians, Ireland.—At examinations held on Jan. 14th, 15th, and 16th, the following gentlemen obtained the licences in Medicine and Midwifery :—*Medicine*—Edward Bowers, Andrew John Brady, Charles Edward Piers, Gabriel O'Connell Fitzsimon Redmond, James Shaw, Charles Catterson Smith, John Richard Henry Sutton, Samuel Henry Webb. *Midwifery*—Andrew John Brady, Gabriel O'Connell Fitzsimon Redmond, James Shaw, Charles Catterson Smith, John Richard Henry Sutton, Samuel Henry Webb.

Medical Officer of Health for Nottingham.—For this appointment (salary £400 a year) thirty-four candidates presented themselves. Four of them have been selected for final decision on the 3rd of February.

South Staffordshire Hospital.—The working men of Wolverhampton, on a recent Saturday, presented a sum of £1,500 to the South Staffordshire Hospital, as a contribution to the expense of the extension of the hospital by the erection of a fever hospital and of two new fever wards. This is in addition to £500 contributed by the working men in the beginning of the year, and £200 more is said to be expected.

A Lady Poor-Law Inspector.—The Local Government Board is reported to have appointed Mrs. Nassau Senior as one of its inspectors, at a salary of £400 a year, for the purpose of looking after the domiciles and the treatment of children who are boarded out.

Death from Nitrous Oxide Gas.—An inquiry was held at Exeter, on Jan. 23, into the death of Miss Ada Wyndham, a relative of Baron Channell's, who met her death whilst under the influence of nitrous oxide gas, administered for a dental operation. She was an unmarried lady, 38 years of age, residing at Manor House, Seaton, and in consequence of an appointment with Mr. Browne-Mason, surgeon dentist of Exeter, she came here yesterday morning to have her teeth examined. He told her it would be necessary to have one extracted, when she expressed herself willing to undergo the operation, but said it must be under the influence of gas, which gas was administered in the presence of her own Medical attendant, but as the pulse soon became weaker the gas apparatus was withdrawn, and the operation proceeded without its aid. Miss Wyndham said she could not bear the pain, and wished to have the gas again administered, and when about six gallons had passed through her lungs she was insensible, and the tooth was thereupon split and extracted. Just as the pieces were all removed a lividity of the features was noticed ; the dentist and the family physician became alarmed ; restoratives were administered, and the assistance of another surgeon having been obtained, everything was done to restore animation. The features, however, became swollen, the tongue protruded, there were indications of convulsions, and in about five minutes afterwards the pulse ceased to beat, and death ensued. The nitrous oxide was composed of about four parts of nitrogen to two parts of oxygen. The deceased lady was of rather full habit, yet she had such a remarkably broad chest, and the heart and lungs were both so healthy, that Dr. Drake, the physician who was called in, said he did not think that the corpulency would in this case have been in any one's judgment an objection to the use of the gas, and which was very generally administered in dentistry, and he had never before heard of a fatal result. The cause of death was paralysis of the part regulating the breathing, arising from the administration of the gas. He did not think that any forethought could in this case have prevented the result, if the gas was once administered. The Coroner (Mr. Hooper) remarked that the death was of a very novel character. The question for very careful consideration was, whether or not Mr. Mason administered the gas with due care, and after making all necessary inquiries, as he appeared to have done, it would be a case of homicide by misadventure, if he had not done so it would have been a case of manslaughter. The Jury returned a verdict of "Homicide by Misadventure," and expressed their unanimous opinion that every precaution was taken by Mr. Mason.

London International Exhibition, 1873.—The third meeting of the Committee on Surgical Instruments and Appliances was held last week, at which the following members were present:—Mr. Cæsar H. Hawkins, F.R.S. (in the chair), Dr. P. Allen, Mr. R. Brudenell Carter, Mr. W. White Cooper, Sir Wm. Fergusson, Bart., F.R.S., Dr. Arthur Farre, F.R.S., Dr. G. T. Gream, Mr. Prescott Hewett, F.R.S., Mr. J. Hinton, F.R.S., Mr. J. Luke, F.R.S., Mr. T. W. Nunn, Dr. W. S. Playfair, Mr. Edwin Saunders, and Mr. Edwin Sercombe. Major-General Scott, C.B., Secretary to Her Majesty's Commissioners, attended the meeting. The committee considered the following resolutions, which were passed at a meeting of London surgical instrument manufacturers held on the 10th inst., Mr. Louis Blaise in the chair:—(1.) "That the surgical instrument manufacturers do not exhibit unless the conditions requiring their manufactures to be submitted to a committee of selection be withdrawn." (2.) "That they may exhibit all the articles of their manufacture as a whole, and not in sections or subdivisions, as proposed by Her Majesty's Commissioners." (3.) "That the condition on which the foreigner and Englishman exhibit shall be one and the same." It was recommended that a reply should be sent explaining that English and foreign exhibitors would, as always intended, be on precisely the same footing; that it is not proposed to separate an exhibitor's instruments into sections or subdivisions; and that, while it is unadvisable to dispense generally with the principle of acceptance on the approval of a committee, an assurance of admission might be given by the committee to manufacturers of very high repute who should notify their desire to exhibit. The committee was informed that Signor A. Castellani, of Rome, had commenced to make exact reproductions of the surgical instruments found at Pompeii, and that the Japanese Minister, Terashima Munerero, himself a physician, had promised to obtain a collection of surgical instruments from Japan. Letters were read from Sir Alexander Armstrong, K.C.B., Sir John Rose Cormack, M.D., of Paris, the Royal College of Surgeons, Royal College of Physicians, University College, and the University of Edinburgh. The committee then adjourned till Monday, the 17th February.

Gleanings.

Asbestos.

THE name of this indestructible compound is derived from the Greeks. "Asbestos" literally means "unburnable"—a title which is very thoroughly earned by this strange substance. It is, moreover, so unassailable by all known solvents that it is a virtual impossibility to analyse and give its component parts with exactness. Enough, however, is known or guessed at to enable us to speak of it as consisting of from 50 to 60 parts silex, 10 to 20 parts magnesia, about the same proportion generally of aluminium, some traces of protoxide of iron, and occasionally a lime-like mixture. These proportions vary greatly in the hundreds of different varieties of Asbestos known, and govern and regulate exactly its value for practical purposes. Asbestos is a mineral. It is found in nearly every part of the world, and occurs in distinct veins and seams, usually in the serpentine formation of rocks. In order to procure it, it is necessary to mine in regular form, and to work the lodes or seams by blasting and tunnelling. This, in many cases, is a very costly process, as the rock in which it is found is extremely hard. The seams vary greatly in size, width, colour, and general appearance in different parts of the world. In fact, no two are exactly alike, but they have almost universally the same dip and inclination.

The marvellous properties and consequent prospective value of Asbestos to mankind have been known to some extent and appreciated for thousands of years, and vast sums of money have been expended in endeavours to make it available; but, up till within a few years, these experiments have for the most part resulted in failure, from the fact of the varied and dissimilar peculiarities of the different species—such, for instance, as the length, strength, and fineness of the fibre, excess of magnesia, or aluminum, &c., being unknown. The practical uses to which it is not only possible but probable that Asbestos will be put are almost numberless. Occupying as it does the position of a connecting link between the animal, vegetable, and mineral kingdoms, and possessing the properties of all, scarcely too much can be claimed for it in regard to its adaptation to appliances. Asbestos boats, tubs, boxes, waggon bodies, and even railway carriages, which will neither rot, burn, nor splinter, are perfectly practicable and possible. In fact, so varied and peculiar are the qualities of Asbestos, and so adaptable is it to the wants of mankind, that it may be looked upon as the "coming material." There is already a large company established in Glasgow to "work" Asbestos for the home and foreign markets.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

NOTICE TO SUBSCRIBERS.—Subscribers who desire to avail themselves of the reduced tariff, by paying for the year in advance, must please send in their subscriptions before the end of the present month, otherwise the usual rate for credit will be charged.

MANUFACTURERS AND THE ADULTERATION ACT.—Since the passing of this Act, which, as is always the case when a law is made to check dishonesty, presses unfairly upon the honest manufacturer, various means have been devised whereby articles of food of genuine composition may not lie under suspicion in consequence of the manufacturer declining to specify the exact components. Few articles have perhaps been more systematically adulterated than cocoa, and our readers will remember, in our "Food Reports," we more than once exposed the presence of brick-dust and other not very desirable or digestible ingredients. The Messrs. Cadbury Brothers, the well-known manufacturers, have just issued a Circular to the Profession and the trade, in which they state that—"Since the passing of the new Adulteration Act, we have seriously considered the importance of clearly stating what articles are pure and what are mixed. We have, therefore, placed them under two distinct heads—namely, Cocoa and Chocolate. Those we call cocoa are guaranteed to be manufactured of pure cocoa, without admixture; and those under the head of chocolate, are mixed more or less with other wholesome ingredients." This is as it should be.

MR. W. H., Bristol.—We think the Respirator about which you ask our opinion a very ridiculous contrivance. It is not a respirator in any sense of the word, and the fact that two of our contemporaries have *puffed* the said article as a "New Invention" does not deter us from giving an honest opinion. Not *very many weeks* ago our attention was drawn to the fact that, in two contemporaries, under the heading of "New Inventions," a highly laudatory article appeared on "Whiskey," which was neither new nor better than the ordinary spirit. In the same number appeared a page advertisement of the article.

DR. DALE, Plymouth.—Your note has been forwarded to the proper quarter, with a request for a private reply.

DR. BLACK is thanked for his complimentary letter. Such genuine expressions of approbation from subscribers are encouraging in an uphill warfare against trade influences and cliquism.

ST. ANDREW'S GRADUATE.—A General Session will be held at the Freemasons' Hall, London, on Saturday, the 8th proximo. The Annual Dinner will be given at 6·30 the same evening, after an address by Dr. Lyon Playfair, M.P.

DR. JACOB'S Communication "On the Treatment of Soft Cataract by the Operation of Solution," is unavoidably held over until our next.

COMMUNICATIONS, Enclosures, &c., received from Dr. Anstie, London. Dr. de Pascale, Nice. Dr. Palfrey, London. Dr. Cirillo Bonzoni, Padone, Holland. Mr. Cole, C.B., Kensington. Dr. Gavin, Boston, America. Mr. A. Bibby, Jersey. Mr. T. M. Dixon, Nottingham. Dr. Nottingham, Liverpool. Dr. Redman, Lincoln. Dr. Thorowgood, London. Dr. Handsel Griffiths, Dublin. Dr. Pritchard, Northampton. Dr. Morgan, Dublin. Mr. Robinson, Putney. Dr. Langley, London. Mr. Arnold, London. Dr. Drysdale, London. Dr. Ballard, Huntingdon.

Mr. Sloane. Forest Row. Rev. Alex. D. D'Orsey. Mr. Cochran, Paisley. Dr. Carpenter, Amersham. Dr. Barr Meadows, London. Mr. Biddell, Croydon. Dr. Parker, Whitchurch. Mr. Douglas, Shrewsbury. Mr. J. A. Letts. The Secretary of the Medical Society of London. The Secretary of the Pathological Society of Dublin. Dr. Butler, Philadelphia. Dr. Bathurst Woodman, London. Mr. J. L. Hughes, Dublin. Dr. Hime, Sheffield. Dr. Balfour, Edinburgh. Dr. Roberts. Mr. Dickinson, Preston. Mrs. Baines, London. Dr. Kraus, Paris. Mr. Hutchings. Dr. Davies. Dr. Gordon, C.B., Dover. Mr. Walter Rivington, London. Dr. Richardson, Dublin. Dr. Johnston Scott. Dr. Kennedy. Dr. Hayden. Dr. Jacob, Maryborough, &c.

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MEETINGS OF THE LONDON SOCIETIES.

THURSDAY, January 30.

ROYAL INSTITUTION, 3 P.M.—Dr. Debus, "On Oxidation."

FRIDAY, January 31.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor Erasmus Wilson, "On Dermatology."

ROYAL INSTITUTION, 9 P.M.—Mr. Dannreuther: "Music of the Future."

SATURDAY, February 1.

ROYAL INSTITUTION OF GREAT BRITAIN, 3 P.M.—Dr. Edward A. Freeman, "On Comparative Politics."

MONDAY, February 3.

MEDICAL SOCIETY, 8 P.M.—Third Lettsomian Lecture by Mr. Henry Lee, F.R.C.S., "On Urethral Discharges."

TUESDAY, February 4.

PATHOLOGICAL SOCIETY, 8 P.M.—Ordinary Meeting.

ROYAL INSTITUTION, 3 P.M.—Professor Rutherford "On the Forces and Motions of the Body."

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APPOINTMENTS.

BLAND, W. C., M.R.C.S.E., Assistant Medical Officer to the Dorset Lunatic Asylum, Forston, near Dorchester.

CHAPMAN, G., M.R.C.S., Medical Officer for District No. 4 of the Stourbridge Union.

CHAPMAN, J., M.D., M.R.C.P.L., M.R.C.S.E., an Assistant Physician to the Metropolitan Free Hospital, Devonshire Square.

DARWEN, J., M.R.C.S.E., Medical Officer of Health for the Balsall Heath Urban Sanitary District.

DEWAR, J., L.R.C.P.Ed., Surgeon to the Chelsea Dispensary.

GODSON, C., M.B., C.M., a Physician to the Samaritan Free Hospital, London.

HOFFMEISTER, W. C., M.D., L.R.C.P.L., F.R.C.S.E., Hon. Consulting Physician to the Royal Isle of Wight Infirmary, Ryde.

LAVERICK, J. V., L.R.C.P.L., Medical Officer of Health for the Hinderwell and Lyth Districts of the Whitby Rural Sanitary District.

MARSHALL, J., M.R.C.S.E., Medical Officer and Public Vaccinator for District No. 5 of the Chelmsford Union.

MOCKETT, G. T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Hendred District of the Wantage Union.

PALFREY, J., M.D., Physician to the General Lying-in Hospital.

QUINTON, C., M.R.C.S.E., Medical Officer of Health for the Egton District of the Whitby Rural Sanitary District.

RINGWOOD, J., L.K.Q.C.P.I., L.M., Medical Officer, &c., for the Powerscourt Dispensary District of the Rathdown Union.

SHOOLBRAID, J., M.D., Medical Officer of Health for the Urban Sanitary District, Aldershot.

THOMPSON, W., M.B., Surgeon to the Samaritan Free Hospital, London.

TRUMAN, E. B., M.D., M.R.C.S.E., Public Analyst for the Borough of Nottingham.

WORRALL, J. H., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District, Bacup, Lancashire.

The following Army promotions were officially gazetted on Friday last:—

MADRAS ARMY.

To be Surgeon—Assistant Surgeon F. Duckworth, M.D.

BOMBAY ARMY.

To be Surgeons-Majors—Surgeons T. E. P. Martin; J. P. Stratton, M.D.

To be Surgeons—Assistant-Surgeons P. S. Turnbull, M.D.; F. R. O'Kearney, M.D.; H. A. Lewis.

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VACANCIES.

West Riding Lunatic Asylum. Clinical Assistant, to aid the Medical Officers, and to take cases. Applications to Dr. Crichton Browne, before the 30th. (See advt.)

University College Hospital. Surgical Registrar. For information respecting the office applicants must address Mr. John Robson, B.A., at the College.

Charing-cross Hospital. Assistant Physician or Surgeon in the Skin Department. Honorary.

North Wales Lunatic Asylum. Assistant Medical Officer. Salary £100, with board and residence. Applications to the Chairman of Committee, Denbigh.

Dunfanaghy Union, Crossroads Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

Stockton-on-Tees Dispensary. Apothecary. Salary £120, non-resident. Applications to the Honorary Treasurer.

Infirmary for Epilepsy, London. Medical Superintendent of the Out-patient Department, must attend daily. Salary £50 per annum.

Hoxton House Lunatic Asylum, N. Assistant Medical Officer. Salary £[illegible], with board and residence.

United Law Clerks' Society of London. Medical Officer. Payment for Services is made by fees on all cases submitted to him.

Devon and Exeter Hospital. Physician. Honorary.

Royal Portsmouth Hospital. Resident Medical Officer. Salary to commence at £150, to be increased to £200 per annum, with board. Application to the Secretary.

Bourn Union, Lincolnshire. Medical Officer of Health. Salary £150 per annum. Applications to Mr. J. L. Bell, Bourn.

Parsonstown Union. Frankford Dispensary District. Medical Officer. Salary £100 per annum.

Rathdown Union. Stillorgan Dispensary District. Medical Officer. Salary £110 per annum.

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OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY, January 29.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1¼ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1¼ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

THURSDAY, January 30.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

FRIDAY, January 31.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

SATURDAY, February 1.

HOSPITAL FOR WOMEN, Soho square.—Operations, 9½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MONDAY, February 3.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TUESDAY, February 4.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
THROAT HOSPITAL.—Demonstration, 2½ P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

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Marriages.

BROWN—SETON.—On the 23rd January, at Pitmedden, Udny, Aberdeenshire, D. D. Brown, M.A., M.D., Aberdeen, to Eliza, daughter of Sir W. C. Seton, of Pitmedden, Baronet.

HUTCHINSON—MATTERSON.—On the 23rd January, at St. Michael-le-Belfrey, York, James Robert, second son of the late Graham Hutchinson, Esq., of Craigton, Lanarkshire, to Ellen Agnes Catherine, second daughter of Wm. Matterson, Esq., M.D.

SELLE—BUTTON.—On the 18th January, at Staines Church, Guarnerius, only son of Dr. Selle, of Richmond, to Jessie Charlotte, only daughter of the late Charles Button.

TREW—HALLAM.—On the 18th January, at St. Giles's, Camberwell, Thomas Vernon, eldest son of the late William Trew, F.R.C.S., to Florence Augusta, eldest daughter of George E. Hallam, of Camberwell.

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Deaths.

BODKIN.—On the 23rd January, at Park Villas, Selhurst Road, South Norwood, Thomas Bodkin, M.R.C.S.

HUDSON.—Accidentally drowned, on the voyage to Calcutta, Robert Ponsonby Hudson, L.R.C.S.I., aged 25.

LYNCH.—On the 15th of January, Daniel Lynch, M.R.C.S.E., of Belgrave Terrace, Higher Broughton, Manchester, aged 68.

MILBANKE.—On the 16th of January, at King Henry's Road, South Hampstead, R. T. Milbanke, Army Surgeon, half-pay.

NUTTALL.—On the 17th of January, Francis Nuttall, Surgeon, of Bury, aged 44.

SHAW.—On the 17th of January, at East Park Terrace, Southampton, R. Shaw, M.R.C.S.E., late H.E.I.Co.'s Bengal Service, aged 80.

ALBUMINURIA.

In some clinical remarks at Guy's Hospital reported in the *Lancet*, Dr. Wilks observed that albumen may appear in the urine as the result of a cold. The explanation of this seems to be that the cold sets up in the uriniferous tubules a condition closely resembling that found in the bronchial tubes when they are effected. When the kidney recovers itself the albuminuria disappears But a cold may give rise to acute tubular nephritis ; and even this may be recovered from. The albuminuria dependent on the inflammation produced in this manner is very different from that which occurs as a result of a chronic degenerative change in the tubules of the kidney, which is itself often only a part of a general condition. Their respective prognosis are different. It is difficult to say the exact time at which albuminuria, as a result of acute tubular nephritis, becomes incurable. There is no doubt that many persons who have been condemned have recovered. Dr. Wilks formerly thought that if dropsy and albuminuria, as a result of acute tubnlar nephritis, lasted six months, cure was impossible. But he thinks so no longer; for he has seen cases recover after a much longer than this. One of the first places in which dropsy, as a result of renal disease, shows itself is the subconjunctival tissue. Drs. Bright and Barlow always looked to the conjunctivæ when kidney disease was suspected, ard laid great stress on the presence or absence of œdema os this part. When œdema is present the conjunctivæ look bright and glistening, and the eyes appear suffused with tears ; but an examination will show that the fluid is beneath, and not upon, the mucons membrane.

Advertisements.

INCOME TAX—SCHEDULES A AND B.

NOTICE is HEREBY GIVEN, that the following Persons have been appointed COLLECTORS for the Year 1872-3:—

PATRICK ROCK, Lower Rathfarnham, for the Electoral Divisions of Clondalkin, Palmerston, Rathfarnham, Tallaght, and Whitechurch.

WILLIAM A. WEATHERUP, 37 Upper Gloucester Street, for the Wards of Merchants's Quay, Wood Quay, and Usher's Quay.

JOHN SADLEIR, 15 George's Place North, for the Wards of South City, South Dock and Trinity, in addition to the Wards of Fitzwilliam, Mansion House, and Royal Exchange as heretofore.

The Tax became due on the 1st of Jannuary, and should be paid immediately.

JAMES HAMILTON, Surveyor of Income Tax,
Custom House, Dublin.

INCOME TAX—SCHEDULES A AND B.

Year 1871-2.

NOTICE is HEREBY GIVEN, that Mr. ROBERT H. SNEYD, of Little Forrest, Swords (having an Office at No. 28 Lower Dominick Street, Dublin), has been appointed Collector of the above Tax for the Electoral Divisions of Balbriggan, Balscadden, Hollywood, and Holmpatrick, in the Union of Balrothery, and for the Electoral Divisions of Blanchardstown, Castleknock, Clontarf, Coolock, Drumcondra, Finglas, Glasnevin, and Howth, in the North Dublin Union, in the room and stead of Mr. Alan C. Blackburne.

By order,
J. P. WHITFORD, Surveyor of Taxes,
Dated 24th January, 1823. Custom House, Dublin.

INCOME TAX, 1872-3—SCHEDULES A AND B.

NOTICE IS HEREBY GIVEN that Mr. ROBERT H. SNEYD, of 38 Lower Dominick Street, and Little Forrest, Swords, is appointed Collector of the above Duties for the Electoral Divisions of Balbriggan, Balscadden, Hollywood, and Holmpatrick, in the Union of Balrothery ; and for the Electoral Divisions of Clontarf, Coolock, Drumcondra, Glasnevin, and Howth, in the North Dublin Union.

By Order,
J. P. WHITFORD, Surveyor of Taxes,
Dated 24th January, 1873 Custom House, Dublin.

INCOME TAX, 1872-3—SCHEDULES A AND B.

NOTICE IS HEREBY GIVEN that Mr. THOMAS REILLY, of Shangan Hill, St. Margaret's, has been appointed Collector of this duty for the Electoral Divisions of Blanchardstown, Castleknock, and Finglas, in the North Dublin Union.

By Order,
J. P. WHITFORD, Surveyor of Taxes,
Dated 24th January, 1873. Custom House, Dublin.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.—A GENERAL SESSION will be held at the FREEMASONS' TAVERN, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, on Saturday, February, 8th, 1873, at 5.30 p.m., when Dr. Lyon Playfair, M.P., C.B., will deliver an address on "The Position of Universities as places of Professional Education." The Dinner will commence at 6.30 p.m. Tickets Half-a-Guinea each, *not including wine.* Members intending to dine are requested to send their names at once to Dr. Paul, Camberwell House, Camberwell, S.E.; or to Dr. Day Goss, 111 Kennington Park Road, S.E. The Subscription for 1873 became due on January 1st. Members are requested to forward the amount due at their earliest convenience.

W. BATHURST WOODMAN, M.D., Hon. Sec.
6 Christopher Street, Finsbury Square, E.C.

N.B.—The sixth volume of the Transactions will be published shortly, and contain papers by

Dep. Insp.-Gen. Gordon, M.D., C.B.;
Dr. Lyon Playfair, M.P., C.B.;
Dr. Lloyd Roberts.;
Dr. J. D. Macdonald, F.R.S.;
Dr. Day, of Stafford;
Dr. Hughlings Jackson;
Dr. Painter;
Dr. Wiltshire;
Dr. Bathurst Woodman;

AND OTHERS.

INDIAN MEDICAL SERVICE.

NOTICE is HEREBY GIVEN, that an EXAMINATION of CANDIDATES for appointments as Assistant Surgeons in Her Majesty's Indian Medical Service will be held at Burlington House, London, on the 17th February, 1873.

Copies of the Regulations for the Examination of Candidates, together with information regarding pay and retiring allowances of Indian Medical Officers may be obtained on application at the Military Department, India Office, Westminster, S.W.

T. T. PEARS, Major-General,
Military Secretary.

Military Department, India Office,
8th January, 1873.

WEST RIDING ASYLUM, WAKEFIELD.—WANTED immediately a Clinical Assistant who will have to take notes of Cases and aid the Medical Officers generally in the discharge of their duties, and who will be provided with furnished apartments, board, &c., in return for his services. To any one desirous of entering the department of lunacy practice, or of learning something of the treatment of mental and nervous diseases, this appointment offers singular advantages, as the Asylum contains 1,400 patients, and affords every facility for study and observation.

Applications, with a Certificate as to moral character, to be sent to me on or before the 30th inst.

J. CRICHTON BROWNE, M.D., Medical Director.
West Riding Asylum, Wakefield, 20th January, 1873.

DUNFANAGHY UNION, CROSSROADS DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

THE COMMITTEE of MANAGEMENT of the CROSSROADS DISPENSARY will, at their Meeting on WEDNESDAY, the 5th of February, at 12 o'clock, in accordance with the sealed order of the Local Government Board, proceed to elect a SECOND MEDICAL OFFICER for said District, at a Salary of £100 per annum, exclusive of Vaccination and Registration fees.

Testimonials as to character and competency to be lodged with the Honorary Secretary, before the day of Election.

Personal attendance of Candidates necessary, and the person elected must reside at Falcaragh, or immediate neighbourhood.

Application to be made to the,

Rev. V. P. GRIFFITH, Hon. Sec.
Falcaragh, Letterkenny, Jannary 16th, 1873.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour, by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

MONAGHAN BOARD OF GUARDIANS.

The following letter was read :—

"Sir,—On the 15th instant, at Dr. Irwin's desire I met him in consultation on a midwifery case in Scotstown Dispensary District, and, as the patient was attended under the Poor-law Medical Relief Act, I beg to apply to the Board of Guardians for my fee, viz., £2 2s.

"Your obedient servant,
"W. Woods, Physician, &c."

The Chairman—Well, you must write to the Local Government Board on the subject.

Colonel Lloyd—If it was a very intricate case, I think he was justified in obtaining assistance; but I do not know who should pay for it.

The Chairman—I do not know whether Dr. Irwin ought not to pay the fee himself.

The Clerk—Dr. Irwin himself spoke to me on the subject, and I told him we never had such a case in the Union before.

Colonel Lloyd—I would have nothing to say to the matter, but I would allow the gentleman to apply to any source he likes for payment.

Mr. Taylor—I think before we entertain the application we should ascertain that there was a real necessity for assistance.

Colonel Lloyd—I would acknowledge the receipt of the letter, and say that the Board did not feel inclined to entertain the application. That would only be courteous.

The Chairman—Say that the letter was brought before the Board, and that they decline to entertain it.

Mr. Watson—That is the simplest way of acting.

Colonel Lloyd—I think this is the last we shall hear of it.

PAYMENT OF MEDICAL SUPERANNUATION FROM THE CONSOLIDATED FUND.

POOR LAW DEPUTATION TO LORD HARTINGTON.

A very large and influential deputation attended at Dublin Castle on Wednesday, at four o'clock, for the purpose of presenting two memorials to Lord Hartington, for the purpose of obtaining repayment from the Treasury of half the salaries of clerks of unions in Ireland, and half the superannuation allowances of Poor Law Medical officers.

Mr. Myles, Vice-Chairman of the Limerick Board of Guardians, referring to the second memorial, that with regard to the Medical officers, observed that the Consoildated Fund paid half the salaries of these officials originally, but other enactments passed last session to give them superannuation, the expenses of which was cast on the local rates. He thought the cost of this superannuation should also be borne by the Consolidated Fund and by the ratepayers.

Major Ellis and Dr. Peebles also urged that these duties were of an Imperial character.

Mr. George Morris, J.P., said that clerks of unions were originally appointed to perform duties solely connected with the relief of the poor, at very moderate salaries.

Lord Hartington, after referring to the case of the union clerks, said—With regard to the second memorial the case is different. I think there is something objectionable in principle to superannuation allowances being contributed to from Imperial funds. I am informed by the Vice-President of the Local Government Board, that even as it is he does not think there is any undue reluctance on the part of the Boards of Guardians to consider favourably—most favourably—the claims of their officers to superannuation; and, of course, it is clear that any liberality—any tendency to undue liberality—would perhaps be increased if the burden were divided between the ratepayers and the Imperial Exchequer. I do not know that I can do more now than to lay the whole subject before Government, which, indeed, will be glad to have an expression of the views of so many influential gentlemen, who take an interest in the administration of the Poor Law Board in this country.

CLANE DISPENSARY.

On Monday last a large meeting of the committee of management of the Clane and Timahoe dispensaries, after a close investigation, unanimously resolved to increase the salary of the Medical officer, Dr. Smyth, to at least £125 a year, and especially requested the chairman, P. Sweetman, Esq., J.P., to strongly recommend the board of guardians to sanction the proposal.

HEALTH OF DUBLIN AND THE SUBURBAN DISTRICTS.

The deaths registered in the Dublin District during the week, represent an annual mortality of 30 in every 1,000 of the population. In London the death rate was 18, in Glasgow 25, and in Edinburgh 17.

In the Dublin District the births registered amounted to 164. The average was 152.

The deaths were 184, the average being 186.

The number of deaths from zymotic diseases registered during the week was 22, viz.:—5 from fever (4 typhoid or enteric, and 1 simple continued fever), 4 from measles; 3 each from croup, whooping-cough, and diarrhœa; 1 each from scarlet fever, erysipelas, &c.

Thirty-four deaths resulted from bronchitis, and 1 from pneumonia.

Two deaths were caused by epilepsy, 1 by apoplexy, and 1 by paralysis.

Fourteen children died from convulsions.

Heart disease caused 12 deaths, and liver disease 3.

Twenty-six deaths resulted from phthisis, 4 from hydrocephalus, 3 from scrofula, and 2 from mesenteric disease.

Cancer proved fatal in 6 instances.

Six accidental deaths were registered, viz. :—2 from fractures and contusions, 1 from scalds, and 3 from drowning.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 18th January,* 1873; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 18TH JANUARY, 1873.													
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,565	30	164	184	30	45	...	4	1	...	3	5	3	9	11	59
BELFAST . . .	20,687	182,214	21	79	74	11	15	...	3	...	...	2	5	2	...	...	12
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	30	28	26	4	9	...	3	...	...	...	...	...	...	...	13
LONDONDERRY . .	21,865	30,893	25	14	15	4	5	...	...	...	...	1	...	1	1	1	7
WATERFORD . .	17,209	30,838	42	27	25	6	5	...	1	2	...	...	...	1	1	...	8
GALWAY . . .	21,358	19,713	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SLIGO . . .	30,835	17,175	42	14	14	...	7	...	...	...	...	...	...	1	1	1	7

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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Parsonstown ..	Frankford.. ..	£100	£3 1s.	418	116	28,668	3,930	Feb. 3	G. S. & W. R.
Rathdown.. ..	Stillorgan	£110	£8 17s.	1,138	623	4,073	10,444	Feb. 4	D. & W. Rail.
Dunfanaghy ..	Crossroads.. ..	£100	£8 4s.	386	181	93,437	11,559	Feb. 5	Strabane, 41 m.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF DECEMBER, 1872.

5th.—Byrne, Joseph, 21 Pump Street, Derry, Lic. K. Q. C. Phys. Irel., 1872, Lic. R. Coll. Surg. Irel., 1872.

7th.—Bailey, James Battersby, 10 Mount Charles, Belfast, M.D. Qu. Univ. Irel., 1872, Lic. R. Coll. Surg. Edin., 1872.

7th.—Graydon, James Alexander, Newtownlimavady, Co. Derry, Lic. Fac. Phys. and Surg. Glasg., 1870.

7th.—Burney, Walter Charles Skardon, Howth, Co. Dublin, Lic. R. Coll. Surg. Irel., 1871, Lic. K. Q. C. Phys. Irel., 1872.

10th.—Ring, James, Templemore, Co. Tipperary, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

11th.—Marshall, John, Inkerman Street, Padiham, Lancashire, M.D., 1870, and M. Ch., 1870, Qu. Univ. Irel., Lic. Midwfy. K. Q. C. Phys. Irel., 1872.

13th.—Holland, John James, 1 Mary Street, Galway, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

13th.—Collis, John George, Mount Ford Lodge, Fermoy, Co. Cork, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

13th.—Moynan, Wm. Edward Bonsall, Tullamore, King's County, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

14th.—Lynch, John, Buncrana, Co. Donegal, Lic. Fac. Phys. and Surg. Glasg., 1872.

14th.—Loverock, Robert George, Finea, Co. Westmeath, Lic. K. Q. Coll. Phys. Irel., 1872, Lic. R. Coll. Surg. Irel., 1872.

16th.—Spence, Andrew, 148 Donegal Pass, Belfast, Lic. R. C. Phys. Edin., 1870, Lic. R. Coll. Surg. Edin., 1870.

17th.—Allen, John Gower, Retreat-Loughall, Co. Armagh, L. R. Coll. Surg. Irel., 1871, Lic., 1872, and Lic. Midwfy., 1872, K. Q. C. Phys. Irel.

17th.—Strahan, John, Greenmount Road, Belfast, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

17th.—Woods, Thomas Arthur, Parsonstown, King's County, Lic. R. Coll. Surg. Irel., 1872.

17th.—Fitzgerald, Michael, Roughan House, Corofin, Co. Clare, Lic. R. Coll. Surg. Irel., 1871, Lic., 1872, and Lic. Midwfy., 1872, K. Q. C. Phys. Irel.

18th.—Orr, Hugh, Virginia, Co. Cavan, Lic. Apoth. Hall Dub., 1871, Lic. R. Coll. Phys. Edin., 1872, Lic. R. Coll. Surg. Edin., 1872.

18th.—Macawlay, Charles Albert, Strand Lodge, Grattan Road, Galway, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

19th.—Barkley, George, Maghera, Co. Londonderry, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

19th.—Sproule, Robert, Fintona, Co. Tyrone, Lic. K. Q. C. Phys. Irel., 1872, Lic., 1872, and Lic. Midwfy., 1872, R. Coll. Surg. Irel.

21st.—Johnston, Henry Maturin, Riversdale, Midleton, Co. Cork, M.D. Qu. Univ. Irel., 1872, Lic., 1872, and Lic. Midwfy., 1872, R. Coll. Surg. Irel.

23rd.—Fullerton, John Campbell, Ramelton, Co. Donegal, M.B., 1872, and M. Ch., 1872, Univ. Dub., Lic. Midwfy. K. Q. C. Phys. Irel., 1872.

23rd.—Foot, Robert Herbert, 1 Belgrave Square, Monkstown, Co. Dublin, M.B. Univ. Dub., 1872, Lic., 1872, and Lic. Midwfy., 1872, R. Coll. Surg. Irel.

24th.—Fitzgerald, Edward Maxwell, Marine Terrace, Youghal, Co. Cork, Lic. R. Coll. Phys. Edin., 1871, Lic. R. Coll. Surg. Edin., 1871.

24th.—Brown, William James, 32 Molesworth Street, Dublin, M.B. Univ. Dub., 1872, Lic., 1872, and Lic. Midfy., 1872, R. Coll. Surg. Irel.

28th.—Burton, Henry Wingfield, Enniskerry, Co. Wicklow, Lic. R. Col. Phys. Edin., 1872, Lic., 1872, and Lic. Midwfy., 1872, R. Col. Surg. Irel.

28th.—Griffin, Thomas, Ballyplymoth, Castleisland, Co. Kerry, Lic. R. Col. Surg. Irel., 1872.

31st.—Scott, John Moore Johnston, Crumlin Road, Belfast, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

31st.—Ringland, Arthur Hill, 14 Harcourt Street, Dublin, Lic., 1871, and Lic. Midwfy., 1871, K. Q. Coll. Phys. Irel.

SLIGO BOARD OF GUARDIANS.

THE APPOINTMENT OF APOTHECARY.

The Chairman asked to be shown the advertisement issued by the dispensary committee in reference to the appointment of an apothecary.

The clerk produced it.

Chairman—I see that the candidate must produce certificate of midwifery. Can you tell us, Mr. Homan, why this is asked for?

Mr. Homan—It has been the case always.

Mr. Kerrigan —why? Are not apothecaries merely compounders of medicine? The porters in the country do it.

Chairman—I cannot see why this is called for. Apothecaries are supposed to be only compounders of medicine.

The clerk supposed that licensed apothecaries might have this qualification.

Mr. Kerrigan—They do not require it to make up the prescriptions—to give out the saltz and sena and castor oil, medicines most generally used.

The chairman expressed regret that there was no explanation on the subject.

The Clerk read the minutes of the Sligo dispensary meeting on the 17th instant, which were confirmed in the usual way.

The following letter was also read on the subject :—

"Local Government Board,
"Dublin, January 20, 1873.

"Sir,—The Local Government Board have to inform the Board of Guardians of the Sligo Union that they have received the minutes of proceedings of the committee of management of the Sligo dispensary district, at the meeting held on the 17th instant, for the purpose of appointing an apothecary for the district, from which it appears that no candidate under the age of forty years having offered himself for election, a resolution was adopted by the committee that application be made to the Local Government Board 'to ascertain the limit of age they will sanction for the information of the Board of Guardians on Tuesday next, when the whole subject will be re-considered.' In reference thereto, the board have to state that their regulations do not limit the age beyond which candidates cease to be eligible for the office of apothecary; but at the same time when making a selection amongst the candidates for the office in question, the committee would do well to take their ages into consideration, and not appoint a person of advanced years who might not be able to discharge the duties of the office in person, and who in a short time, from infirmity, would probably seek superannuation and become a burden on the rates.—By order of the board,
"B. Banks."

Mr. O'Connor thought the best thing to do would be to appoint Dr. Johnston.

Chairman—That seems to be more within the province of the Dispensary Committee.

Mr. Doherty—No candidate sent in his testimonials to the committee. Dr. Johnston did not send in his testimonials, and the committee could not go outside the terms of the advertisement—otherwise Dr. Johnston would have been elected the day of the meeting. You must either appoint Dr. Johnston at £80 a year, or raise the salary to £100.

Mr. M'Gill—Since the meeting on Friday three gentlemen all duly qualified wrote to me, saying they would take the dispensary at £100 a year, but not less.

At the suggestion of the chairman, it was resolved that the letter be forwarded to the Dispensary Committee, with the view of enabling them to act to the best of their judgment in the matter.

SLIGO DISPENSARY COMMITTEE.

A special meeting of this committee was held for th purpose of electing a qualified apothecary, pursuant to advertisement, and for the transaction of other business.

The Honorary Secretary read the minutes of last day's proceedings directing the letters of Drs. Tucker and Maguire to be laid before the Local Government Board, and inquiring how the Committee should act in the matter.

Mr. M'Gill said the meeting had been called for the election of an apothecary. No candidate had applied.

Mr. Doherty—Have you got any communication?

Mr. M'Gill—One gentleman wrote for a list of the Committee, but he had not heard from him since.

Mr. M'Gill read the following letter :—

Dublin, January 16, 1873.

Sir,—I am directed by the Local Government Board for Ireland, to acknowledge the receipt of your letters of the 10th and 13th inst., inquiring—by direction of the Committee of Management of the Sligo Dispensary District—how they should act in regard to the leave of absence recently granted to Dr. Tucker (Medical Officer), and to the appointment of his substitute, Dr. Tucker having resumed the discharge of his duties the day after leave had been granted to him; and in reply I am to state, for the information of the Committee, that it was quite competent to Dr. Tucker to resume the discharge of his duties, when he felt himself able to do so.

B. Banks.

Dr. Ferguson said as no candidate had come forward he would move that Dr. Johnston, who had been employed, and who had given satisfaction, be continued as apothecary. He was willing to undertake the duties at a salary of £80 a year. Under the circumstances they might as well appoint him.

Rev. Mr. Griffith—There is some condition about the age. It is competent for us to withdraw the limit.

Mr. Conry—If the Local Government Board permit you. They say they don't want to be giving superannuations.

Mr. Simpson—Was it the Committee who put in the limit of 40 years?

Mr. M'Gill said it was put in by direction of Dr. Roughan, Poor-law Inspector.

Dr. Johnston was then sent for, and on entering the room said he had been in charge for nine or ten weeks, and from knowing the working of the dispensary, he would have no objection to take it at £80. The limit of age prevented him applying.

Dr. Johnston said he was over the age, but he was able to do his duty.

Mr. M'Gill said if the Board of Guardians fixed the salary at £100 a year, they would get a competent person.

It was after considerable discussion, resolved that the Local Government Board be informed that on the day appointed for the election of apothecary, no candidate presented himself, that Dr. Johnston was willing to undertake the duty, and that the feeling of the meeting was unanimous for appointing him, but being above the prescribed age, he could not be appointed, and that the Secretary apply to the Board to ascertain the limit of age, for the information of the Board of Guardians on Tuesday next, when the whole subject will be reconsidered.

OMAGH DISPENSARY DISTRICT.

Illness of Dr. Love.—Dr. Boyle has been temporarily appointed to discharge the duties of Medical Officer of the Omagh Dispensary District during the illness of Dr. Wm. S. Love, who has had a severe attack of fever, but who, we are happy to hear, is now in a fair way of recovery.

PORTRUSH DISPENSARY.

A special meeting of the Committee of the Bushmills and Portrush dispensary district, was held on the 9th inst., for the purpose of electing a Medical officer in room of Dr. Campbell, resigned. There were three candidates—Dr. Blundell, Dr. M'Ilroy, and Dr. A. T. Carson. The latter gentleman was elected by a majority of 15 to 9 over Dr. M'Ilroy—the first named gentleman being put out of the competition in the first.

WATERFORD UNION.

£70 A YEAR FOR OUT-DOOR RELIEF OF A SICK PAUPER.

The Clerk reported that, in pursuance of orders, he had written to Dr. Cane, M.O., Kilmacevogue district, asking to be informed on the ground upon which a woman named Kathleen O'Hara is receiving £1 6s. a week provisionally.

Dr. Cane replied as follows :—

Gentlemen—In reply to your question about O'Hara's case I believe the reason is, destitution and illness.

I might refer you to Act of Parliament, Vic. 35 and 36, cap. 94, and some section, but your valued R.O. is the only person who can reply to that question, as you now put it to me. As it is foreign to my business to meddle in such matters, I trust that your board will not refuse to remunerate me for writing this letter. Also, if Mr. McDermott, the auditor, rebukes me for for meddling in the relief in this case, as I have only done so at your request, I trust that your board will convey me safely in the matter.

Those members of your board who really who do take an interest in the affairs of the sick poor by attending every Wednesday, losing valuable time, have had the case before them each week, and were, all through, fully satisfied, having inquired into it daily, but, of course, the non-attending or absentee members are not acquainted with all the facts of the case. How could they be?

Then came the following from Mr. D. Carroll, R.O., on the same case :—

Gentlemen—In compliance with your request, I beg to furnish you with the grounds on which an old woman, named Kathleen O'Hara, aged 82, is receiving provisional relief in my district.

Five months ago this woman was granted, by the board, two shillings a week on recommendation of Mr. John Fitzgerald, the guardian for the division in which she resides. Five months since, she was visited by the medical officer, who reported that she was very ill, urgently requiring stimulants—beef tea, the constant care of a nurse, and was unfit to be removed. I immediately visited the case, and found her apparently in a dying state, destitute and houseless, and the house in which she had received a temporary shelter, cheerless and damp. Being of opinion that the amount granted was inadequate, viz., two shillings a week, and having fully considered the circumstances of the case, I was of opinion that it was one of sudden and urgent necessity, and afforded such provisional relief as I considered essentially necessary, according to 10th Vic., cap 31, sec. 7.

In strict conformity with sec. 7, I have weekly reported to you the cost, and the particulars of all relief afforded under my provisional power, which you approved. It will be my imperative duty to continue same so long as the circumstances of the case may demand. I regret I cannot comply with the recommendation of the guardians, either to reduce the amount of relief, or to remove her to hospital.

The Chairman said he would now treat them to another letter from Dr. Cane, this time to the relieving officer. Dr. Cane writes, "I would recommend that the allowance of 14 glasses of brandy per week be increased to 20. I would recommend the one pint of milk daily to be made a quart (Mr. Hally was now seated, but glaring threateningly around him) ; I would give her a chicken ; I would also give her 4lbs. of beef for making soup, and I would also give her 3lbs. of beef for frying on a gridiron."

The Chairman observed he did not think if he was relieving officer he would feel justified in giving such a quantity as twenty glasses of brandy. If it was given it might not be a matter of wonder if the relief should abruptly terminate.

The observations ended without a resolution, the guardians being officially powerless in the matter.

The Mayor said that his chief object in attending the board that day was to ask instruction as to some matters connected with poor relief arising in some cases before him. The case to which he would principally wish to refer was as follows :—On Monday a child died in a very bad state of scarlatina, and in a very destitute condition. When high-constable Pallas, sanitary officer, went to the house, the parents had no coffin in which to put the little body, nor had they any means to procure one. Means were given them to obtain a coffin, but they did not seek for it in time. It was not until the body was in a putrid state that one was brought, through their default, and the high-constable was forced to put the body into the coffin with his own hands, those around being too drunk to do anything, having got subscriptions in the locality for the funeral. He (Mayor) directed to have the coffin nailed down, and he gave Mr. Pallas half-a-crown to have a car to bring the body to be interred. Now his (Mayor's) wish was not to come into the slightest collision with the guardians in carrying out the Sanitary Act, but rather to act under their guidance, and he would now be glad to know what was the exact course he should have taken in the matter, and if there was a special place set apart for the reception and the interment of such bodies?

DREADFUL AFFAIR AT LIMERICK LUNATIC ASYLUM.

On Friday evening last a patient in the above establishment named Kenna, while engaged in visiting a mason in repairing the furnace in the Turkish Bath department availed himself of the absense of the latter to set fire to his clothes. On the return of the mason he found the unfortunate creature enveloped in flames. He made an immediate alarm, and had assistance procured, when an effort was made to save the poor man's life by tearing his clothes off him. He, however, violently resisted, and appeared to desire to be allowed to burn to death. Dr. Fitzgerald, the Medical superintendent, was quickly in attendance and seeing the precarious condition of Kenna, sent for the Medical consultant, Dr. Gelston who in a short time arrived. Every effort was made to restore the sufferer, but all failed, for he expired last evening. Kenna was 45 years of age, and spent 15 years in the asylum. He was always looked upon as a harmless imbecile, and never exhibited any symptoms of a tendency to destroy his life up to the time of the present melancholy occurrence. An inquest was held on the body next day by Mr. Coroner Costelloe.—*Limerick Reporter.*

On January 15th, at his residence, Home Hill, Bridge of Allan, Wm. Gordon, Esq., M.D., late of Strabane, aged 51 years.

On January 9th, in Dublin, John Dowse, son of Dr. Langley, of Tramore, aged 17 years.

On January 16th, at Portobello Barracks, Dublin, the wife of Staff-Surgeon Wm. T. Harding (son-in-law of Dr. Owens, J.P.), of a daughter.

On January 14th, at Clogheen, the wife of Dr. Fenton, of a daughter.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1873.

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THE REMOVAL OF CATARACT BY SOLUTION, ESPECIALLY WITH REGARD TO THE SOFT CATARACT OF EARLY LIFE, AND THE OPERATION BY KERATONYXIS.

BY ARCHIBALD HAMILTON JACOB, M.D.Dub., F.R.C.S.I.,
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(*Continued from page* 524, vol. xiv.)

I HAVE stated in a recent publication (MEDICAL PRESS AND CIRCULAR, December 18th, 1872, page 524) that "in the majority of cases, I operate by extraction, with the feeling that my doing so, is a concession to the convenience of the patient, and that I thereby purchase a comparatively rapid restoration of sight at the expense of a very grave risk of failure, and a certain inevitable sacrifice as regards the ultimate result. I am perfectly persuaded that in almost *all* cases of true cataract, hardly even excepting those of hard amber cataract of old age, it would be my duty to advise the operation of solution in preference to that of extraction, if the patient were content or able to wait for the result."

In making this exception, however, I do so, not because a hard senile cataract is incapable of being resolved by the operation of division, but because the lengthened period which is required for complete solution goes somewhat to justify the more riskful operation of extraction. Cases of hard amber cataract may present themselves, in which an excision operation is not admissible, in consequence of some constitutional fault in the patient, or in which the patient is content to wait for the result rather than encounter the risks of the extraction operation, and it should be remembered that in such cases restoration of sight is quite feasible if the patient will wait some months for the result. About three years ago an old lady of seventy-four consulted me as to the removal of her cataracts, which were of the usual dark-coloured waxy type, and fully developed in one eye. She was the victim of constant and prolonged attacks of bilious vomiting, which it did not appear could be controlled, and was, moreover, in such a state of health that confinement to bed, or prolonged suffering, might probably be attended with much risk to life. I advised her that none of the speedy methods of removing her cataract were available in her case, but gave her the alternative of an operation for division, assuring her that most probably she would be no worse a week after the operation than she had been before, and that she might confidently hope for restoration of vision within a year. I operated on that lady's lenses, which were as hard and waxy as I ever met, and after three repetitions of the operation, none of which were attended with any ill effect whatever, she was rewarded by a perfect recovery, and she now sees perfectly well. Late writers have expressed themselves as if they held the opinion that not only was the absorption of a hard senile cataract tedious, and, on that account, the division operation inapplicable, but that such a method of treatment was totally out of the question in old persons. I desire, if possible, to remove this misconception. I have seen in my father's practice many, and, in my own, a few hard amber cataracts removed without risk or discomfort, by one or two insignificant operations.

The extreme slowness of absorption, and the necessity for repeated disturbance of the eye in a person advanced in life are, however, sources of inconvenience and risk which justify the selection, as a rule, of the more hazardous operation in cases of hard senile cataract, and I quote the foregoing case to show that under exceptional and even very unfavourable circumstances, the cataract of old age may be removed by division, and will dissolve even after a single breaking up if abundance of time be allowed for the process.

There are several forms of capsular or lenticular disease which are included under the name of cataract which are not amenable to the absorptive treatment, and cannot, therefore, be included in the favourable opinion of that method to which I have given expression. These are:—1. The calcareous or osseous cataract; 2. The pyramidal; 3. Extensive capsular opacities; and 4. The false or cheesy cataract which arises from the deposit of products of inflammation upon the surface of the capsule or within the pupil.

If, indeed, the capsule be to a considerable extent involved in the disease, or if it is adherent to the iris to such extent as to make it a matter of difficulty to detach it and displace it from the field of vision, it is probable that a subsequent operation may be necessary for its removal. In a former communication I have described the necessary procedure for that purpose, which, if it cannot be dispensed with, is neither difficult nor dangerous; whilst if the capsular opacity be slight, there will be no difficulty in getting rid of it by displacing it with the needle during the operation of division. The calcareous, or, as sometimes described, the osseous cataract, which is illustrated after Mr. Wardrop's delineation in Fig. 1, is a not infrequent result of chronic degenerative inflammation, and is formed by the deposition of calcareous matter on the exterior of the capsule, sometimes of both the anterior and posterior surfaces. Rarely also the tendency to true osseous deposits which results in the laying down of bony plates on the surface of the choroid, is said to determine similar formations in the lens. I have recently extracted a calcareous mass formed of an anterior and posterior plate corresponding to the front and back capsular surfaces, and connected by a net work of calcareous trabeculæ, the interstices of which were filled up with softened lens matter.

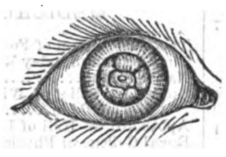

Fig. 1.

A lens which has undergone calcareous degeneration can obviously be disposed of neither by division nor displacement, not being susceptible of absorption in the one case, and from its weight and irregular form, very unsuitable for depression or to be permitted to remain as a foreign body within the fundus. Being the product of chronic deteriorative inflammation it is usually accompanied with a fluid vitreous humour and other sequelæ, such as would make the extraction operation riskful, and the benefit derivable from it doubtful. In the case of which I have spoken above the retina turned out to be faulty, and but slight improvement was achieved.

The pyramidal cataract, of which I reproduce Mr. Wardrop's representation in Fig. 2, is an extremely rare form, and, as depicted in the illustration, bears the appearance of an elongated cartilaginous pyramid fixed firmly on the anterior surface of the lens. It is considered by Stellwag to be identical with the more common central opacity of the capsule, except that the deposited matter is built up by successive layers behind, and is pushed forward into a pyramidal shape through the pupil. A single and very remarkable case of this disease came under my notice two years ago, in a child in which both pupils were occupied by two white cartilaginous-looking cones, one somewhat longer then the other. In the natural state, the pupil, which was abnormally contracted, was entirely occluded, and there was hardly any sight; but on dilating it, the base of the pyramid appeared to be the only opaque spot on the capsule. Having introduced a cataract needle through the cornea I found the pyramid perfectly hard, and, on a little pressure, it became detached from the lens and fell into the anterior chamber, whence I was obliged to remove it by a small incision. Within a few days the entire lens became cataractous, evidently in consequence of the laceration of the capsule and admission of the aqueous humour, and it was afterwards successfully removed by keratonyxis. I think this proceeding, though involuntary in my case, would be safer than proceeding to extract in the first instance.

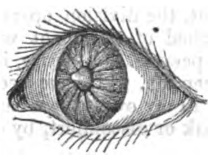

Fig. 2.

Extensive capsular opacities, with or without lenticular cataract, frequently cannot be treated satisfactorily by division without subsequent removal of the capsule. Nevertheless, I have usually treated them by that procedure in preference to linear extraction. I have found that the needle may be used with great freedom in such cases, because the capsular sac is tougher than usual, and if it be freely torn in all directions it will generally shrink out of the field of vision, and when the lens substance has been dissolved will leave a good open pupil and almost perfect vision. Secondary cataracts in such cases seldom give trouble, because, as no adhesions to the iris exist, the capsule has not prevented from retracting up towards the canal of Petit.

A peculiar and unusual form of the capsulo-lenticular cataract is the fluid cataract or *cataracta lactea*. The appearance of this form of the disease is shown in Fig. 3. In it the entire lens substance breaks down into a chalky fluid which is enclosed in the complete capsule which, in itself, is commonly a network of opacity. The fluid cataract is not difficult to distinguish, and on piercing it with the needle the miky contents are evacuated, filling the anterior chamber and completely obscuring the patient's sight and operator's view. In a couple of days this milky *débris* will be absorbed, and the capsular network will be seen *in situ*. The pupil may be cleared of this obstruction either by a liberal use of the needle at the time of the evacuation, or by a subsequent operation. The central cataract is a peculiar form in which the opacity is confined to the nucleus, and to a few fissures which extend to the periphery, but does not differ in any respect from the ordinary capsulo-lenticular form. All the foregoing forms, which are usually congenital or occur in early life, are eminently suitable for the absorption treatment, and they may be dealt with by division through the cornea without the least hesitation, yielding results almost always better than those given by linear extraction and spoon operations, and being, at the same time, attended with little or no risk.

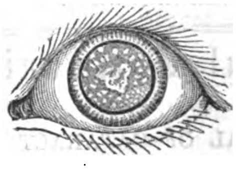

Fig. 3.

The soft stellate cataract, which is ordinarily developed between the ages of 35 and 50, is still more adapted for the operation of division, because it is seldom accompanied by any capsular opacity.

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CASES IN MILITARY PRACTICE.

By Mark Anthony, M.D., 47th Regiment, Carlisle.

ALCOHOLISM WITH "RENAL CALCULUS."

Private W., a bandsman in the 15th Regiment of Foot, æt. 24, was admitted in hospital in 1870, in a state of insensibility, and suffering from epileptiform convulsions, repeated every half hour. His head was cool, eyes not congested, pupils of both eyes dilated, pulse feeble, and his breathing was heavy. He appeared to suffer from abdominal irritation, as he constantly put his hand over that region, and writhed in pain if it was pressed.

Previous History.—Has always been a hard drinker; was drunk the night before admission; there is no history of injury, and has never complained of any ailment; was suddenly seized with symptoms enumerated above, in his barrack room, just previous to his admission. The fits continuing, and being unable to receive any further information regarding the patient, it was surmised that the fits were the products of alcoholic poisoning. The treatment adopted was as follows:—The back of head and upper portion of cervical vertebræ was cupped, and subsequently leeched, the summit of head after blistering, was dressed with ungt. hyd., whilst internally his bowels were acted on by croton oil and gruel enemata. Under this treatment, the fits became less frequent, and he recovered consciousness to a slight extent. He lingered in this state for two days, when he became violently delirious, and died.

Post-mortem Appearances.—Brain and spinal cord perfectly healthy looking; lungs and heart also; liver and spleen, waxy; kidneys—the right one was double its ordinary size, but to all appearances in good working order; the left one was small and shrivelled, and contained in its centre an oxalate of lime calculus, weighing 70 grains, with two or three facette on its surface; the bladder was healthy, and contained no calculi.

In this most puzzling case, what was the proposed diagnosis? Was the calculus in kidney the origination of reflex epileptiform convulsions? Did the kidney calculus so far interfere with its functions as to produce the symptoms indicated as a result of uræmic poisoning? or were the symptoms attributable alone to the effects of alcohol circulating in the blood? We have therefore, in this case, three possible causes of the symptoms, anyone of which *per se* is sufficient to explain the mode of attack and death. But who can tell the correct cause? In our utter ignorance, we may solace our professional vanity with the theory that a combination of uræmic and alcoholic poisoning, aided perhaps by the reflex irritant in kidney, was the cause of the man's convulsions and death. Such a case as the above one is most instructive, notwithstanding its obscurity, as it teaches most forcibly how, despite the enormous strides science has made, and the numberless learned theories of disease offered to the world, that at the bedside, the mysterious workings of the human frame are to us of the Medical Profession, often dead letters.

FUNCTIONAL DISEASE OF HEART PRODUCED BY TEA DRINKING.

Was asked by surgeon of 69th Regiment, to see Mrs. S., the wife of Sergeant Major of Regiment. Is a very delicate looking woman, of about thirty-five years of age, and six months advanced in pregnancy at date of visit. Has always had indifferent health generally, which she attributed to an attack of leucorrhœa, incurred several years previous to her marriage. After a little questioning, she confessed to a strong liking for tea, of which article she was accustomed to consume large quantities, by day and night for several years. Her present symptoms are: general and increasing debility, and want of appetite; constipated bowels; palpitation of heart sufficient to drive away all idea of sleep, and prevent her taking any rest on left side; the palpitation is at its maximum, each day at 11 a.m., or thereabouts; she does not feel in the least nervous; has no headache, and never suffered from rheumatism. On applying the stethoscope, the first sound is heard extremely feeble, whereas the second is doubled in a [illegible] way, with no bruit, the impulse is feeble, and there is no extra præcordial dulness; the pulse is [illegible] at the wrists, but feeble.

Treatment.—Ordered to discontinue the use of tea, save in legitimate doses, to have a belladonna plaster over præcordium, and to take thirty minims of tr. ferri. perchloridi *ter in die.* In three weeks under this treatment, the heart sounds became normal, and the patient perfectly well.

ACUTE PERITONITIS.

About three weeks ago I saw the child of Sergeant D., of my regiment, æt. 10 years. She complained of pain in stomach, for which, before coming to me, her mother had given her a dose of castor oil. On the following day, I saw her at her house, when she presented the following symptoms:—Tongue coated with a whitish fur; hot skin; thirst; her pulse was wiry, and 110 per minute; she complained of intense pain in bowels; her abdomen was tense, and the slightest pressure on any part of it produced excruciating agony; she lay in bed on her back, with both legs drawn up, and the respiration was altogether thoracic. For the four following days she had these symptoms, but in an aggravated form, the pulse rising to 130, and the thermometer shewing an average of 103 degrees, night and morning. On the morning of fifth day, she had vomiting and hiccups, with a gasping respiration and pallid countenance, whilst the belly remained as painful as before, but tympanitic. On afternoon of this day, her bowels were copiously moved seven or eight times, after which she slept soundly for some hours, and awoke in a perspiration, with a lessened pulse and temperature.

From this date she gradually improved, and was taken off sick list in three weeks from date of attack. Her bowels throughout had a tendency to be constipated. The treatment adopted, in first two days, calomel, grs. ij., with grs. iij. of Dover's powder, was given every six hours, with an additional dose of grs. iv. of Dover's powder at night time, the calomel appearing to gripe. Dover's powder, grs. v., with vj. of bismuth, was given every five hours till symptoms abated. Stimulants were freely given on fifth day, and lime water and milk as a drink. Bran poultices and turpentine stupes to abdomen, and during convalescence, the syrup of iodide of iron was given. The usual calomel and opium treatment pushed to salivation was dispensed with, as was also leeching, the latter principally from the intensity of abdominal pain, which forbade all manipulation. I have little doubt that a grave amount of enteric inflammation was mixed up with the peritonitis in this case, yet as it is next to an impossibility to diagnose between the two diseases, and as the treatment for one holds equally good for the other, in practice, these anatomical differences are of very little use.

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INDIAN MEDICO-LEGAL CASE.

By J. Roche, M.D.,

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On the 4th of June, 1870, the writer took charge of the office of superintendent of the Hydrabad jail, in Scinde, from Assistant-Surgeon H——d, from which circumstance a person named Butchal Shah, a Synd priest, in the Mohammed religion, came under his observation. This party had lived in the district of Alyar-ka-tanda, some thirty miles distant from the town of Hydrabad; he was the high priest in the sect to which he belonged. His sway extended into the principality of Kutch, and all over the left bank of the Indus, through the political agency of Thur and Parkur. The office of high priest in the Synds is hereditary, and as they are supposed to be direct descendants of the prophet, it is one of considerable emolument and influence, and commands profound respect from the faithful followers. Butchal Shah was about 40 years of age, and had been married to a woman named Meerzader, of inferior rank to his own (as it is derogatory to a Synd to be allied to any other but a Synd) by whom were born to him two daughters, named respectively Marool and Amnuthi, and who had attained to ages from 7 to 11 years. He had no son, and if no son is born to a Synd priest the sacred office lapses from the family; it is very hurtful to the dignity of these sacred officials to give daughters in marriage to anyone but a Synd; it is, in fact, to tarnish the blood of the prophet himself. The Synds are not, properly speaking, a sect, but a hereditary priesthood, who are supposed to be true descendants of Mohammed; they are worshipped by the sect called Sunees, who retain the sunna or tradition as authentic, as well as the written Koran. They believe that the Sultan at Constantinople is the true head of Islamism, and object to the use of pictures and images in religious typifications as idolatrous, and prefer to give what they consider adoration, and in many cases is such, to the living representative and moving receptacle of the blood of the author of their religion. In these characteristics they differ from the Sheites, or heretic Mussulmen. Butchal Shah had a faithful and devoted servant called Joobher, and as an exception to the assertion that no hero is a hero to his valet, he was his constant attendant, his ministering clerk and ardent disciple.

In the middle of May, 1870, Butchal Shah cut the throats of his wife and two daughters, and put several scars on his own abdomen with a sharp instrument. The act was perpetrated about five o'clock in the morning. Joobher, the servant, seeing the condition of his holy superior all over with blood, and a red knife in his hand, reeking with the steam from the blood of his victims, as well as from that of his own wounds, called the inhabitants and police to the scene. When they arrived Butchal Shah, in an excited manner, conducted them to the bodies of the murdered, and gave no further information to the inquisitors than "That Joobher may have done the deed, or he himself may, but God alone knew."

Nearly all the inhabitants of the town of Alyar were disciples of the Synd, and hence the difficulty in getting accurate information. Butchal Shah was then and there arrested, and brought to the Hydrabad jail, where he was under Dr. H——d's observation and treatment till the 4th of June, when he was transferred to the writer. It is to be here stated that Joobher, after the occurrence, was quickly disposed of, and as he was the only person who could give direct evidence against Butchal Shah, rumour and suspicion hold a different theory from the one stated by the friends as to the cause of his sudden disappearance. When seen by the writer Butchal Shah appeared wild, abstracted, talked incoherently, and would not answer questions directly. He had despoiled his clothes, and torn his hat; these acts infringe specifically on the caste of a Syud, and would point to mental aberration. He was after a few days brought up at court, and his counsel had several witnesses to prove that he was subject to periodic insanity. The apothecary, who was well versed in the signs and symptoms of madness, gave evidence as to the serious nature of the wounds on the abdomen when he was brought to jail, and stated on oath that he considered the man *insane*; the apothecary, however, was a Mussulman and Sunnite. I objected to give evidence, on the grounds that I had not seen the wounds originally, and the man being but a few days under my observation I was unable to pronounce positively on solemn testimony, as to his sanity or otherwise. The case was adjourned for three months, with the view that the party might be closely observed by me, and Dr. N——n, of H.M's 1st Belooches, was specially deputed to visit him, and enquire into his condition, so as to enable him to give evidence in the matter. I will here state that Dr. N——n and myself resolved that this man should have the benefit of the fairest examination, and that one should not tell the other the method he intended or was pursuing, and that we would form our opinions independently and separately, not communicating to each other till we had given our respective testimonies on oath in court, since the man's life depended on our judgments as dictated by our respective reasons, and guided by our respective consciences.

The problem I proposed to myself for solution was, given a man who had outraged society and law by committing the greatest crimes, but the act bears the most marked impress on its face of being due to an impulse from insanity, and this notion is fortified by the strong probability derived from the information given by numerous persons that the prisoner has been subject to fits of insanity, but all of whom believed in him as an earthly divinity, to find whether he is sometimes insane, and if he were sane and responsible for his acts when he did the deeds of blood or not.

Condition of Butchal Shah when seen:—Digestion healthy, pulse 75, countenance morose and fierce, pupils normal, acts tending to violence, and in violation of the amenities of caste, his clothes were daubed, and his hat broken. Would not answer questions, but was declaring that robbers had stolen his property, and that he was haunted by evil genii and a rabid dog. He talked alone and occasionally started as if seized with fear and terror, and sometimes seemed inclined to give way to passion.

To test whether these symptoms were real or affected I subjected his power of fixing his attention, his capacity of reasoning, his memory, and his understanding to ordeal. I also daily noted his health.

1st. *His Attention.*—I asked him every morning questions such as this: *Tunji mai jiethi ya mari viethi* ["Is your mother living or dead"]; no answer, he was apparently abstracted with delusions of devils and robbers. I repeated *jiethi ya mari viethi* ["living or dead"], *juthi ya mari viethi* ["living or dead"], and demanded an answer. After some time he replied *jiethi* ["living"], when I quickly questioned him who was living, and he answered *munji mai* ["my mother"]. This brought me the conclusion that the attention was fixed, the abstraction feigned. For without his attention had been engaged when the proposition was put in its entirety he could not have known the subject were it the predicate alone that elicited the answer.

2nd. *His Reason.*—This I tried by enquiring the nature of a four annas piece, *i.e.* a sixpence, when sometimes he would say "it is an evil spirit," but more than once he said "it is a rupee," and when asked what use it was? what it could buy? he would say "a horse," or "twenty horses."

Now this reasoning bore suspicion strong. There was apparently a knowledge of the value of the coin, and affected illusion and false reasoning by multiplying its value. If an object gives rise to an illusion the illusion is tolerably constant; it was not so in this case.

On the other hand it is to be observed that nearly in all forms of insanity a knowledge of such things as money and food is preserved.

3rd. *His Power of Understanding.*—His understanding I tested by enquiring of him what a grain of bagree (corn) was? What a piece of the bread he used as food was? What a few grains of rice were? When the almost invariable reply I got was "a devil," "a rabid dog," "or an onyx." No matter how the insane suffer from delusions they retain their understanding for such essential things as food, or if they misunderstand them it is in degree rarely if ever in kind.

4th. *His Memory.*—It was by asking him such questions as "if he were married," "had he children," "had he a mother." His reply was "I have not." Very few (if any at all) who ever had reason, and whose attention you can direct that would not remember such marked and striking events as the above refer to.

Those were the questions and answers that passed directly between myself and Butchal Shah, and I concluded he was feigning.

N.B.—He never had epilepsy.

The state of his health I put to test by observing his pupils and digestion daily, and here I will have to dogmatize again, that as the cerebral system is the regulator of the pulse, if it be altered, as it is in insanity, though the pulse may not vary as a constant, shall the patient be subjected to the conditions which disturb the action of the heart, the responding alteration must be greater in the insane than in the sane. This will not hold good if the action be so great and violent as to supplant altogether the controlling power of the heart. I took his pulse daily in the recumbent posture, in the sitting, and in the erect postures, also after a brisk trot, and I found the rise to correspond to that of a healthy man. In idiotcy the pulse does not increase proportionately in mania, and in dementia it increases in greater degree. In suspected malingering I have never been deceived by applying this test of the pulse and getting my subject to run a short distance when, if he should be really ill, the rise in the pulse would indicate it.

Butchal Shah was brought up for trial before Judge G——s, at Hydrabad, in October, 1870. His defence was gone into, and many witnesses were produced on his behalf, who swore he suffered frequently from attacks of insanity. The foregoing is the matter of the evidence I adduced on the occasion, and the opinion that I gave was that the man was sane, and had been so when he committed the crimes.

This opinion was corroborated by Dr. N——n, who arrived at the same conclusion by a different process, I believe, and neither of us informed the other previous to our depositions, and we had the gratification when our evidences were concluded, and the trial had lasted several days, all the time previous to which and during which the dissimulation was very cleverly maintained, of the prisoner Butchal Shah throwing off the mask and confessing his guilt, and his attempt at deception, and within one month the law had one more to its deserts in the Synd high priest of Alyar, Scinde, India.

ON THE USES OF HEMLOCK, IN RELATION WITH THE SCEPTICISM WHICH NOW PREVAILS OF THE VALUE OF DRUGS(a).

By Henry Kennedy, M.B., F.K.Q.C.P.,

Physician to Sir Patrick Dun's Hospital, and late Physician to Cork Street, Fever Hospital.

No one, who looks about him on the state of the Profession at the present day, can fail to observe the great amount of scepticism which prevails, as regards the effects of medicines; and this is particularly remarkable in London; where some of the heads of the Profession have not hesitated to publish their opinions on the matter, and strive constantly to teach the doctrine that diseases run their course, quite independent of the treatment adopted, or the drugs prescribed. Some, too, tell us that drugs often seem to cure a disease, when in reality it is the latter which has declined. In fact, the whole amounts to this, that it is the duty of the physician simply to watch the disease; inasmuch as his drugs are useless, and can only interfere with the natural processes of diseases, which, according to these gentlemen, have all, or the greater part of them, a tendency to cure themselves. I must say in my observation of disease I have not found this to be the fact. By far the majority of diseases will go on and on, and persist day after day, till frequently the health of the individual becomes seriously impaired. This, I think, may be safely asserted of all chronic diseases. Witness indigestion in its protean forms, and all it brings in its train; or diseases of the skin, or that disease so common in this country, and which presents such endless variety; I mean chronic rheumatism. Am I wrong in asserting that Nature does not cure any of these affections, or if the disease wear itself out, the patient is worn out with it? But it is in acute diseases, some one will say, that Nature cures the disease; and here it must be admitted there is some truth in the statement; for if the affection be of that character that does not entail organic changes, of which the specific fevers may be given as examples, then, indeed, with our present knowledge, our power of shortening the disease is little, if any. But where an acute affection engenders organic changes, I say decidedly we have a controlling power, by which the attack is shortened, and health restored. As examples, I might mention inflammations of any of the serous membranes, or glandular viscera, or even that disease which is so persistently held up as a type of what Nature can do in effecting a cure; I mean pneumonia. Here it has been so frequently asserted that this disease need only be left to itself, and it will then get well, that it seems to have been assumed as true. Yet I must say without fear of contradiction, this is not the fact; at least it does not square with my own experience. I have notes of a large number of cases where this disease had existed for two, three, and four weeks, without having had any treatment, and yet Nature had not cured them; and even in milder cases where certain changes, tending towards a cure, had taken place, the cure was anything but perfect, and there was still left a linking fire which it only required the smallest spark to light up again. I am much mistaken if what I have just stated be not the experience of others on this point. Similar remarks, too, might be made about acute rheumatic fever, the course of which, according to some of the London physicians, when left to itself is only eleven days. I can only say the disease, as it has come under my own notice in Dublin, is different. For, like the last disease, I have notes of a number of cases which had gone on for more than a fortnight, and yet were so far from having got well that they were then forced to come into hospital, and it may be observed in passing that the very nature of the disease was such as to compel these patients to keep their beds all the time, so that as far as rest was concerned they had it. This part of my subject might be pursued very much further, but I cannot do so here.

From the general tenor of what has preceded, it may be inferred that I am utterly opposed to the scepticism to which allusion has been made, and that on the contrary I have the strongest faith in the efficacy of drugs and Medical treatment. No one, however, is more aware than myself of the many difficulties which surround the study of therapeutics, or the mistakes into which we may inadvertently fall. Still I believe with ordinary caution and prudence, and a slow process of inductive reasoning, we may arrive at such a degree of certainty as the nature of the subject admits, and that the virtues of any drug can, by this means, be ascertained. I have made use of the expression "such a degree of certainty," intentionally. For it requires very little reflection to see that certainty is out of the question. But having spoken of this point on another occasion, I will not dwell on it longer here.

And now to come to the more immediate object of these remarks. In a paper published in a number of the *Practitioner* of last year, on "the present state of therapeutics," I took occasion to allude to the fact that the doses of many medicines had materially altered since they were formerly used; that at present the doses were too small, and that as a consequence these drugs had fallen into disrepute, and therapeutics, as an art, had thus received a severe shock. Of the truth of this statement I have not the slightest doubt, and I shall now endeavour to prove it, by bringing under your notice a medicine which formerly held the very highest repute—then fell into disuse—and only very recently has been again employed. I speak of the famous hemlock, which was so largely used more than a century since. That it possesses all the virtues which were then attributed to it, I do not for a moment suppose. But that it is a drug possessed of great powers, I cannot doubt. It seems to act as a general restorative, and when the proper dose is reached, and this is a matter of more difficulty that might be supposed, the patient begins at once to improve. They gain flesh and even colour, and so the disease is cured (a). If, however, we wish to get its full effects, I agree with Harley, that it must be given in what he calls the physiological dose. He seems chiefly to have used the succus conii of the British Pharmacopœia, and a very elegant preparation it is; but it has this objection, and more particularly with children, that one third part is spirit. To avoid this, I have latterly been in the habit of directing the extract made into a mixture, and by a very little management a very palatable mixture can be made, to which children will rarely object. The flavour of the hemlock itself is not, however, by any means unpleasant, being very like indeed to that of liquorice ball. It is but right to say that with some few individuals, but they are very exceptional, I was not able to make the hemlock agree. They said it made them sick, and it had to be given up. Probably the detail of two or three cases will not be out of place, and may give a better idea of the effects of this medicine than any general remarks.

(a) Read before the Surgical Society of Ireland.

(a) This expression reminds me of a statement which it is now the fashion to make to the effect "that the physician cannot cure disease." For myself, I believe he can, even in the strictest sense of the words. But probably it would be better to express it thus—"That the physician treats, and, with the assistance of Nature, cures disease." I think it might be well to call on the opposite party to state what diseases—excepting those of the malignant class—are not curable, or, at the very least, remediable. In place of vague assertions we would then have something definite, with which to grapple.

Case I. (a)—I was asked, in August last, to see a girl 5 years of age. She was pale, and very thin, and her mother said her appetite was at a stand. Within the previous fortnight of my seeing her a gland had begun to enlarge under the right ear, and when I first visited her was larger than a walnut, and so painful that the child kept her head quite fixed, and was unable to turn it in any way, much less to let the tumour be touched. I must say I had the very slightest hopes of being able to prevent suppuration, which would have been so serious in a girl. However, an ointment of hydriodate of potash with extract of belladonna, was ordered to be applied externally, and at the same time a hemlock mixture was given internally, the child getting three grains of the extract three times a day. This was afterwards increased till she was taking seven grains three times a day. The results here were very marked, for literally, within the first two days, the mother observed that the child began to eat, the pain and then the swelling subsided, and at the end of three weeks every sign of the tumour had disappeared, and the little patient had improved to such a degree, both in looks and flesh, that it was hard to recognise her as the same child. I know not whether others have met the same difficulties as I have myself in the treatment of cases similar to this one. But I do know that in my own hands they have been very obstinate and most tedious, and too often have gone on to suppuration, and even when they did get, in a degree, well, the process occupied months and not weeks, as in this instance. I shall be very glad to hear any remarks on this subject. It is to be observed that this child took twenty-one grains each day of the extract, which by some might be thought to be too large a dose. But it did not prove so.

Case II.—A young lady of ten years of age, began to cough. At first it did not attract any particular notice, and some months passed over, during which the cough continued, at times a shade better, and then worse again. During this period there was a very gradual loss of flesh, and a change in the girl's habits. From being very stirring and active she became listless and easily tired, and she now complained of pain in the chest each time she coughed. She also had some night sweats. In this state she was brought up to town, and was seen by Dr. Hudson, and myself. After the closest examination we could not detect any positive physical sign of tubercles, but there was bronchitis particularly to be heard in the upper lobes of the lungs, and only on a forced inspiration, nor had we any doubt but that tubercular phthisis threatened. Besides other measures, change of air was advised, for she lived in the west of Ireland. But as it happened that this measure could not be carried out at once, it was agreed to put her on a course of the hemlock, and she was directed to take one drachm of the succus conii three times a day. After three weeks, during which she was at home, a marked change for the better had occurred; the cough had lessened, and did not hurt her so much, and in every other way she had improved, and when brought a second time to Dublin, there could be no question whatever of her improved state. After spending some weeks in Wales, this patient returned in perfect health.

Case III.—A boy of 9 years of age, was brought to me by his mother. He looked a strong healthy boy, nearly as broad as he was long, and was what would be thought fat. For more than a fortnight he had been suffering from pain in passing water. At first he only complained of it occasionally, but the last few days it became much more constant and severe, and the boy had got into the habit of dragging the prepuce almost constantly. On looking at the penis the prepuce was somewhat swollen, and there was a slight discharge from the urethra. His tongue was slightly furred, but there was no loss of appetite. He was directed two doses of an alterative aperient, and then he was put on half drachm doses of the succus conii three times a day, and this was increased, on the third day, to a drachm. Under this plan the boy got quite well in a fortnight. I have detailed this case because it is one of by no means unfrequent occurrence, and because cases of a similar kind often give rise to the question of the presence of a stone. Indeed, I have known instances of this kind, and probably I address many who have also met them. I believe the great majority of all these cases have no stone in the first instance, even though all the symptoms of a calculus be present. I know not if any present may recollect a case brought before this Society by the late Dr. Bellingham, in which a very great difference of opinion existed as to the presence or not of a stone in the bladder of a boy. It was suggested to try Medical treatment, and under it all the symptoms of stone disappeared. The boy remained perfectly well for, I think, two years, when symptoms of stone again recurred, and finally one was successfully removed by lithotomy. I repeat that this class of cases presents often examples of great practical interest to both the physician and the surgeon, and I shall be glad to hear the remarks of any member on this point.

Though I have given the hemlock in a number of other instances, and in the great majority with marked success, I will not detain the meeting by giving any more of the details. Suffice it to say that I have given it in a number of cases of chronic disease of the lungs, such as phthisis, and asthma, with chronic bronchitis, and though nothing of a cure was to be expected in such cases, yet it was remarkable how much the greater number were benefited; indeed, so much as to be able to leave the hospital in a very short time. In many cases of neuralgia the hemlock will cure the disease, but not in all. One case of the greatest intensity came under my care in August last year. The disease attacked one side of the face, and was so severe and had so long continued, some years, indeed, that the man's features were quite distorted. In this instance every remedy failed in my hands, including hemlock and electricity. Finally, in Steevens's hospital, Dr. Robert McDonnell divided the nerve close to the ramus of the lower jaw. But I believe it had no influence on this terrible disease. I have only had one instance of chorea under my care lately. The patient was a boy 10 years of age, in whom choreic symptoms set in very shortly after he got a great fright. The disease affected only the right side of the body, but this it did severely the boy being quite unable to feed or dress himself, and the grasp of the hand being much weaker than that of the left. His speech was but slightly affected. The beat of the heart was much stronger than natural, in fact it was excited, and there existed a well-marked soufflet, occupying the first sound, and particularly audible between the left scapula and the spine. In this case I made use of the hemlock, but I was much longer in reaching the proper dose than was needed. This arose from the caution which was used. But I believe I am now in a position to say that children will bear hemlock, as they do belladonna, that is in much larger doses in proportion than adults—a fact of no little importance to establish—but which yet, it must be allowed, affords a wide field for investigation. The boy of whom I have just spoken, got finally eleven grains of the extract of hemlock, three times a day; under which dose the disease rapidly subsided, and the soufflet with it. Whether this drug will ultimately be found a good remedy for chorea, I will not take on me to say, but I believe it is very likely to prove useful.

In the cases where hemlock was used, it is but right to state, that it was given, as far as possible, by itself. Cases, however, did occur when other medicines, such as iron, bromide of potassium, were joined with it, as the indications for the latter were very obvious, and I did not think myself justified in keeping to the hemlock alone. On this point of giving a medicine by itself we cannot be too precise, for it is truly wonderful what mistakes are made about it, and it need not be added that no precision in therapeutics can be reached without it. I have read of particular drugs being given for a disease, and on coming to enquire into the matter have found two, three, and even four medicines were in the one recipe.

In prescribing, too, any drug, hemlock amongst the rest, it is always of consequence to say what preparation is used.

(a) This case was seen by Dr. Montgomery, of Blessington Street.

For in spite of every care in the preparation it admits of no doubt that they vary in quality and strength. When hemlock came into vogue more than a century ago, I mean in Germany, its fame spread with great rapidity, and yet it seemed to have as rapidly fallen into disrepute, and it was asserted by many that it had quite disappointed them. Need I add how common an occurrence this has been with many other drugs? Now I cannot doubt that this is partly to be explained because the same attention was not given to those details which are absolutely essential in prescribing a drug of this nature, and which are all described by the writers of the time of which I speak. It would not be possible to enter into these details here. Suffice it to say they relate to the mode of growth, being in the sun or the shade, to the season of the year, to the particular portion of the plant used, to the best mode of preparing and keeping it, and, above all, to the dose to be given. I do believe that the latter point is of all the most important, and yet it is only some five years since, in fact, Harley took up the subject, that we are again begining to recognise its importance, and it is the point which I wish more particularly to bring under your notice this evening. That the hemlock is constantly ordered in doses which are utterly futile I cannot doubt, and some, indeed, go even farther than this, for very recently I was asked had I any faith in it at all. With such views on the matter, it is easy to understand why hemlock has fallen into disuse, and the same remark may, indeed, be made of many other most valuable drugs. In answer to all such views, I have only to say that hemlock will be found a safe and valuable restorer of the general health, and applicable to a number of diseases, especially of the chronic class. But then it must be given in the proper doses, which are much larger than those in common use, and the views so clearly laid down by Harley must never be forgotten. That from various causes, and from the necessity which always exists for using a prudent caution, some little difficulty may exist in reaching the proper dose, I am free to admit. A difficulty of this sort, however, only requires to be noticed in order that it may be met.

In conclusion, I have only to state that the doses of the several preparations of hemlock, as given in the British Pharmacopœia, are much too small.

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American Communications,

[We open this New Department of the Medical Press in order to afford our numerous American supporters a medium for communicating their views to Europe. Articles intended for this purpose should be written expressely for us, as it is not intended *in this Department* to reproduce contributions to our American contemporaries. They are noticed or cited in another column. Subjects of special interest to America and Europe are appropriate. Dr. Nathan Allen's high practice and life-long study of social and physiological problems, render it particularly gratifying to us to open the Department with an article from his pen.—Ed. Med. Press.]

THE TRUE LAW OF POPULATION, BASED ON PHYSIOLOGY AND PSYCHOLOGY.

By Nathan Allen, M.D.,

United States Commissioner at the late European Congress on the Treatment of Criminals, the Prison Laws, &c.

It may appear almost presumptuous to assume the phrase, "true law," which might seem to imply that all other theories were false or not true; but such is not our meaning. It is intended to express this sentiment, that whatever views are entertained on this subject, or however diverse they are, they must all, as far as true, be subservient to a great general law which has its origin and foundation in physiology.

More than thirty years ago, a work was published in London with this title, "The True Law of Population shown to be connected with the Food of the People." The merits of this work consisted very much in the evidences which physiology afforded in support of its theory, arising from the effects that food combined with other agencies had in changing physical organisation. But, unfortunately, Mr. Doubleday, the author of this work as well as some other writers upon population, have not been thoroughly educated in the principles of this science.

As this subject is so vast and complicated, a large volume would be required to discuss it properly, especially in expounding any new views; we can present here only a few points of heads of topics, by way of suggestion and illustration. An examination into the views and theories of most writers upon population shows that the laws which they lay down for its increase have been controlled generally by agents or objects entirely external to the body, and some of them hold only remote or indirect relations to it. Now, while these external agents, such as food, climate, exercise, &c., may operate as powerful factors or as secondary causes, we maintain that there is a great general law of propagation which extends through the whole animal and vegetable kingdoms. Whatever influences these agencies may have in the development of the body, the most important agent or law of all, the law that shapes its life, character, and destiny, it would seem, must have its origin and seat somewhere in the body itself. What then is this Law? It may be defined thus:—*It consists in the perfectionism of structure and harmony of function*; or in other words, that every organ in the body should be perfect in its structure, and that each should perform its legitimate functions in harmony with all others.

While this perfect physical organisation is nowhere to be found in nature, we can readily conceive of such a standard, and that there may be all manner of approximations towards it. The nearer this standard is reached, the more complete, the law of propagation can be carried out. This theory is supported by evidences deduced from physiology in a variety of ways.

All diseases interfere with the operation of this law, especially those that are considered hereditary. This class of diseases become intensified by each generation and tend rapidly not only to impair the vitality, but to blot out the existence of the race. There is another class of diseases or weaknesses, described under "sterility," "barrenness," and "impotence," from which strong evidences may be derived.

There is a general principle in physiology, favourable to this theory, which is thus described by Dr. Carpenter:—"There is a certain antagonism between the nutritive and reproductive functions, the one being exercised at the expense of the other. The reproductive apparatus derives the materials of its operations through the nutritive system and its functions. If, therefore, it is in a state of excessive activity, it will necessarily draw off from the individual fabric some portion of aliment destined for its maintenance. It may be universally observed that when the nutritive functions are particularly active in supporting the individual, the reproductive system is undeveloped and *vice versâ*." Let, therefore, any class of organs or any parts of the body be unduly or excessively exercised, and it requires the more nutrition to support them, thereby withdrawing what should go to other organs. In accordance with this physiological law, if any class of organs become predominant in their development, if what may properly be denominated one of the temperaments becomes excessively developed, it conflicts with this great law of increase. In other words, if the organisation is carried by successive generations to an extreme—that is to a high nervous temperament—a predominance of the brain and nervous system; or on the other hand, to a sympathetic temperament—a predominance of the mere animal nature, it operates unfavourably upon the increase of progeny. Accordingly in the highest states of refinement, culture, and civilisation of a people, the tendency has always been to run out in offspring; while on the other hand all tribes or races sunk in the lowest stages of barbarism, controlled principally by their animal nature, do not abound in offspring, and, in the course of time, they tend also to run out.

The same general fact has been observed among all the abnormal classes, such as idiots, cretins, the insane, the deaf and dumb, and, to some extent, with extreme or abnormal organisations, such as are excessively corpulent, or spare, as well as of unnatural size, either very large, or diminutively small.

A similar fact has been observed among distinct classes, such as the nobility, the aristocracy, &c., where by inheritance, refinement, and culture the nervous temperament becomes very predominant; it is found that such families in the course of a few generations do not increase in offspring, and, not unfrequently, in time, they become extinct.

A similar result has also followed the intermarriage of relations, from the fact, that the same weaknesses or predispositions are intensified by this relation. Again, if we take those familes and races which, for successive generations, have steadily increased most, we shall find, that, as a whole, they possess a remarkably healthy, well-balanced organisaton. Illustrations of this type, we shall find, abound most among the middling or working classes of the German, the English, the Scotch, the Irish, and Americans.

The laws of hereditary descent afford strong evidence in favour of some general law of propagation. The fact, that "like begets like," subject to certain variations and conditions, is a proverb that has been too well attested to be called in question. The union of two agents, possessing similar and dissimilar qualities, constitutes an important condition to which this law of propagation is subject. While it may be difficult to point out, in all cases, the exact results of hereditary influences, still it has been found on a large scale that, in the aggregate, there was the most unquestioned evidence of such agency, and that it was minute and extensive, and continued for successive generations. When this department of physiology becomes thoroughly understood, hereditary influences will more readily be traced back to their primary sources and to the secondary causes operating to change and modify them. Now the same evidence that proves the existence of hereditary agency, implies that there is somewhere a general law, of which this is only part and parcel; and no one thing will throw so much light upon this whole subject of inheritance, as the recognition of a law of propagation, being based upon a perfect standard in nature. Again, there must exist in physiology a certain standard or type of organisation for woman, best adapted for increase both for herself and her offspring. This, we believe, consists in a perfectly healthy and well-balanced body, that, with such an organisation, the pregnant state harmonises, the process of delivery is the safest, and the materials for nursing offspring are found most complete.

This theory of human increase derives evidence from an analogous law in the animal and vegetable kingdoms. It is well known that wonderful improvements have been made, within the present century, in domestic animals, and this chiefly too, by an application of physiological laws. To such an extent have the results of of observation and experiment been here carried that this process of improvement has been reduced almost to a science. The terms here used, "Pure Blood," "Thorough-Bred," "Pedigree," "Breeding in-and-in," and "Cross-breeding," may all be explained by two great leading principles. One is a general law of propagation based upon a perfect standard, and the other is, the law of inheritance subject to certain conditions.

In fact, these two laws constitute, we believe, the two great principles that underlie most of the theories of Charles Darwin; these are discussed under the head of "Natural Selection," and the "Law of Variability;" and whatever may be said against his theories, of the "Origin of Specie," and "Descent of Man," these two general principles are in our opinion founded in nature and will survive all opposition and criticism.

A similar law of propagation exists in vegetable physiology. It is a fact well attested by Gardner, that in order to produce flowers and fruit, the soil must not be too rich or too poor; if the plant or tree grows too luxuriously, its branches or roots must be pruned; while on the other hand, if unthrifty, it must receive better culture and its roots be enriched before it will become fruitful. So the most beautiful flowers and richest fruit have few seeds, which in time run out, while that of a poor quality may abound in seed, but will not flourish long. It is true the conditions here vary, and so do the modes of perpetuating life; but, by analogy, facts and arguments of a positive character may be gleaned from this source to confirm a similar law in human physiology. Other facts and arguments might be adduced in favour of such a theory of population, did time and space permit, but we close with two or three suggestions. If this law of propagation is true, it presents a great standard for improvement, where there may be found the perfect free agency of man, and, at the same time, the highest motives for improvement. It could not have been intended by the Creator that man should always be ignorant of, or ignore the great law of propagation in many respects the most important in the universe; neither could it have been intended that man as a moral and accountable being should be a mere *passive agent* in the propagation of the species.

Again, this law of population should interest Medical men, as it affords a new stand-point in physiology to study the relations of the body as a whole and especially in their connection with the reproductive organs, which have constituted the chief study on this subject. It presents also in some respects, a new guide to female organisation as to what is the normal or best standard for the propagation of the species, and it may throw light on the changes occasioned by pregnancy, as well as on the qualities indispensable for good nursing. It explains in a clearer light than ever not only the laws of hereditary descent, but magnifies their value and importance in relation to human progress and welfare. It opens new views connected with anthropology, and aids in explaining many changes in the history of different races and nations. Inasmuch as it furnishes a new key to the study of the body, and exalts physical laws in their connection with human improvement, it should certainly interest Medical men. From more than thirty years of observation and experience in a busy professional life we have become every year convinced more and more of the truth and importance of the law here so briefly discussed, and would commend it to the attention of all enquirers after truth in this great field of observation and study.

Lowell, Massachusetts, U.S., January, 1873.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, 13th January, 1873.

Thomas Bryant, Esq., F.R.C.S., President, in the Chair.

Dr. Thorowgood read some notes of a

FATAL CASE OF INTESTINAL OBSTRUCTION.

M. C., æt. 60, was seen by Dr. Thorowgood on the evening of Monday, May 20, 1872, with Dr. Wallace, of Hackney. The general health had been good up to five weeks previous, and on the 16th May he was seized with severe pains of a griping and twisting character. The bowels had been for several days without action; frequent enemata and purgatives failed to give any relief; recourse was had to opium, which relieved the pain. When seen on the 20th of May he had been a week without an action of the bowels, his face was flushed, pulse 88, not thready; tongue dry; frequent vomiting, but not of a stercoraceous nature; no jaundice; no passage of blood by bowels. Abdomen swelled and tense; a solid mass felt on right side.

A large injection was given by means of the gravitation tube; it passed easily into the bowel, and returned, bringing with it a few small pellets of fæcal matter. An ointment of mercury and belladonna was applied over the abdomen, and quarter-grain doses of ext. belladonna were given every two hours. Seen again on the 24th. Tongue quite dry; pulse 88; urine scanty and turbid, and distress extreme. An injection containing extract of belladonna was given, and a pill as follows:—

℞ Pulv. opii. gr. ¼.;
Ext. belladonna, gr. ¼.;
Plumbi. acetatis, gr. ss.

Every two hours. After he had taken about ten pills the bowels acted freely with immense relief. On the 30th May he had four good consistent motions, and the mass on the right side got much smaller.

June 6th.—The obstruction appeared again with stercoraceous vomiting; for a time he got some relief by taking pills of aloes grip three times a day, and the mass on the right side became scarcely perceptible, the bowels acting with loose motions under the influence of these pills.

Aug. 3.—He sunk and died quietly. The post-mortem was made the next day by Dr. Wallace, who was allowed to examine the abdomen only; the only morbid appearance found was extensive atheroma of the aorta and iliac arteries. No stricture or tumour was found involving the bowel through the lower part of the small, and the whole of the large intestine was carefully examined. The coat of the large intestine was wasted and thinned to a great degree. In commenting on this case Dr. Thorowgood alluded to the importance of careful diagnosis, the rectum especially should be examined by the finger, and by a bougie or tube, to see if there be present one of those annular strictures high up which were described by Mr. Henry Smith in his Lettsomian Lectures in 1865.

The intense twisting pain at first seemed to point to a possible intersusception as the commencement of the trouble. To relieve this belladonna was tried, and this not succeeding, acetate of lead was added in the hope that as lead acts powerfully on the muscular coat of the bowel, so as to alter its calibre, it might in some way aid to untwist the invagination. One case was mentioned in which acetate of lead given thus had succeeded in affording relief, and in the present case after as much as five grains of the acetate had been given, copious relief followed. The bowels having been once opened, attempts were made to keep them open by enemata and stimulating purgatives: and though these succeeded as far as to remove the swelling on the right side of the abdomen, yet the patient sunk and died with all the symptoms during life and appearances after death of atony and wasting of the bowel. In reply to questions by Mr. de Meric and Dr. Wiltshire, Dr. Thorowgood thought latterly in the case galvanism after the method advised by Dr. Althaus might have been used with benefit. He did not himself see the patient later than June, but did not think galvanism was used during life. There was no evidence of heart disease. The mesenteric arteries were not examined, and Dr. Thorowgood had no theory to offer as to any causal connection of the atheroma of the aorta and iliacs with the atony of the bowel. In reply to Dr. C. T. Williams, Dr. Thorowgood said he gave the acetate of lead when all other means had failed, in the hope that it might by acting on the muscular coat of the stomach untwist the invagination; further, he had known the acetate of lead given in one case with conspicuous success. Dr. Wiltshire asked whether electricity would not have been useful? He cordially approved of treatment by means of opium and belladonna, but would not nux vomica or strychnine have been very useful in this case? He also asked whether there was any disease or plugging of the mesenteric arteries, especially of the parts of the bowels which were found to be thinned? What had become of the tumour felt during life? Was it a fæcal tumour due to paresis of the damaged bowel?

The **President** said many old people died from bowel disease, especially fæcal obstruction of the lower bowel. Many so-called cancer cases were of this kind. The intestine seemed to die first. He thought stimulating enemata were more useful, and he had seen striking results from electricity. Were there not cases of obstinate constipation which justified opening the abdomen? He related a case of a severe kind in which colotomy was performed, the cæcum being opened and found to be empty. Afterwards some fæcal matter followed, and the patient got well with an artificial anus. Four years afterwards the wound was closed, the lower bowel having been prepared for some days previously by injections. Such a case showed that circumstances did sometimes arise which justified operation in cases of severe and prolonged constipation.

Dr. C. **Theodore Williams** then read a paper on

THE VARIOUS MODES OF CONTRACTION OF CAVITIES IN PHTHISIS AND THEIR RESULTS.

The author commenced by observing that it was very difficult to foretell contraction of cavities, and remarked that when it took place the patient was by no means out of harm's way, for the contractile process might overstep the required bounds, and seriously obstruct respiration and circulation, causing death by dyspnœa and dropsy. Moreover, fresh diseases might arise in the other lung. Contraction of cavities, according to Dr. Williams's statistics of 1,000 cases, occurred in six per cent. of patients in the third stage, and the void was filled in by one or other of the following means:—1st. By expansion of lung tissue around the cicatrix. 2nd. By an expansion and drawing over of the opposite lung to the affected side. 3rd. By displacement of the neighbouring organs, the heart, liver, stomach, and spleen. 4th. By collapse of the chest-walls. Dr. Williams then dwelt upon these modes of compensation, and explained the changes which the physical signs undergo during contraction, especially the increase of resonance over the former seat of the cavity and the shifting of the cavernous sounds to the posterior regions of the chest previous to their disappearance. This was owing to contraction always taking place towards a fixed point, which was generally the root of the lung, but not necessarily so, as it might be some spot where the pleura was strongly adherent. A contracting cavity of the left lung, as a rule, caused more displacement of organs than one of the right. When the cavity was in the right lung, the liver might be raised, the left lung drawn across and the heart considerably displaced upwards, outwards, and in the direction of the axillary region, which it sometimes reached. Collapse of the chest-wall generally took place in all cases of contracted cavity, but often at a late date, the expansion of the healthy lung and the displacement of organs, particularly the abdominal, sufficing to fill the void for some time. Several cases were given to illustrate these points. The author then drew attention to the various periods required for contraction of a cavity in these cases. In some it took place in two months, in others it occupied two years, the size of the cavity being no index of its rate of contraction. The results of the process on the general health of the patient was then considered, and it was pointed out that in some patients the contractile process caused so much obstruction to the respiration and circulation as to create great and increasing dyspnœa, irregular action of the heart, and eventually death. Another termination was by albuminuria (dropsy), and the few kidneys examined after death showed signs of degeneration.

Dr. **Thorowgood** agreed with Dr. Williams that more attention ought to be paid to the phenomena of contraction of cavities. He thought it occasionally followed symptoms of inflammatory action. He would like to hear more as to the best means of promoting the contraction of a lung cavity.

Dr. **Sansom**'s experience went with Dr. Thorowgood, that contraction often followed evidence of local irritation, and he thought perhaps it might be well to induce such a process. Acupuncture might possibly be justifiable.

Dr. **Williams**, in reply, said he knew of no means of promoting contraction of cavities, but he had found endeavouring to improve the patient's health and strength and allaying local irritation to be the best course to pursue. He could not agree with Dr. Sansom that the induction of a state of hyperæmia was advisable, and he should hesitate about the use of acupuncture of the lung, although Dr. Dieulafoy had shown it to be less dangerous than was supposed with regard to cavities, being more likely to contract in one kind of phthisis than in another. His impression was that this was the case in phthisis of pleuro-pneumonic origin. He had not found that intercurrent inflammation assisted the contractile process, but rather the reverse.

DUBLIN PATHOLOGICAL SOCIETY.

THE usual weekly meeting was held on Saturday, Feb 1.

The President, Dr. KIDD, in the chair.

Mr. HAMILTON said he desired to lay before the Society a case of

FRACTURE OF THE CRANIUM,

which possessed a certain amount of pathological interest, owing to the great disproportion which existed as to the outward evidences of injury and the amount of injury met with after death. The subject of the case before them was a boy, aged eleven years, who, in the act of opening a double gate, having opened one side of it, was endeavouring to open the other, when the first portion suddenly slapped upon him, and compressed his head between it and the other leaf of the gate. He immediately fell down insensible, and was conveyed to Stevens' Hospital, where he was seen by him (Mr. Hamilton) soon after admission. He was then in a state of collapse, having a cold clammy skin, the pulse being at 58. He presented an extensive contused and lacerated wound over the left temple, extending back towards the myatis. On introducing the forefinger into the wound, there was distinct evidence of a depressed fracture of the skull, and small portions of the bone apparently detached could be felt. As the boy suffered a great deal by collapse, and as the bone was felt to be depressed, and had it exposed as it were in an open wound, it was considered desirable to *dilate* the wound, and endeavour to raise up the portion of bone that was depressed. The patient showed distinct evidences of pain; he plainly appreciated the pain caused by any attempts to examine the wound, and also by the operative processes which were considered necessary. The most striking feature in the case was, that while they had undoubtedly the depression in theory, they had certainly not the symptoms that were attributed to compression of brain. That there was compression of the brain was beyond all doubt—it could be seen and felt; and yet they had no dilated pupil, no stertor, no whiffling breathing, no paralysis, no convulsions; and it was the mere fact of their having been able to feel the depressed bones that induced them to adopt means to reduce portion of the bone. The boy was placed in bed, and after some time he was able to partake of stimulants to a moderate extent. He continued in that state in the evening, and towards the latter part of the night; but in the morning he recovered a certain amount of consciousness. On the following day he rallied somewhat, his pulse had risen, and his powers of swallowing had returned. He distinctly manifested consciousness, and was perfectly sensitive as to pain. He occasionally spoke, but it was not easy to make him answer intelligently. He continued in that state until nine o'clock on the Thursday following, when he got very restless and uneasy, tossing himself about to such an extent that it was difficult to keep him in bed. His pulse ran up to between 140 and 150, and about eight o'clock on the following Thursday morning he died. On examining the skull, considerable depression of a large portion of the cranium was discovered, a portion of the bone compressing the frontal, temporal, and parietal bones which had been pressed down to such a degree that considerable injury to the surface of the brain was found to have been inflicted, and a portion of its substance exuded. Considerable interest was manifested in the case, and the result of the examination showed that the injury was depression of bone. The case as a mere fracture of the skull had not much pathological interest, but it was of interest showing that they might have serious mischief done to the brain if these symptoms laid down in books could not be found to be present.

ACUTE PNEUMONIA AND CIRRHOSIS OF THE LUNG SIMULATING GANGRENE.

Dr. NIXON exhibited the heart and lungs which were taken from the body of a woman, aged thirty, admitted under his care into the Mater Misericordiæ Hospital on the 23rd ult. The history of her illness, obtained by the resident pupil from herself, was briefly as follows:—A week before admission she got a severe wetting, followed by a shivering fit and great prostration. She was treated for bronchitis, but experiencing no relief, she presented herself at hospital. She was the mother of seven children, enjoyed good health up to the time of her present attack, never suffered from cough, and never spat blood. When he saw her on the morning of the 23rd ult. she was in a dying state; the extremities were cold; she was almost pulseless; the radial beats were so flickering and irregular he could not count them; the face was sweating, and extremely pallid; the respirations were rapid, but very feeble; there was an intolerable stench from the breath. On a hurried examination (the state of the patient precluded a long one), he found evidences of pneumonia in the right lung, both in front and behind. Posteriorly corresponding to the base of the left lung marked dulness existed on percussion; and, on stethoscopic examination, a very loud coarse mucous râle could be heard—it accompanied both inspiration and expiration. There was no expectoration at the time he examined the patient, so he could not state its nature. The heart was examined by Mr. Brown, the Assistant Physician of the Hospital, previous to admission. Its sounds were entirely masked by the respiratory murmurs. Taking into consideration the history of the case, the rapid prostration, the physical signs which existed, especially those detected at base of left lung, coupled with the intolerable fœtor of the breath, he was led to believe that the case was one of double pneumonia, and that the inflammatory action had run into gangrene. The woman died about twelve hours after examination. The *post-mortem* was made by the resident pupil, Mr. Rice. The lungs might be said to be non-adherent; there was a very slight difficulty in removing the lower part of left one. The bronchial tubes presented evidences of recent inflammation. The upper lobe of the right lung was in the third stage of pneumonia; its texture was in parts soft, and almost diffluent. The lower lobe of the left lung presented a remarkably small and atrophic appearance. The pleura and sub-pleural tissue covering it was much thickened, and evidently the seat of fibrous deposition. In a section made through the centre of the lobe a distinctly dilated bronchial tube was visible. A portion of the lobe which he injected with white wax gave exactly the appearance of an advanced case of cirrhosed liver. It was in that condition originally described by Sir Dominic Corrigan as "cirrhosis of the lung." There were no tubercles in either lung. In the heart he found the right cavities dilated; both left chambers were also dilated. The walls of left auricle were hypertrophied; those of left ventricle somewhat thinner at the base than the normal size. The edges of both flaps of mitral valve were thickened and adherent, producing mitral stenosis and incompetency (a). On the surface there was a large deposition of fat. The microscopic examination of its muscular fibres showed plainly the transverse striæ, but here and there traversing the fibres were seen little longitudinal beads of granules. The condition observed was similar to that produced in what is known as "brown atrophy of the heart." The points which induced him to bring the specimens before the Society were—Firstly. The existence of advanced chronic disease in one lung and in the heart without manifestation of any distressing symptoms during life prior to last illness. Secondly. The probable connection between the diseased state of the heart and the sclerosis of the lung; the mechanical impediment to the circulation leading to congestion, exudation, and proliferation of tissue. Thirdly. The absence of tubercle in the lung as local cause of the diseased condition found. And fourthly. The intolerable fœtor which existed, and which, with the physical signs at the base of the left lung, led him to believe the inflammatory process had terminated in gangrene. The fœtor must have depended on the retention in the dilated bronchi of the secretion of the inflamed mucous membrane which underwent decomposition.

PERFORATING IDIOPATHIC ULCER OF THE ŒSOPHAGUS.

Dr. HAWTREY BENSON exhibited a specimen which he had removed from the body of a woman who died in the City of Dublin Hospital. She was aged fifty, but on admission she had all the appearance of seventy-five or eighty. She was extremely emaciated, and had much of that peculiar cachectic appearance which would lead one to say she was the victim of cancer somewhere; at the same time, the glands in the neck and groins, and axillæ were greatly enlarged, and those of the mesentery could be distinctly felt to be hypertrophied through the attenuated walls of the abdomen. She complained of slight "soreness," referred to the sternum; but by far the most prominent symptom was extreme dysphagia. Whenever she attempted to swallow anything it invariably regurgitated. From this fact, taken in connection with the enlarged glands, and the appearance of the patient, Dr. Hawtrey Benson was led to express an opinion that he should eventually find cancerous disease involving the œsophagus, and obstructing the passage of food. Owing to the extreme dysphagia, Dr. Hawtrey Benson was compelled to introduce nourishment by the rectum. This he continued for three weeks, till the patient astonished him by gradually regaining the power of swallowing, so that very soon she performed deglutition with ease, and she rapidly improved. Dr. Hawtrey Benson now modified somewhat the terms of his diagnosis, and thought it more likely that a tumour had been pressing on the œsophagus, and obstructing the passage of food, and that now, from some cause unknown, the tumour had altered its position and no longer obstructed the canal. The improvement that followed this change was not destined to continue long, for after about ten days an incontrollable diarrhœa came on, under which she again emaciated, and gradually sank. At the *post-mortem*:—On opening the abdomen all there was healthy. He then split up the diaphragm and opened the chest, and proceeded to look for the cause of the dysphagia. In doing so he raised the left lung gently, and immediately perceived what proved to be the contents of the stomach discharging itself through an oval opening in the œsophagus, about five inches from its extremity. This opening was an ulcer, which, commencing on the mucous surface of the œsophagus, had perforated all the coats of that organ, even the layer of pleura covering it, and had commenced to attack the apposed pulmonary pleura, as was shown by a circumscribed patch of vascularity on that membrane corresponding in size, shape, and position to the ulcer. A thin layer of lymph must have prevented extravasation during deglutition, but was torn through when the lung was raised out of its position. On slitting up the œsophagus, a patch of ragged ulceration of the mucous membrane was found, about the size of the palm of one's hand, distributed around the central perforating portion. This latter was about the size of a shilling, and had a rounded, thickened margin. Dr. Hawtrey Benson thought that in the state of the parts he had a reasonable explanation of the apparently anomalous symptom of very extreme dysphagia, followed by comparative ease in deglutition; for, while the disease was more recent and the inflammation acute, a reflex spasm of the œsophagus doubtless took place on the introduction of food, which ceased to occur when deep destruction of the tissues was the result, and the inflammation became less acute. The specimen, he thought, afforded an interesting example of a very rare disease, occurring in an organ whose maladies are confessedly so rare and so obscure, of which so little was known before the writings of Hamburger and Oppolzer.

(a) There were slight patches of atheroma at the origin of the aorta.

Dr. Hayden said he had to claim the indulgence of the Society owing to a mistake which had been made by his servant, who had not brought over the right specimen. The one before them was, however, of some interest, and he should briefly detail the circumstances connected with it. The subject was a man, aged 53 years, a gardener, of temperate habits, who had been in hospital two years previously under his (Dr. Hayden's) care for bronchitis and pleuritis of the right side. He was re-admitted into hospital on the 20th January, again suffering from bronchitis, and there was evidence, likewise, of pulmonary emphysema. His pulse was remarkably weak, but regular; but it was what might be called a failing pulse. The action of the heart was likewise exceedingly weak; no impulse was to be felt, and the sounds, which were masked by loud bronchitic râles, were audible only during momentary suspension of breathing at the lower end of the sternum. Here the second sound was all but suppressed, and a loud bellows murmur accompanied the first. This murmur was transmitted about three inches upwards in the course of the aorta, but not into the arteries of the neck. In the interim between his first and second admission to hospital he had suffered from repeated fainting fits, and on one occasion he actually fell down in the street. That fit lasted some four or five minutes, during which time he was quite unconscious; but he afterwards managed to scramble home. While in hospital he had two or three of these attacks, even while in bed. The symptoms he complained of during the continuance of these fits were that his head became quite giddy, his sight dimmed, and he felt as if he were about to die. The fainting fits usually lasted about three or four minutes. The diagnosis he made was,—enlargement of the heart, accompanied by fatty degeneration, and in all probability dilatation and advanced atheromatous degeneration of the aorta. On the 27th February, in one of those fainting fits, the man died in four or five minutes. The lungs were found to be in a very advanced state of emphysematous inflation, the right exhibiting traces of a former but slight pleuritis. The heart was enlarged, weighing eighteen ounces. It was covered at the base and over the sulci and right ventricle with a thick layer of fat. Both ventricles were dilated and hypertrophied, dilatation predominating in the right and hypertrophy in the left. Both contained a large quantity of dark coagulated blood, and their walls were in an advanced state of fatty degeneration, the muscular fibre exhibiting under the microscope groups of oil dots around the nuclei, as noticed by Ormerod and Paget, whilst in most situations no trace of striation existed. The valves were all sound, except those of the aorta, which were opaque, but pliant and competent to close the orifice, and could not have caused a murmur of exit. The orifice itself was in all respects normal. The aorta from above the sinuses throughout the entire arch was greatly but equally dilated, readily admitting the four fingers and thumb; its internal surface was rough, yellow, and in several places fissured through the internal and middle coats, and in one situation a lamina of fibrin, of the diameter of a sixpenny piece, was attached to one of these fissures. The specimen exhibited the not infrequent combination of enlarged and fatty heart, with atheromatous change and dilatation of the aorta. It likewise exemplified a not unusual mode of death in such cases, namely, by syncope. The heart, hypertrophied in compensation of disease of the aorta and subsequently weakened by fatty degeneration of its walls, was no longer able, by its increased power of contraction, to supply the want of elasticity in that vessel; and the left ventricle being entirely emptied of its contents into the greatly dilated aorta, suddenly ceased to contract, owing to failure of arterial circulation in the nerve-centres,—hence the repeated attacks of, and finally the fatal, syncope. Dr. Hayden called attention to the differential diagnosis as between disease at the orifice and in the ascending portion of the arch of the aorta. In the former case the murmur, which is loudest at the orifice, is transmitted throughout the arch and into the great arteries of the neck; but in the latter case, namely, where the walls of the vessel are rough, but the valves and the orifice unaffected, the murmur is limited to the first two or three inches of the aorta, not passing into the neck. He would not venture upon a positive explanation of this difference, but suggested that it might depend upon the circumstance that an axial disturbance of the current of exit, such as would arise from valvular obstruction, might be transmitted to a greater distance in its course than a mere surface ripple produced by a rough state of the coats of the vessel.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 28TH, 1873.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

A SECOND REPORT ON THE COMMUNICATION OF SYPHILIS IN THE PRACTICE OF VACCINATION.

BY JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital.

THIS paper contains an account of two series of vaccination-syphilis (each series containing but a single case) which have come under Mr. Hutchinson's notice since his last communication on the subject in 1871. These two cases (forming the author's third and fourth series) are prefaced by a few remarks referring to cases published by others on the continent and at home; the author also re-asserts the great importance of making all such cases public. The latter part of the paper is occupied with general conclusions and recommendations drawn from a consideration of all the cases which have come under Mr. Hutchinson's notice.

THIRD SERIES.—*Case.*—This patient was a respectable small tradesman, forty-six years old, who came under Mr. Hutchinson's care at Moorfields Ophthalmic Hospital with double iritis. Examination disclosed the presence of a copious dusky rash and symmetrical ulcers in the tonsils. The ordinary questions as to syphilis were denied, and careful inspection of the genitals gave an entirely negative result. On one arm, however, two or three scabbed ulcers were found, as large as shillings, with dusky indurated borders; and there was an indolent bubo in the corresponding armpit. He said that the sores on the arm had broken out at the seat of the vaccination-punctures. He had been vaccinated three months before admission; the punctures took, and behaved as usual; but when just healed over, a month after the operation, they inflamed and broke out into sores. About a fortnight later (six weeks after vaccination) the rash appeared, and at the end of another month the iritis set in. The nature of the disease had not hitherto been diagnosed, and no specific treatment had been used; under the use of mercury both iritis and rash were cured. This man was seen by many Medical men at the hospital during the two or three months of his attendance, and there could be no shadow of doubt about the nature of his malady. Although his vaccinator had not diagnosed this man's case, he had had much trouble with the arm-sores, which from subsequent account would appear to have been at one time almost phagedænic. Besides the patient, about twelve others were vaccinated from the same baby, three of them being the patient's children, young adults; in these three no ill results have occurred; the remaining cases have not been pursued further (for prudential reasons detailed in the paper), but the vaccinator believes that none of them had any trouble save one or two in whom a little difficulty occurred in the healing of the vaccination spots. The vaccinator said that the baby used appeared in excellent health at the time. When seen by Mr. Hutchinson at eight months old it was fat and well grown, the only sign of inherited syphilis being the markedly sunken bridge of the nose—a symptom to which the author attaches considerable importance, and from which he predicts with some confidence the future occurrence of confirmatory events. The child was the third and the only living one, the first two having died in infancy. In favour of this man's syphilis having been gained during vaccination we have the occurrence of induration, &c., in the vaccination-scars at exactly the interval which is known from former cases to elapse between inoculation with syphilitic virus and formation of the chancre, the occurrence of axillary indolent bubo, the eruption and other secondary symptoms following the arm-sores at the proper period, and, lastly, the total absence of any trace of chancre elsewhere and the extreme improbability of syphilitic inoculation of the vaccine sores after the vaccination. Against this conclusion there are only the negative facts afforded by the apparent immunity (which may, however, yet be disproved) of the other persons vaccinated, and the slight evidence of syphilis in the vaccinifer: the latter being what is to be expected, since no one would think of vaccinating from an obviously syphilitic child.

FOURTH SERIES.—*Case.*—A lady about forty-five, who came to Mr. Hutchinson as a private patient in December, 1872, for a vascular growth from the urethra. During examination the remains of a copious, dusky, evidently syphilitic rash were found. On inquiry, she stated that she had been very ill after vaccination, and had had a severe rash and inflammation of one eye. Further examination showed the presence of a dusky scar at the seat of one of the vaccination-punctures, very different indeed from a normal vaccine cicatrix; synechiæ were also found in the left eye, proving past iritis. She was vaccinated in May, 1871, by four punctures, none of which took; just a month later one of them inflamed, and became a hard-edged ulcer, lasting three months. Two or three weeks later (about two months after vaccination) the rash appeared copiously, and she fell into ill-health. From the vaccination in May to the early part of September, she had no specific treatment, which probably accounts for the severity of the rash, &c. After this she took small doses of iodide of potassium and birchloride of mercury, under another practitioner, for nine months, when she ceased all treatment, and went for two months to the sea-side. At the end of this period her left eye inflamed (iritis), and the rash, which had been nearly well, relapsed. For the iritis she was treated at Moorfields Hospital by a colleague of Mr. Hutchinson, its cause and origin being suspected, but not followed out. It was several months after her admission to the hospital that she came under the author's care for a complaint having no connexion with the syphilis. She was vaccinated from a baby's arm, and at the same time her two grown-up daughters. A number of others had previously been vaccinated from the same child, but these have not been traced. The two daughters, however, appear to have escaped all contamination. The baby is said by the vaccinator and its own mother to have looked quite well at the time. As soon as dentition began, however, it had some very troublesome sores about the anus (? condylomata), for which it was under treatment three months at a dispensary. It is the third child. All are living. The eldest, a boy about six or seven years old, shows no signs of inherited taint, the second, a girl of five, now has a large forehead, and she had exactly the same sores about the anus and at the same age as the vaccinifer; the vaccinifer itself also now has a large forehead. The author calls attention to the fact that these two cases of vaccination-syphilis were not, as were the first and second series, sent to him because he was known to be interested in the subject, both of them having occurred in the ordinary course of practice. Several cases of supposed syphilis from this cause have been sent to him, but the diagnosis in these was not confirmed.

Conclusions and general remarks based on the four series of cases.—These are summed up chiefly as answers to certain questions. The author first asks:—What are we to infer from the circumstance that when syphilis is conveyed in the practice of vaccination it does not affect all those vaccinated from the tainted source? And he answers: We must believe that the specific poison of syphilis is either not contained in the vaccine lymph at all, or is not equally diffused through it. Thus, in the first series of cases, two out of twelve vaccinated escaped syphilis; in the second series, out of about twenty-six vaccinated more than half escaped; while in the third and fourth series only one out of at least twelve vaccinated from each vaccinifer is known to have been syphilised. It will be borne in mind, however, that the last two series have purposely not been followed up exhaustively, and that the proportion tainted with syphilis is not improbably greater than appears at present. Again, from the evidence of these series of cases there is no doubt that we may vaccinate from a tainted vaccinifer without conveying syphilis; and, on the other hand, it is possible to convey syphilis either with or without the production of a normal vaccine vesicle. Vaccination from a child evidently syphilitic is known to have been done inadvertently several times without bad result, and probably it has often occurred without being known. These points of clinical evidence make it highly probable that the syphilitic virus is not contained in the vaccine virus, but is derived from, or associated with, some cell-elements of the blood, and probably these need not be visibly red. This is confirmed by experimental evidence, for syphilis has been successfully produced by inoculating the blood of a patient in the secondary stage, and in the case referred to the dates, &c., agree closely with those observed in the author's series. Next, need blood be used in vaccination in order to convey syphilis? The author thinks that probably it is enough if the material used has been mixed with colourless exudation from the blood as occurs when the vaccine vesicle is allowed to drain in order to furnish more lymph. This is confirmed by the fact that the vaccinators in the cases in question asserted that they always scrupulously avoided making the vesicle bleed; in none of the instances is there any history that the lymph was visibly bloody; while it is well known that many men of large experience do allow the vaccine vesicle to weep. According to this supposition, as soon as the first contents of the vesicle are exhausted the risk begins. Third: If the syphilitic virus and the vaccine virus be implanted at one and the same time, what will be the course of events? If the patient is susceptible of vaccination the vesicle goes through its usual phases and heals, and nothing more happens till the end of a month, when the scar indurates and the chancre forms. In some cases, however, the vaccination sore never heals, and in these the scab somewhat obscures the characters of the chancre.

Characters of the vaccination-chancre.—It begins as a little, red, firm, glossy tubercle, which gradually increases in size, and becomes harder. In about a fortnight it usually ulcerates, the sore giving off but very little discharge, and with a hard base and edges. If no mercury is given it may remain open several months; in one case it probably became almost phagedænic. Sometimes there is from the first a good deal of inflammatory effusion at the base of the sore, and much purulent secretion and scab on its surface; its specific characters may be thus quite hidden. These cases are generally in children.

Treatment of the Vaccination Chancre.—Mr. Hutchinson feels no doubt that should a vaccination scar take on the induration characteristic of a chancre, and should the other facts of the case corroborate the suspicion, it is the surgeon's duty without delay to commence the administration of mercury. The influence of mercury in retarding and greatly diminishing the severity of the primary and secondary symptoms was most marked in all those cases which came under care at an early period (sixth week), as in the first series. Indeed, in this series the eruption was so retarded as to induce scepticism in not a few minds as to the correctness of the diagnosis; several of them, however, from five to seven months after vaccination had undoubted, though mild, secondary symptoms. In the second and remaining series of cases, however, the disease was not discovered until much later, and most of them suffered very severely from secondary symptoms, the last two cases (third and fourth series) particularly so. As regards tertiary symptoms, it is yet too early to say anything concerning the primary and secondary symptoms. Mr. Hutchinson says:—"I cannot speak too strongly as to the vast apparent advantage of the mercurial plan. The lesson of the cases is very clearly opposed to the too prevalent modern doctrine that it is well to wait for secondary symptoms before commencing specific treatment, and would appear to indicate that the latter should be adopted as soon as ever the condition of the chancre permits of an accurate diagnosis."

As regards *prevention*, Mr. Hutchinson thinks it of the first importance to diffuse the knowledge that vaccination-syphilis is possible widely amongst the profession; until all Medical men believe in it, and fear it, we shall still be very unsafe. It is important next to avoid vaccinating from children whose parents are not known to the vaccinator; and further, to decline, for the most part, using all first-born children, waiting until by the development of one healthy child a guarantee of freedom from taint on the part of the parents has been given. Lastly, the avoidance of blood-stained lymph and of recent exudation from the walls of the vesicle is a sufficiently obvious precaution, and needs no further mention.

Dr. George Harley said the question was difficult to solve whether there was any danger of syphilis through vaccination. The point of greatest importance was how long does the poison remain in the system? Mr. Hutchinson had referred to cases where blood had been inoculated; he remembered seeing in Munich about twelve years ago a woman, aged seventy, who had between the shoulders a large chancre, produced by blood taken from a patient on whom the secondary symptoms were just disappearing, and injected under the skin. So that syphilis can be conveyed by the blood. Then what interval should be allowed to intervene before it was considered safe to vaccinate from a child who had secondary symptoms? He mentioned a case to prove that ninety-three days may pass before symptoms appear. He agreed with Mr. Hutchinson in not thinking that syphilis could be conveyed by pure lymph, but thought it would if blood or pus, or mucous corpuscles from the walls of a vesicle, were inoculated. Security could only be obtained by using the first drops taken from the vesicle; in this way there would be no danger to the Profession or to the public.

Mr. de Merio said there was no doubt as to the conveyance of syphilis by vaccination, but vaccination must have been carefully performed in this country, as mishaps have been known in Italy and Germany, and not here except in Mr. Smith's case. He thought the period for vaccination ought to be extended to the sixth month, and then there would be time for the symptoms to appear; for an infected child may appear quite healthy at the third month. Vaccination from the heifer should also be employed at times. The ex-royal family of Naples were thus vaccinated, and why should not others have the same advantage?

Mr. Henry Lee said that the cases appeared complete, but it was not shown that the patients had not themselves had syphilis; for if once a person had had syphilis, vaccination relit it up. The worst case of secondary syphilis he had seen was in a gentleman after vaccination; symptoms had been set up lasting for years. That some take it and not others he thought might be explained by the fact that syphilis was not a persistent disease; it had its time of development; it subsided and recurred. If lymph taken from a person likely to have an outburst were used, syphilis would be likely to follow.

Mr. Hulke enquired if the second of Mr. Hutchinson's cases had been under his care at Moorfields, but was answered in the negative. He enquired because he had met with a case there. So that this makes another case.

Dr. Ballard said that some vaccinators, if blood were drawn, carefully wiped it away and used the lymph that afterwards escaped; but this he thought nearly as bad as using the blood.

Mr. Savory said that every unprejudiced mind must now admit that syphilis could be transmitted by vaccination. The fact is less surprising, as fluids transmit syphilis; for if a child is born syphilitic we have to go to the semen, something derived from the blood. In vaccination-syphilis, a child with disease propagates it to another. Constitutional syphilis may be transmitted from a man to a woman without her conceiving by him, but usually it occurred through the child becoming syphilitic; they might cohabit for a long time without syphilis, but if she conceived then she acquired syphilis, and these facts were equally strong for the transmission of syphilis by vaccination.

Mr. Brudenell Carter remarked that he had often seen vaccine lymph in tubes with flocculent matter which might easily carry the syphilitic virus.

Mr. Morrant Baker said that if six persons were to be vaccinated, one—say the third—being syphilitic, that third probably conveyed the disease to the others if the same lancet were used; for blood was always drawn in vaccination.

Mr. George Cooper said that having been a public vaccinator for twenty-seven years, he had vaccinated many thousands, but never seen a case of syphilis after vaccination. He believed that if the vesicle were not wounded, and only pure lymph used, syphilis could not occur.

Mr. Hutchinson, in the course of his reply, said that as to how long we should wait to avoid danger from an infected person, all would agree that if a person has once had syphilis it would always be dangerous to vaccinate from him. With regard to his cases and their value, in the first the man had a chancre and nothing else formed. As to the vaccinifer in the second case, that child and an older one suffered from ulceration of the anus when teething; the surgeon who attended the child said he had no doubt it was a condylomatous growth; so the vaccinifer was syphilitic. Then the duration of the syphilis in the family was interesting. This child was born six years after marriage, and three years after the second. These were somewhat alarming facts as to the latency of the syphilitic virus. When the surgeon vaccinated the child he could not have supposed it was syphilitic; there were no symptoms then, and, if questioned, the mother could have shown her eldest child healthy. This mother had a baby at the breast, and she had promised to bring it to him that he might see if it showed signs of congenital syphilis. The laws of latent syphilis needed to be investigated. Some say that children never have it long latent—never show it after the fourth month. Mr. de Mério's proposition was good as to the age of a child when vaccinated, but he believed the blood could convey the taint, and yet no symptom be found in the vaccinifer, and the child might pass through infancy and only show it at puberty, as by iritis, &c. There was not any weak point in the second case. In the first case vaccination-syphilis was not so clearly proved. Two children had died; but he could get no symptoms of syphilis, and had only the physiognomy of the vaccinifer to prove it at present. He had not spoken of vaccination from the heifer, as he did not think it came into his paper. He did not think compulsory vaccination could be maintained unless we allowed children to be vaccinated from other sources. As to the risk run in his second case, the lady wanted to be vaccinated from a heifer. The surgeon at last said this child was healthy, and used it, and syphilis followed; so there was difficulty in saying the child was quite free. There were no facts to prove that the persons were the subjects of syphilis before vaccination. Vaccination might affect a previously diseased constitution, but could never bring out in a person previously healthy symptoms of primary and secondary syphilis. If the gentleman in whose practice the second series of cases occurred had been asked, he would probably have said the same as Mr. Cooper.

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THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 17th January.

The President of the College of Surgeons, Dr. Kirkpatrick, in the Chair.

Dr. Henry Kennedy read a paper

ON THE USES OF HEMLOCK, IN RELATION WITH THE SCEPTICISM WHICH NOW PREVAILS ON THE VALUE OF DRUGS.

Which will be found *in extenso* at p. 109.

The President said he could endorse Dr. Kennedy's statement that hemlock had been generally used in very small doses and in combination with other drugs.

Dr. E. Hamilton could bear testimony to the value of hemlock in certain surgical cases. He had used it with benefit in some forms of ulceration difficult to manage, arising either from syphilis or struma, and the abuse of mercury combined. He had in his recollection several cases in which this species of ulceration resisted every kind of treatment, until he used the succus conii in large doses, such doses as to produce a certain amount of giddiness or a narcotic effect on the brain. Unquestionably, when hemlock was pushed in this way the improvement was very marked. He had, in his recollection, a patient with whom every kind of treatment was tried, but nothing gave him benefit until hemlock was adopted. He tried it on that occasion at the suggestion of his colleague, Mr. Colles, who frequently used it, and it was rather a favourite remedy with them in Steevens's hospital. He had used it very often in private as well as in hospital practice, and he had found it a very useful medicine. It was not easy to explain the way in which it produced the benefit, but the fact stands that in those cases of ulceration referred to its effect was beneficial. In certain cases of stricture of the rectum it was a valuable remedy. Given in combination with taraxacum in two-drachm doses, producing soft evacuations and allaying the pain of the disease.

Dr. Stapleton could bear out what had been said of hemlock in cases of ulceration of the legs, but they should recollect that they had another drug, opium, which acted wonderfully well in those cases when given in large doses. Hemlock dilated the pupils more or less, while opium contracted them. There was nothing new in giving large doses of opium or of hemlock in cases of persistent ulceration, particularly of the legs. He agreed with Dr. Kennedy that perhaps, as a general rule, sufficient doses were not given; but he should like to know what Dr. Kennedy considered to be the specification of hemlock, what part of the nervous system it acted upon, how it acted, and how they were to know that they had arrived at a sufficient dose, and when they were to stop? He believed the late Dr. Graves used hemlock in chest affections and in whooping-cough, and it had been used in glandular swellings of the mamma, and once had a great reputation in scrofulous diseases. But, again, he asked, how were they to know when they came to a dose that was poisonous, and what part of the system did it affect? He would also ask Dr. Kennedy if he had ever used the alkaloid of hemlock, which could always be relied on to produce its effect, whereas the succus or the extract might be perfectly useless and inert?

Dr. Robert Montgomery could fully corroborate Dr. Kennedy's statement as to the child he had attended along with him. The child had been for some time previously suffering from a large swelling, which did not yield to treatment, and the case was going from bad to worse. When Dr. Kennedy saw the patient he advised hemlock, and under that treatment the child became well. It even relished the medicine; its appetite improved very satisfactorily, and there was no unpleasant symptom whatever.

Dr. Fleming endorsed the view of Dr. Hamilton as to the great value of the succus in combination with taraxacum. He had seen it of great service in what were called lupoid ulcers, and in chronic affections of the testes the use of that preparation had been productive of the most beneficial results. He had seen swellings of this gland as large as a goose-egg, and all the tumefaction and hardness ceased under the use of this remedy joined with bark and in other cases with iron.

Dr. W. P. White said if he remembered aright, the views put forward by the older surgeons a hundred years ago bore out the opinion expressed that evening as to the value of hemlock in those diseases which affected the glandular system. During the last sixteen or seventeen years he had been endeavouring to carry out some observations on the use of hemlock. He began in 1856, being placed in a country district where it was easily obtained, and he adopted the free use of it in a large number of cases both externally and internally. The cases in which he found it of most value were those of young persons suffering under glandular affections, in which cases he used it internally, and in many instances when the gland had run into a sore he used fresh hemlock externally. He had also found hemlock of great value in affections of the prostate gland—not the enlargement met with in old age—but the subacute form of prostate enlargement where the patient suffered from retention of urine depending on some inflammatory action, not of an extreme character and where there was a necessity for catheterism. In such cases he had administered hemlock, giving five-grain doses every three or four hours according to the nature of the case. In cases of phthisis the succus conii was a valuable sedative, producing rest at night, allaying the racking cough, and being free from the objections to which morphia was liable.

Dr. Kennedy expressed his gratification at the discussion which his paper had elicited. He was familiar with the treatment of the class of ulcers referred to, by means of hemlock, and knew that it had been found beneficial in such cases. With respect to the specific effects of the drug he must leave Mr. Stapleton to the writers on the subject. Those effects were very well known, but he must say that as a general rule it was the extract which must be used, as it would be found difficult and dangerous to employ the active principle of the drug in general practice. Mr. Stapleton had alluded to the fact of opium being useful in ulcers, but he contended that hemlock was more useful. Opium disagreed so much with many people that they had repeatedly said they would rather bear the disease they had than be cured with opium. Hemlock was a more genial medicine; it not only did not disagree with the patient but it improved his appetite. With regard to the doses they might begin with an adult with from six to eight grains of the extract three times a day; and with the succus they might begin with a drachm. The latter had one objection as a medicine for children, namely, the quantity of spirit in it.

NEURITIS OPTICI.

Mr. R. Swanzy said a girl, æt. 19, presented herself at the National Eye and Ear Infirmary in November last, complaining of the vision of both eyes. She was extremely chlorotic, so much so that a medical man of great experience in this city said he had never seen such a case. Menstruation commenced in her seventeenth year, and had been performed regularly since then, but the discharge had always been scanty and attended with pain. She first complained of her sight two or three years ago, but it seemed from her description that her trouble at that time depended chiefly upon asthenopia due to hypermetropia. About two years ago, however, she perceived a rapid diminution in her power of vision, and from that time must be dated the complication to which he wished to direct attention. When she came first to the infirmary her vision was only one-half of what it normally should have been; and on examination with the ophthalmoscope Dr. Fitzgerald found the existence of a neuro-retinitis in each eye which he had represented very faithfully in the drawing now exhibited to the Society. The appearance which the fundus oculi presented when she first came under observation was more marked than in the drawing, as that could not be taken until she had been some time under observation. At every menstrual period the vision became much worse. When the discharge was more profuse and more normal the vision did not suffer so much as when the catamenia were very scanty. The inflammation extended somewhat into the retina, and the retinal veins and arteries were rather pale, as was also the optic disc when it was not covered with exudation. He did not think there was much doubt but that the neuritis in this case was produced by the uterine disturbance. This was the first case he had seen in Ireland, and it was remarkable how few such had been put upon record, although the leading text-books almost unanimously mention uterine disturbance of this kind as an occasional cause of optic neuritis. It was difficult to find a satisfactory explanation for the causation which existed in such cases between disturbance of the uterus and inflammation of the optic nerve. At the time the eye affection came on, the patient suffered from violent headache and vomiting. That would suggest the idea of the presence of a slight inflammatory action in the meninges at the base of the brain, which had crept down the optic nerve, and presented itself at the disc. He thought the treatment in such a case should be antiphlogistic at first. He would treat the optic nerve and would not treat the chlorosis or affection of the uterus until after he had got some hold of the affection of the optic nerve. They knew how difficult of treatment such uterine affections were, and how many months it took before they were got under control. If they neglected the optic nerve until they had cured the uterine disease, they might find when they came to treat the former that their patient was blind, for the neuritis would not wait until the uterine disease was cured—it would go on to produce permanent changes in the nerve, and atrophy of the optic nerve resulting in blindness. He would therefore recommend that the treatment in such cases should be in the beginning antiphlogistic, locally by the use of the artificial leech, and the wearing of blue spectacles, and generally by slight mercurial inunctions if the patient could bear them. He had thought the case worthy of the attention of the Society, being of such general practical interest.

Dr. MAPOTHER wished to ask a question as to the causation of blindness in these cases? He would ask was it at all compatible with anæmia of the retina which might occur in these extremely chlorotic patients? They all knew that in children from the retraction of the retinal vessels considerable blindness might occur, this contraction arising from irritation of the intestinal canal from worms.

Dr. CHARLES E. FITZGERALD could confirm the remarks of Dr. Swanzy as to the case, but he differed with him regarding the treatment. He could, however, scarcely consider himself fully competent to give any opinion on it; for this was the first case he ever saw of the kind. Dr. Swanzy having studied under Prof. Von Graefe had had larger opportunities of seeing such cases, but the treatment which he recommended, and which was the treatment pursued by Von Graefe, was a treatment which as far as he (Dr. Fitzgerald) was aware had never been pursued by any othor ophthalmologist. There were on record very few cases of this form of disease. The only one he was aware of that had been fully recorded was one mentioned by Mr. Hulke in his work on optic neuritis, and his treatment was not of the class recommended by Dr. Swanzy. At the time the girl came to the Hospital he (Dr. Fitzgerald) happened to be on duty, and undertook the treatment of the case. He tried hypodermic injection of strychnia, and it had a beneficial effect, but the girl left the Infirmary, went to a situation, and returned some few weeks ago with the chlorosis greatly intensified, having left off the treatment she was under before. She had been taking large doses of sulphate of iron. However, as Mr. Swanzy recommended it, he tried the artificial leech, and yesterday it was applied, but although she bore the incision perfectly, the moment the exhausting glass was applied she fainted. Although that might not be a strong contra-indication of the use of the artificial leech, he would be very cautious of trying it again, at all events, until the patient was stronger. He might mention that the enlargement of the drawing now exhibited to the Society was 19¼ diameters of the normal disc.

Mr. SWANZY in reply said he did not think the anæmia had produced the neuritis. He did not think chlorosis necessary to cause the affection. This affection was not at all common; he had only a distinct remembrance of two cases; he thought he had seen three, but in none of those cases was there chlorosis. There was one disease of the blood which caused remarkable changes within the eye—namely, leucocythœmia—they found in such cases a peculiar form of retinitis, a true exudation of the white blood corpuscles. But he did not think that anæmia had anything to do with producing the peculiar affection in the present case. His own idea was that in consequence of the suppression of the menses or of their scantiness, there was hyperæmia at the base of the brain, and that this went on so far as to turn into a slight inflammation which presented itself in the form of optic neuritis. He could not, however, say this positively. He continued to think his ideas of the treatment to be pursued were correct for the reasons he had stated. As to the hypodermic use of strychnia, which had been introduced by Prof. Nagel, of Tubingen, it was doubtless a most valuable remedy in some cases of amblyopia, but he (Mr. Swanzy) would not commence to treat an inflammatory affection of the optic nerve, or disc, or retina with strychnia. He might at a later stage use strychnia after having treated the case antiphlogistically. They had no cases on record to show that strychnia did good in these affections, and *à priori* he did not think it would. He knew that it had produced a temporary beneficial effect in this instance, but he did not think the effect would be lasting. As to the girl fainting when the artificial leech was applied, he attached no importance to it. Not long ago he had to treat a gentleman from the country, a very strong man, a huntsman, fond of field sports and active exercise. He had an affection of the eye which made it desirable to apply the artificial leech, and the moment it was applied he fell down on the floor in a faint. Such an occurrence is not very uncommon, but must not be regarded as a sign of great debility in the patient which would contra-indicate the proceeding.

CONTRACTED FINGER.

Mr. MORGAN said he wished to bring under the notice o the Society the subject of crispatura tendinum, and the best mode of curing the contraction of the fingers known by that name. He exhibited a number of casts representing various conditions of this contraction. The name given to it by Boyer indicated that it was a contraction of the tendons themselves. In some instances that might be the cause, but in the generality of cases it was not, and there was some obscurity as to what was the exact offending cause in this disease. It was exceedingly intractable. Within the last few days he had removed the finger which he now exhibited. The patient was a man of 35. About two years ago his hand was caught in a plank of wood, which tore open the first joint, and subsequently the finger became greatly contracted. Nothing would satisfy the man but the removal of his finger, as it was greatly in his way in working at his trade, that of a shoemaker. He accordingly removed the finger, and he had since and also before the operation, endeavoured to find out what was the offending point. He had arrived at the conclusion that this was the contraction of the lateral ligaments, and he therefore suggested that the division of those ligaments, a procedure which had never yet been tried, ought to be adopted in these cases. Of course, this would not answer where the palmar fascia was affected. The question then arose, was this contraction of the lateral ligament secondary or primary? Was there first contraction of the tendon and then thickening of the ligament? He was inclined to think there was contraction of the tendon, and in consequence of it this shortening of the lateral ligament.

Mr. STAPLETON thought it was irritation of the nerve which generally caused these contractions.

Dr. W. P. WHITE thought Mr. Morgan's suggestion was admirable for the class of cases to which he referred. He had seen numbers of cases of this kind. For instance, there was the contracted hand, common with coachmen, where the entire of the palmar fascia became contracted. He had also seen cases in old gentlemen which he could only attribute to some nervous influence. Within the last four years he had seen several cases of men in a good position in life, where the hand was contracted, although there never was developed gout in the hand, and where the disease evidently arose from gouty poison affecting the nervous system. He thought Mr. Morgan's suggestion of dividing the lateral ligaments in those cases where the disease was not in the palmar fascia, was deserving of attention.

The PRESIDENT recognised one of the casts on the table as that of the hand of a gentleman whom Dr. Elliot had attended along with him. The contraction was mainly dependent on the palmar fascia, and though Dr. Elliot had devised some very ingenious apparatus, and performed sections of the fascia in the most skilful manner, still the result was not successful; and it confirmed him in the opinion that in cases where the palmar fascia was very decidedly engaged, it was better for the surgeon to remove the finger. The only case in which operation would succeed in restoring the finger to its normal condition, was where the tendon only was at fault, and not the fascia.

The Society then adjourned.

ERGOT IN HEADACHE.

D. R. SILVER, of Sidney, Ohio, states in the *Medical and Surgical Reporter*, that ergot is better for headache, than any other single article of the materia medica. He recommends it to patients who are subject to the malady thus:—℞. Squibb's fl. ext. ergotæ, gtts x—xx for one dose. To be repeated every half hour until relief is obtained, or four or five doses are taken. The primary effect of opium is to produce hyperæmia of the brain. To neutralize this action Dr. Silver employs with it fluid extract of ergot, and says the combination has a happy effect in cases in which opium alone would be contra-indicated by the fluxion of the brain. He does not regard ergot as a specific for headache, but thinks thousands of people are made miserable once a fortnight or once a month, who, by the use of it, may be made, for the time, comfortable. His experience with ergot in the headache of fevers is limited; but he would expect no good result from it, since the pain is then, probably, produced by the abnormal temperature and *quality* of the blood, instead of being occasioned by fullness of the cranial vessels, as once supposed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 5, 1873.

THE IRISH COLLEGE OF SURGEONS AND ITS REPRESENTATIVE.

As we have said in another part of our issue, the Council of the Irish College of Surgeons received at its last meeting the opinion of their law advisers on the question of the legality of their present position with regard to the Representative of the College in the Medical Council. The authority of Mr. Hargrave's tenure of office was challenged by us, as our readers will remember, on two grounds—firstly, because his term of office was extended from one to five years by an unauthorised interlineation in the Council Minute Book, and secondly, because Mr. Hargrave was re-elected three months before his previous term of office had expired, and, therefore, before the office was vacant.

We have the satisfaction of being aware that the opinion of Mr. Frederick Walsh, Q.C., whom the Council consulted, entirely corroborates that which we put forward in our last publication. Mr. Walsh expresses very decidedly his opinion that the resolution in which the interlineation appears was "irregular and informal, and that the course pursued on that occasion was highly objectionable and such as ought not to have been allowed." But, though he is of this opinion, he does not see his way in advising the College to take action in the matter.

He thinks it also within the power of the Council, at a duly convened meeting, and in pursuance of a proper notice for the purpose, to proceed (previous to the expiration of the term for which its representative had been elected) to nominate and choose his successor. He is, therefore, of opinion that the fact of Mr. Hargrave's election being held before the expiration of the term of four years for which he had been elected in 1865, does not invalidate the election.

Mr. Walsh also considers that the election of Mr. Hargrave "could and ought to have been set aside," but does not think it could now be done without the consent of the Council and Mr. Hargrave; and he further expresses his opinion that considering the fact that Mr. Hargrave and most of the gentlemen now on the Council were parties to a transaction quite contrary to their ordinances, and in violation of their rules, and illegal, it would be but becoming on the part of the Council and Mr. Hargrave to proceed at once to a new election.

The Council having received so explicit an opinion from their legal adviser have, we understand, taken the earliest steps to amend their error and remedy the illegality of their previous act. At a special meeting on Friday last the subject was taken into consideration, and a resolution was, we believe, unanimously adopted that Mr. Hargrave be requested to take into consideration the propriety of resigning. It is furthermore reported, though we find a difficulty in crediting the statement, that that gentleman, being then present, gave the Council to understand that he would not comply with their request, but would, without doubt, attend the approaching meeting of the Medical Council in March, as their Representative; and that, thereupon a Notice was given by a member that he would, at the next meeting move that, inasmuch as the Council was advised that Mr. Hargrave's occupancy of office was illegal, and that it would be proper to proceed to a new election, the office be now declared vacant, and that the Council proceed on a stated day to fill the vacancy.

We have reason to hope that Mr. Hargrave will not persist in his most unjustifiable and ill-judged refusal to vacate an office which he no longer fills with the confidence or authority either of the Council or the College, but if he should place himself in so false and untenable a position, we have every confidence that the Council will not hesitate, in compliance with the legal advice which it has received, to undo its former illegal act, and put itself and its Representative in a just position before the Fellows and the Medical Council.

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BALMFORTH v. BUCKLEY AND FLETCHER.

IF anything can assuage the sorrow and vexation that fall to the lot of a man unjustly accused of malpractice, it must be the hearty support of his brethren. This support has been expressed in a striking manner towards the defendants in this action, who we learn from the *Manchester Courier*, were last week presented with a testimonial of continued confidence and thorough support, which furnish an index of the feeling of their brethren throughout the country.

It will be remembered that at the South Lancashire Assizes, in August last, actions for damages for alleged negligence by the defendants resulted in a verdict of 40s. and costs against them. A number of sympathising brethren, considering that they had used proper care and diligence, started a subscription, which met with a ready response from 221 Medical men in fifty different towns, including the metropolis, and at a public meeting, Dr. Royle presiding, Mr. Buckley and Dr. Fletcher have been presented with £210, the amount subscribed, after expenses had been deducted.

Dr. Royle, in making the presentation, said they must not look at the result of their efforts as simply a sum of money collected for a special purpose—the great value which the two gentlemen in question would attach to it was the fact that it was the result of the spontaneous good feeling of their professional brethren not only there but in the neighbourhood round about Manchester, in which it was their privilege to live. There was no doubt that the gentlemen who first saw the man after the accident, which occurred in Yorkshire, and Mr. Buckley and Dr. Fletcher afterwards, did all which their skill would allow, they acted to the best of their judgment, and certainly had not the slightest desire or wish to neglect the man, or to neglect anything which to the best of their skill and ability they could prevent. Dr. Royle went on to show that when a man did to the best of his ability and power in a profession which so taxed the energies and wore out the body in services very often to an ungrateful public, it was right for them to protect such men in the discharge of the duties of their profession. There was no profession to which so much individual responsibility attached, and that difficulty was increased by the unfair and unprofessional conduct of men who were employed in it. This, he said, only showed that they ought to stand up for their profession. They were only the servants of the public, and their glorious profession was to be exercised for the public good, and no other. What a monstrous thing, he exclaimed, that the profession would not be true to itself! He held himself ready to defend any professional brother against any outsiders for malpractice, so long as that professional brother had done his best. It was a lowering of their position to take a special case on its merits or demerits, whether their friends had made a blunder or not; there was no judgment on earth but what was fallible—the best, the ablest, and most skilful of men might be deceived by the peculiarities of constitution, or the disposition of the patient, or by the phases which disease put on, which might escape the detection of the most acute, and therefore it was their duty to be charitable in giving an opinion one against another.

Words thus spoken under such circumstances deserve to be repeated on every suitable occasion, and we have therefore drawn upon Dr. Royle's speech in putting the case before our readers. If only Medical men would act in the manner thus inculcated, we should find not only that the respect of the public would increase, but some of the saddest dissensions that now occur in our ranks would completely disappear.

We need not say that Dr. Ogden Fletcher and Mr. Buckley returned heartfelt thanks for the indication of the feeling of their brethren shown by the testimonial, which they naturally regard as of far more value, even to them, than the cheque itself. May they and every subscriber long live in peace, and may the example of this case tend to bind Medical men everywhere more closely to each other!

WOOLWICH WORKHOUSE INQUIRY.

"When ignorance is bliss 'tis folly to be wise" seems to be the motto of the Woolwich Poor-law Guardians, five of whom, it would appear, belong to that profession yclept "Reverend," now rather distinguishing itself in so unpriestly a manner around us. During the proceedings of a recent Poor-law inquiry at Woolwich, a Rev. Tuffield went in at high pressure for exorcising the [illegible] on account of being "very technical," which [illegible] teaching the Guardians the simple A B C [illegible] duties towards the poor under their control. As a simple illustration of the impudent ignorance of Rev. Tuffield in matters in which he meddles, we append the following from a published report of the recent inquiry:—

He, "Tuffield, attended the *post-mortem*, and found (he, Tuffield, did!) that not only was it unnecessary, *but it was carried to an unnecessary extent: the cause of death was consumption, yet the doctor persisted in opening the head*." The veriest tyro knows that a coroner's warrant orders the special examination of the head of the subject on whom a *post-mortem* may have been considered necessary (and all viscera likewise), and *no* doctor would be justified in excluding the head *(under any consideration)* from examination. Indeed, as a rule, coroners inquire of the Medical evidence if the head, heart, lungs, kidneys, &c., have been examined. Rev. Tuffield has much to learn, we apprehend, and we would advise him to resign his seat on the form of the Woolwich Poor-law Board, humiliate himself for once, show an example to his flock, and take, with a Christian's fortitude, to a lowly seat on a lowly form, in one of those lowly habitations wherein the School Board's masters instruct.

In the case under notice the facts are as follows:—A patient died at Woolwich; foul play was suspected, bruises being on the body of the patient. The coroner was communicated with; an inquest was ordered by him; and, *because the doctor obeyed the coroner's warrant*, Rev. Tuffield not only intrudes his priestly presence, but subsequently raises his heels to kick at a Medical gentleman for showing his "technical" training by simply doing his duty. We call on the Poor-law Board to protect their officer, and we shall anxiously watch the proceedings they may take in order to teach the Woolwich Poor-law Guardians how to conduct themselves.

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Notes on Current Topics.

The Right of Election of the Medical Council.

The Council of the Irish College of Surgeons received at its last meeting the opinion of its law adviser, Frederick Walsh, Esq., Q.C., respecting the legality of the election of Mr. Hargrave as Representative of the College on the Medical Council, to which we have referred elsewhere. The Council had, at the same time, asked the opinion of their law advisers as to the general question, whether the election of a representative lay in their hands, or in the hands of the Fellows at large. Taking this latter question first, Mr. Walsh advises the Council that in his opinion the Council represents the corporation for the purpose of electing a representative. By the Medical Act (1850), sec. 4, it is provided that the General Council shall consist of, among others, "one chosen from time to time by the Royal College of Surgeons in Ireland."

By the 7th sec. of the Supplemental Charter, it is provided "that the Council are to exercise the powers and privileges, and perform the duties and functions of the said body politic and corporate as the governing or executive Council of the College, and *in all respects to act for and on behalf of the said College, as lawfully representing the same.*"

Mr. Walsh states, therefore, that he entertains no doubt whatsoever that, under these provisions, it is the Council which is to choose and nominate the person to represent their body on the General Council.

It might be argued on the other side that the proper construction of the clause of the Charter, quoted by Mr. Walsh is, that the Council, being the "governing and executive" body, was empowered to act *as such*, "on behalf of the said College," but that their authority under the clause does not extend beyond the limits of "governing and execution" or administration, and that the election of a representative on the Medical Council does not come within such function. This view is strengthened by the wording of the first clause of the Charter, which says that 'the Fellows of the said College shall exercise and enjoy all and singular the gifts, grants, liberties, privileges, and immunities, possessions real and personal whatsoever, *by any Act or Acts of Parliament*, or by any letters patent, granted and confirmed unto and lawfully acquired by the said body politic and corporate."

Although we put forward this view for the sake of argument, we do not suggest that the question need be raised in any other form. The Fellows of the College, if we understand their feeling on the subject, are not disposed to take the power of election from the hands of the Council, and only desire to see the interests of the College guarded by the selection of a competent spokesman on its behalf. It will, certainly, be the duty of the Council at the coming election of a Representative to ensure that the delegate selected shall be entirely under their control, and that the Council shall not again find itself in such a dilemma as it is now placed in. In no case should the tenure of office be longer than one year, for no difficulty has ever arisen in the re-election of a representative who enjoys the confidence of the Council, and, as the tenure of office is not terminable by the Council, it should not be an extended one.

Pauper Extras.

We quoted, last week, from a local paper into our Supplement which is devoted to Irish Poor-law Medical affairs the report of recent proceedings of the Waterford Board of Guardians, to which we think it right to refer, inasmuch as the authority of the relieving and Medical officers to order such nourishment and stimulants as they may think necessary, is seriously involved in the considerations which arise from the matter. It appears from this report that Dr. Cane, the local dispensary surgeon, had ordered creature comforts for an outdoor pauper to the extent of £1 6s. per week. The Board of Guardians addressed to that gentleman and to the relieving officer a request to be informed of the grounds for so large a weekly grant.

Dr. Cane replied by informing them that "the relieving officer was the only person who could reply to the question, and as it was foreign to his (Dr. Cane's) business to meddle in such matters, he trusted the Board would not refuse to remunerate him for writing the said reply."

The relieving officer also stated that he regretted "he could not comply with the recommendation of the Guardians to reduce the amount of relief or remove the patient to hospital."

As a rider to this statement, a further requisition from Dr. Cane was read, in which he recommended the following additions to the weekly grant of £1 6s.:—"To increase the 14 glasses of brandy weekly to 20; to give a quart of milk daily, and to order also a chicken, 4 pounds of beef for soup, and 3 pounds for frying on a gridiron."

We further observe that at the following meeting of the Guardians, a *locum tenens* having been meanwhile appointed in Dr. Cane's place, the woman was certified as fit to be removed to hospital, and was accordingly removed.

It is just possible to conceive that a case might exist in which so monstrous an amount of nutriment and stimulants might be necessary to preserve life, but if so it is obvious that the patient could not be considered fit for removal to hospital. We are obliged, therefore, to regard such a grant as a most unjustifiable abuse of the authority enjoyed by the relieving and Medical officers, and, in the interests of Poor-law Medical officers, a subject for regret and deprecation. Dr. Cane and his relieving officer, so far from vindicating a principle or a privilege, have acted so as to bring into contempt the authority given to them, and have placed in the hands of skin-flint guardians a weapon which may be used against the dispensary doctor whenever he sees fit to order extras to the paupers under his care. We think the Local Government Board might advantageously express their opinion on the matter.

The Dispute between the Professor of Anatomy and the Board of Trinity College.

An investigation was held in the University of Dublin on Monday week, before the representatives of Lord Cairns and the Archbishop of Dublin, the visitors of the University, into certain disputes between Dr. McDowel, the Professor of Anatomy and Chirurgery in the School of Physic, and the Board of Trinity College. The limited space at our disposal does not enable us to enter into the subject more fully than to state the facts.

The Professor of Anatomy and Chirurgery is by the School of Physic Act (40 Geo. III., cap. 84, sec. 11) *ipso facto* Surgeon to Sir Patrick Dun's Hospital.; he is elected to the Professorship for seven years, and re-elected if thought fit; and if he wilfully neglect to perform the duties of the professorship he may be admonished and deprived of his professorship. In 1846 Dr. McDowel was chosen Surgeon to the Richmond Hospital, and in 1858 was elected Professor of Anatomy as before stated. In 1865 he was re-elected, and still continued to hold the surgeoncy of the Richmond Hospital, in addition to Sir Patrick Dun's. In 1869 Dr. McDowel was removed from the surgeoncy of Sir Patrick Dun's on a charge of "irregular and insufficient attendance," but without any open inquiry, which was repeatedly demanded by Dr. McDowel. This transaction created at the time much excitement amongst the Profession in Dublin, and was the subject of a special meeting of the Fellows of the Royal College of Surgeons, as will be found recorded in the pages of the Medical Press of that date. In October, 1872, the third septennial period of Dr. McDowel's professorship would expire, and advertisements were issued by the Board of Trinity College, in which it was set out that "no University Professor can hold an appointment as Medical officer to any clinical hospital other than that of Sir Patrick Dun." This latter statement was based on a resolution of the Board to that effect passed in 1868, to which resolution the following words were appended:—"N.B.—This rule not to affect existing interests." In October, 1872, Dr. McDowel was re-elected, and certain alterations in the arrangements and emoluments of the professorship were then made, Dr. McAlister being appointed, at that time, Professor of Comparative Anatomy, and a part of the fees which had hitherto been Dr. McDowel's being appropriated for his payment. At the time Dr. McDowel protested against these arrangements, but he was nevertheless re-elected to the professorship. The Board now calls upon him to resign the Richmond Hospital and enter on his duties at Sir Patrick Dun's, and refuses to allow him to take the necessary declaration as a Professor until he does so. Dr. McDowel avers that he "never formed, conveyed, or expressed any intention of resigning" the Richmond, and that he sought re-election under the impression that his "existing interests would remain unaffected as before." He expresses himself as willing to do duty at Sir Patrick Dun's, but protests against being required to do so until the resolution of dismissal be rescinded.

The visitors have, as far as we can gather, to decide—1. Whether Dr. McDowel was elected, subject to his resigning the Richmond; 2. Whether the Board has power to deal with the Professor's fees as they have done.

Chloral Hydrate in Traumatic Tetanus.

Dr. CORYLLOS, of Patras, (Greece), reports in the *Allgem. Wien. Med. Zeit.*, a case of traumatic tetanus, treated successfully with large doses of chloral hydrate. A woman, æt. 70, hurt her right foot with an iron nail on August 27th last. On September 12th, painful tetanic cramps occurred in the right lower extremity, recurring on the least touch, also fleeting spasms of the MM. masseter., and difficulty of swallowing. On the 13th, Dr. Coryllos saw her. He found a small hole in the sole of right foot corresponding to the wound; no suppuration; the right M. gastrocnem. contracted; the other muscles of the limb trembled on the slightest touch; very severe pain along the N. crural. dext.; the mouth could not be opened widely; difficulty of speech; deglutition sometimes good, sometimes the fluids were ejected by the nose; solids could not be swallowed at all; the muscles of the neck contracted, and hence the head could not be bent forwards; patient could sit, but only for a short time; no fever; tongue clean. She was ordered 1 tablespoonful every 2 hours, of a mixture of 1 drachm of chloral hydrat. in 2 oz. of fluid; and ungt. hydrarg., with extr. belladon., to be applied to the painful parts. Two days later, she was ordered 2 drachms of chloral in the day, and 1 gr. of morph. acet., in 8 doses. The pain and cramps immediately began to yield. In 14 days she could go about with crutches. On October 15th, she walked alone. In 14 days, this old woman had taked 18 drachms of chloral, and 4 grs. of morph. acet., and used 6 oz. of ungt. hydrarg., with 6 drachms extr. belladon. There occurred no redness of conjunctiva, lividity of lips, diminution of frequency of respirations, or other symptoms of poisoning by chloral. It seems clear that the patient recovered, but it is not so evident, that the result was due to the chloral hydrate alone.

The Alleged Death from Nitrous Oxide.

EVERY Medical man must feel regret that so little reliable information has been obtained in respect to the fatal case briefly recorded in our last. When we inserted the news without further comment, we assuredly expected that the inquest would furnish us with further data on which to form an opinion, and we cannot but feel that, in the interests of truth, the coroner ought to have ordered a *post-mortem* examination. We know the objections often entertained by friends, but this was just one of the occasions on which it could be urged that information of the utmost value might be obtained by an autopsy. The point raised in the letter that appears in our correspondence deserves attention, and will probably lead to other communications. The question is also closely allied to the controversy about ether and chloroform, respecting which Dr. Hime, of Sheffield, to day takes up the gauntlet that has been thrown down by the etherists.

London International Exhibition, 1873.

ANOTHER meeting of the surgical instrument manufacturers has been held, and they have unanimously resolved that the revised conditions proposed by Her Majesty's Commissioners should be accepted, and that the majority of instrument makers would exhibit.

Vaccino-Syphilis.

THE account of the late meeting of the Royal Medical and Chirurgical Society to be found in another part of the present issue, is of such paramount importance that we trust it will be carefully perused by every one of our readers. Mr. Hutchinson's paper made a great impression on those present, and the general tone of the debate contrasts very forcibly with that which followed his former communication. We may have more to say on the subject ourselves, but we refrain from distracting the reader's attention from the debate, which we doubt not will be studied with the greatest care. It will be remembered that on the eve of this discussion we published the history of a case of vaccino-syphilis that was observed in the Belfast General Hospital. We invite other observations on this important subject.

The March of Cholera.

ON the 18th ult., a case of sudden death from cholera occurred in Vienna. This is the second death from this cause which has occurred. The prospects of the International Exhibition to be opened in Vienna this spring, must be rather clouded by this incubus of a visitation of cholera.

Prof. Bruoke.

IT is with great regret that we announce the serious illness from scarlatina of Dr. Brücke, professor of physiology in Vienna. He is under the care of Dr. Billroth, from whose care all that skill can accomplish may be expected.

Dr. von Pettenkofer.

PROPHETS sometimes do enjoy the honour rightly due to them at home. Dr. v. Pettenkofer, the celebrated Professor of Hygiene in Munich, has been invited to occupy the corresponding chair in Vienna. However, such a strong desire was manifested not only by the municipal authorities, but by the Government to retain so distinguished a philosopher in Bavaria, that he has preferred to accept the advantages offered to him at Munich, to the perhaps greater *éclat* of a Professorship in Vienna.

The German Universities.

THE number of students in each of the German Universities this winter, 1872-73, is as follows:—

Leipzig.—Matriculated, 2,650; non-matriculated, 122. Of these, 894 are natives, 1,756 foreigners. They are distributed as follows :—law students, 863 ; divinity students, 421 ; Medical students, 394 ; philological students, 339.

Berlin.—1,981 matriculated students ; non-matriculated, 1,796. There is a falling off of 72 in the matriculation since summer, 1872.

Munich.—1,219 matriculated students (22 less than in summer, 1872. Of these, 330 are law students ; 74 divinity students ; 355 Medical students ; 383 philological students ; 54 pharmaceutical students.

Breslau.—1,005 matriculated students (an increase of 65 over last summer) ; 36 pharmaceutical students.

Wurzburg.—803 matriculated students.

Bonn.—752 matriculated students ; 44 non-matriculated ; 81 pharmaceutical students ; and 19 voluntary attendants.

Heidelberg.—633 matriculated students, and 74 pharmaceutical students (212 less than in summer, 1872).

Erlangen.—371 matriculated students (12 more than in summer 1872).

Freiberg.—275 matriculated students.

Kiel.—149 matriculated students ; 41 non-matriculated.

Death of Mr. Baker Brown, F.R.C.S.

Just as we are going to press, tidings reach us of the death of this gentleman, who but a few years since was considered one of the most skilful operating surgeons of the age. His practice, chiefly amongst the upper classes, was very extensive, but alas ! the tide of professional popularity suddenly turned ; he fell foul of a certain faction of the Profession on account of his performance of an operation which is very common on the Continent, but which was deemed improper in this country ; abuse *ad libitum* was heaped upon him, until he was finally blackballed from the Obstetrical Society. Poor fellow ! his high spirit and sensitive mind never recovered from this treatment, which we alone, of all the Medical journals, stigmatised as unnecessarily harsh and unjust ; his practice went from him, one illness succeeded another, until he was attacked with cerebral paralysis, which ended on Monday in death from congestion, caused by the sudden accession of cold weather acting upon a brain already seriously disorganised. True, the Profession endeavoured to repair the injury some of its members had done him by subscribing to a fund for his pecuniary relief—a statement of which appeared last month in this journal from the pen of Dr. Forbes Winslow ;—but the time of reparation had passed, and the man who once held so prominent a position, died penniless ! Tis a very sad reflection, but the truth must be told, and we are sorry that the unpleasant task should devolve upon us of telling it. We are informed that it was his express wish that anything connected with him should first be communicated to us on account of our consistent support in the the face of every conceivable opposition, we propose therefore to give a full obituary of the deceased in our next.

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Correspondence.

A WORD FOR CHLOROFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The vigour of the assault on chloroform seems to have deprived of power to reply those who, from many years' experience of its use, might be able to throw much light n the subject. As it is highly desirable that as much evidence as possible should be collected, *pro et contra*, before rushing to the conclusion that ether should be universally adopted as an anæsthetic, I beg leave to contribute my personal experience as to chloroform. The ethereals argue thus,—We have statistics of a certain proportion of deaths from the use of chloroform : if we knew the whole truth we would have a much larger death rate to show. On the contrary, I believe the worst is known, and perhaps an unnecessary timidity is felt in using chloroform on that account. There are many private practitioners who use it largely, and without accident, but unfortunately they are backward in giving their evidence. Had many accidents occurred in private practice the use of chloroform would have received such a blow that it could not have survived so long. It is in private practice that such an occurrence would make the most serious impression, and raise up an insurmountable obstacle to the use of chloroform. It is, however, becoming more popular, especially in obstetric practice. I have never seen a single serious accident from its employment, either in hospital or private practice, though I must have seen many hundred cases of its administration both on the Continent, in Dublin, and here. In my private practice I have completely narcotised 203 cases in the past four and half years, chiefly in obstetric practice ; in addition to this, I have given it in small quantities in many other cases. I have had no skilled assistance whatever, except in perhaps a dozen cases, but have alone administered the chloroform, and attended to the other necessary obstetric or surgical duties. I have never had anything resembling an accident. I believe there are many practitioners who could give evidence equally favourable to chloroform. As to the sickness which is often found *to follow* its use, I think there is very little evidence to show that it is a result and not merely a coincidence. I have never seen it occur, except in cases of severe operation. I have had obstetric cases completely under chloroform for over an hour, and semi-narcotised for as much as five hours, without any sickness, where there was no serious surgical manipulation necessary. To one gentleman I administered six ounces in two days for very severe tic, without any symptom of sickness. My former master, Prof. Nussbaum, of Munich, has kept a patient narcotised for 72 hours, using ten ounces of chloroform, and out of 15,000 persons he has chloroformed, never had one mishap. The record of etherised cases contains its death roll, though small ; and a pretty large percentage of sickness after administration : *e. g.*, the "Report on the Employment of Ether at Guy's Hospital," in the *British Medical Journal*, Jan. 18th, 1872. In every one of these cases there was sickness ; in most lividity ; and Mr. Carey, who reports them, states that they are "typical of all that have had ether," from Nov. 6th up to the date of writing. I think this point regarding the causation of the sickness is well deserving of attention. If every practitioner would state his experience of chloroform there would soon be abundant evidence, and I believe mostly in favour of it. The worst result I have seen from its use has been temporary difficulty of breathing in a few cases. I believe this has always arisen from giving an excessive dose, especially at the commencement. The administration should be very gradual, I believe, to be successful. For the last two years I have used the bottle devised by myself, and recently described and figured in your columns, and a hollow cone of leather cut to fit over the nose, and having the top cut out, and a piece of sponge stitched in, which though an imperfect apparatus, I find an improvement on all others.

Apologising for the length of this letter,

I remain obediently yours,

Thos. Whiteside Hime, M.B.

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COMPILATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Plato, although in favour of treating acute diseases and accidents, stating that invalids are unfit for war, business, or study, considered a weakly life protracted by treatment, little different from long death. Bacon, reminding us that the great Physician of the Soul went about doing good, restoring the leper, the halt, the maimed, the blind, and the paralysed, argues that the duty of the strong lies in the alleviation of suffering. Kingsley, in a curious sermon on behalf of the deaf and dumb, told us that for one worm to speculate why another should be imperfect is a presumptuous sin ; for at any moment the cup of happiness, the enjoyment of life, may be snatched away from the lips of the healthy questioner. A volume might be written on the blind poets, philosophers, and musicians, on the loss of one sense stimulating the acuteness of those remaining, on the clever authors who, in pain and suffering, have in fancy travelled from the sick room to scenes of pleasure—for instance, Hood, propped up in bed coughing and blood-spitting whilst writing humorous poems on the taint of scrofula, influencing the genius of Johnson and Swift—and on the clever children whose parents, brothers, and sisters had succumbed to phthisis. It would be very easy to prove that beauty, talent, and wisdom are but phases of disease. Also there must be something wrong in the constitutions of the muscularly, powerful, the brawny Herculeans, so often intensely idle, stupid, or empty-headed. The more this question is considered the smaller the number of those appears who enjoy *mens sana in corpore sano ;* too, a powerful basis supplied for the argument that disease stimulates enterprise, research, and discovery, and that the strong, instead of originating, only carry out plans concocted by the weakly. The fable of the lion and the mouse becomes a reality. Plato was decidedly wrong. In the "Lives of the Engineers," by Smiles, you will read of John Metcalf, who, through variola, became blind at the age of six. Growing up a strong lad, able to climb trees bird nesting, to ride, and to swim, he saved a drowning man. Clever at bowls, wrestling, and boxing, also a good fiddler, at Christmas he played the "waits," and at dancing parties blind Jack was indispensable. No wonder he married the belle of the village when his dash and accomplishments are considered. During the Rebellion of 1745, becoming a volunteer enlisting 240 men, Jack played a march at the head of the company, dressed in blue and buff, and in a gold-laced hat. How he made 180 miles of good roads, for which he received £65,000 ; how happy he was in domestic life, how peacefully he went to sleep at the age of 93, will interest every reader not excepting the admirers of Plato. Race unfortunately *does* degenerate, the population more weakly, the lunatic asylums crowded, but there is a safety valve in epidemics. Annually, scarlet, typhus, typhoid, in fact fevers generally, restore the balance as regards over-population. Either at Birmingham or Manchester there was a society for advocating the destruction of chronic invalids, mothers-in-law, and people useless or obnoxious to a community, but nothing has been heard lately regarding the progress of such principles. In the *Spectator* it is laid down as a maxim when a nation abounds in physicians it grows thin of people, and those practitioners who have no patients amuse themselves with the stifling of cats in an air pump, cutting up dogs alive, or impaling insects upon the point of a needle for microscopical observation. All this nonsense is counterbalanced by the following observation :—"When I consider how each of these Professions are crowded with multitudes seeking their livelihood in them, and how many men of merit there are in each of them who may be rather said to be of the Science than the Profession, I very much wonder at the humour of parents who will not place their sons in a way of life where an honest industry cannot but thrive, than in stations where the greatest probity, learning, and good sense may miscarry. A sober, frugal person of slender parts and slow apprehension may thrive in trade yet starve in physic." One more quotation rather tickles one's fancy, namely—"Editors and compilers are not reckoned the first literary characters. Their works contain a great deal like chests in warehouses, but the goods are not their own," wrote the brilliant yet gloomy maniac,

HAZLITT.

THE PROPOSED NEW CHARITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was much pleased to see the letter in your last number signed A. W. It is quite time some one spoke out on this point, and I hope the ice having been broken, a decided move in the right direction will be made. Perhaps the hint to our legal brethren will do this. When I see men desirous of becoming members of the Medical staff of a hospital or dispensary, and even spending in some cases large sums of money to gain the position, so that they may sign themselves and put after their name in the Directory "Physician (or Surgeon) to the —— Hospital," I think the system calls for a decided reform. I could mention gentlemen who have held gratuitous appointments for seven, ten, and even twenty years without receiving any other benefit from it than the honour (!) and the privilege of paying their railway or omnibus fares to and from the institution, or, if their means permit, of keeping a carriage for that purpose. I would venture to add that had the same amount of time and labour been spent on their private practice, they would have been amply repaid, in most cases with interest. However, if the Medical profession *will* continue to give gratuitous advice to many who can afford to pay, I would suggest that not only the lawyers, but also the chemists, dispensers, &c., and all down to the butchers and bakers of the hospital, should supply gratuitously, so that we might then have real charities instead of mere make-believes—*i.e.*, institutions where all the supernumeraries and subordinates are well paid, and the Medical officers, who are the chief officials and the very life and soul of the institution, receive—nothing.

I am, sir, your obedient servant,
M. B.

Medical News.

The Adulteration of Food Act.—The local Boards and Vestries of the parishes and districts within the metropolis have now, with two exceptions, complied with the provisions of the Adulteration of Food Act, by the appointment of official analysts. The Act gives the local authorities the option of making the appointment by fixed salaries, by allowances for each analysis, or partly by salary and partly by allowance ; and all these alternatives have been adopted by the various Boards. In Mile-end Old Town Dr. Corner, the Medical Officer of Health, has been appointed analyst, the question of salary being left in abeyance. In St. Pancras Dr. Stevens has been nominated. In Hackney Dr. Tripe, the Medical Officer, has been elected, the point of salary being left open for future consideration. In St. George's, Hanover Square, and Chelsea, it has also been resolved to include the office of analyst in the duties of officer of health. The Whitechapel Board have appointed Dr. Meymott Tidy, Professor of Chymistry at the London Hospital, at a fee of one guinea for the first 100 analyses, and a decreasing scale for cases beyond that number. Dr. Hardwicke has been elected for Paddington, Dr. Vinen for St. Olave, Dr. Muter for Wandsworth, and in St. Saviour's the office was voluntarily undertaken by the Medical Officer of Health. In Poplar the appointment has been given to Dr. Woodforde, one of the Medical Officers of Health, payment being made for each analysis on a fixed scale. Dr. Letheby has been appointed analyst for the City ; Dr. Bernays, Professor of Chymistry at St. Thomas's Hospital, has been appointed for Camberwell, Dr. Whitmore for Marylebone, Dr. Pavey for St. Luke's, Dr. Rogers for Limehouse, Dr. Muter for Lambeth and St. George's, Southwark. With three exceptions the local authorities of each district have elected their own Medical Officers of Health as analysts, and in Whitechapel the office was refused by Dr. Liddle, the Medical Officer, on the ground that Medical Officers were generally not competent to undertake the duties contemplated by the Act.

The Hospital Sunday Movement.—Nottingham has just held its Hospital Sunday, and the collections at places of worship realised about £850, to which must be added £150 contributed by the working men on the previous Saturday.

Native Guano.—It is stated upon authority that one result of the trial of native guano at the Royal Botanical Gardens at Potsdam in the yield of such products as potatoes, cabbage, turnips, carrots, and beans was, with a supply of 14 cwt. per acre, a much higher one than that obtained on similar soil with stable manure ; the potatoes more especially were all compact, large, smooth, and sound. Its application to forced fruit, particularly pine-apples, strawberries, cherries, plums, and grapes, an addition of fifteen parts native guano yielded very remarkable results.

Society for Relief of Widows and Orphans of Medical Men.—At the recent Quarterly Court of Directors, under the Presidency of Dr. Burrows, F.R.S., fifty-five widows and thirty-four children applied for assistance from the funds of the Society. A sum of £1,218 10s. was voted to be divided according to the wants of the respective applicants. The expenses for the quarter amounted to £57 17s. 4d. A legacy of £100, duty free, was announced as having been received from the executors of Martin Ware, Esq., late President. The death of R. Strong Eyles, Esq., one of the treasurers, was reported by the secretary.

Apothecaries' Hall of London.—At a court of examiners, held on Jan. 30, the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz. :—Messrs. William James Cole, of Westbourne Villas, Harrow Road ; Maurice Smelt Duke, of 321 Clapham Road ; Thomas Loane, of 1 Dock Street, Whitechapel ; Gerald Crécy Parnell, of Sussex Place, Regent's Park ; Evan Powell, of Bridgend, South Wales ; and Charles Wills, of Richmond, Surrey.

Royal College of Physicians of London.—On January 30th the following gentlemen, having passed the required examinations, were admitted as Members :—William Williams, M.D. Queen's University Ireland, Bennarfawr ; Norman Moore, M.B. Cambridge, St. Bartholomew's Hospital ; John Penn Hartree, M.B. Cambridge, 27 Grosvenor Street. The following gentleman was at the same time admitted Licentiate :—John Clague, Castletown, Isle of Man.

Last week, at the Bloomsbury County Court, an action was brought against Dr. Hill, Medical Officer of St. Pancras Workhouse, to recover £50 damages on behalf of Sarah Willding, an aged woman, whom it was alleged he had illegally detained in the workhouse as an imbecile when she was in a fit state to go out, and wished to do so. The jury, after hearing the plaintiff's evidence, as far as she was able to make herself intelligible, and also the evidence of Mr. Pearse and Mr. Robson, two of the Guardians who supported her case, were asked by the judge whether they felt able to form an opinion without hearing the defence. They immediately said that, in their opinion, Dr. Hill had acted honestly and for the best. The judge expressed his concurrence in this view, and nonsuited the plaintiff on the technical ground that sufficient notice of action had not been given. A full report of the case appeared in the *Daily Chronicle*, and well illustrates the annoyances to which Medical men are exposed in the discharge of their duties.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £8) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

NOTICE TO SUBSCRIBERS.—Subscribers who desire to avail themselves of the reduced tariff, by paying for the year in advance, must please send in their subscriptions before the end of the present month, otherwise the usual rate for credit will be charged.

DR. B. W., London.—The addition arrived too late for insertion in our last.

DR. M., London.—The alteration has been attended to, and the copies forwarded in the regular course.

THE FITZROY AND BESSEMER STEEL COMPANY.—We have been requested to draw attention to the opportunities which this Company, just started, affords for profitable investment. As the prospectus is so full, and the objects are so clearly set forth in our advertising columns, our readers will be able to form their own judgment upon a subject which does not come within our province to give an opinion either for or against.

HELIOTYPE.—We have before us a neat little work describing and illustrating what this new process really is. It is well-known by authors and publishers that wood engraving is a most expensive luxury ; even such small engravings as frequently appear in this journal, illustrative of various diseases, run into considerable sums, we, therefore, welcome any legitimate attempt to lessen the expense, provided it be not at the cost of efficiency. The heliotype process is simplicity itself, it is neither more nor less than a photograph of the original drawing or sketch, printed in printer's ink at an ordinary printing press. Bichromate of potash, alum, and gelatine being the principal chemical substances employed in production. There have been a good many processes introduced of late, such as graphotype, Zincotype, autotype, &c., all of which are more or less failures, whether the heliotype will prove the success its promoters anticipate, remains to be seen, certainly the specimens before us are very excellent, and if they are not "got up for the occasion," they bid fair to establish a good reputation.

COMMUNICATIONS, with Enclosures, &c., received from Dr. Clinton Wagner, New York. Dr. Harrington Tuke, London. Dr. Lombard, New York. Dr. Hill. Dr. Warlomont, Bruxelles. Dr. Quain. Dr. Hayes, Philadelphia. Mr. Sellars. Dr. Bathurst Woodman, London. The Secretary of the Royal Society. Mr. Sankey, Burton. Mr. Brinkman, London. Mr. Cooper, Brentford. The Secretary of the Society for Relief of Widows and Orphans of Medical Men. Dr. Bellis. Dr. Gale. Dr. Macdowell. Mr. Squire, London. Dr. Neville, Chorley. Dr. Handsel Griffiths, Dublin. Dr. Chapman, London. Mr. J. D. Hill, Royal Free Hospital. The Secretary Royal Medico-Chirurgical Society. Dr. Marsden, London. Mr. Zimmerman. Mr. Colman. Mr. Lambert, Tetsworth. Dr. Croft, London. Dr. Percival, London. Mr. Harrington, London. Mr. Churchill. Mr. Dickenson, Chorley. Dr. Greene New Cross. Mr. Edwards Dr. Byrne, Rathmines. Dr. Robinson, Ballintra. Mr. Sargeant, London. Dr. Read, Newtownhamilton. Dr. Borthistle, Clonevan. Dr. Cane, Mullinavatt. Dr. Madge, London. Dr. Sale, Kilmague. Dr. Briscoe, Piltown. Dr. Bernard, Dundrum. Dr. Fixott, Jersey. Dr. Madras, Dripsey. Dr. Dixon, Cardiff. Dr. Sanderson, Kiltormer. Dr. Buckley, Sutton-on-Trent. Dr. Brady, Gardener's Row. Dr. Benson, Lower Baggot Street. Dr. Taaffe, South George's Street. Dr. Elliott, Waterford. Dr. Burkitt, Waterford. Dr. Parker, Cavan. Dr. J. George, Ross. Dr. Currin, Naas. Dr. Bradley, Stoneyford. Dr. Hoblyn, Bath.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

An Experimental Research on the Antagonism between the action of Physostigma and Atropia. By Thos. R. Fraser, M.D. Edinburgh.

On the Kombé Arrow-poison of Africa. By the same Author.

Epidemiology. By John Parkin, M.D. Part I. London: J. and A. Churchill.

The Action and Sounds of the Heart. By George Paton, M.D. London: J. and A. Churchill.

A Treatise on Diseases of the Skin and its Appendages. By Austin Meldon, L.K.Q.C.P. London: Longmans and Co.

A Treatise on Gout. By Austin Meldon, L.K.Q.C.P. London; Longmans.

Board of Works Abstract, 1871-72.

A Handbook of Hygiene. By G. Wilson, M.D. London: J. and A. Churchill.

Autumnal Catarrh. By Morrill Wyman, M.D. New York: Hurd and Houghton.

The Vaccination Officers' and Public Vaccinator's Handbook. By W. B. Ross, London: Knight and Co.

Biogenesis. By Robert Bell, M.D. Glasgow.

Marriage in the Army Medically Considered. By Francis R. Hogg, M.D. London: Baillière, Tindall, and Cox.

The Practitioner. Le Courier Médical. Lyon Médical. The Clinic. The Journal of Dental Science. Boston Medical Journal. Medical Record. Bordéaux Medical. Birmingham Medical Review. Archivio de Chirurgia Pratica de Palasciano. The New York Medical Journal. Gazetté Médicale. Giornale Veneto di Scienze Mediche. La France Médicale. Chicago Medical Examiner. The Canada Medical Journal. El Pabellon Medico, &c.

APPOINTMENTS.

BALDING, M., M.B., Physicians' Assistant to the Middlesex Hospital.

BELLAMY, E., F.R.C.S.E., Surgeon to the Royal Infirmary for Children and Women, Waterloo-bridge Road.

CALLON, W. T., M.D., L.R.C.P.Ed., a Consulting Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

CLARKE, E., M.B., M.R.C.S.E., Consulting Surgeon to th Worcester Dispensary.

GEE, R., M.D., M.R.C.P.L., a Consulting Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

HAYES, T. C., M.R.C.P.L., Physician-Accoucheur to Out-patients of the General Lying-in Hospital, York Road; and Physician to the Royal Infirmary for Children and Women, Waterloo-bridge Road.

NEWBY, C. H., M.R.C.S.E., Resident Clinical Assistant at the Victoria Park Hospital for Diseases of the Chest.

POORE, G. V., M.D., a Physician to the Royal Infirmary for Children and Women, Waterloo-bridge Road.

ROBERTSON, R., M.D., a Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

SAMUELS, A., M.D., a Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

WILLIAMS, D. M., L.K.Q.C.P.I., a Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

ARMY MEDICAL DEPARTMENT.—Local Deputy Inspector General of Hospitals W. C. Maclean, M.D., C.B., late of the Madras Medical Service, to be Local Inspector General of Hospitals, for duty at Netley, whilst employed as Professor of Medicines at the Army Medical School. Staff Surgeon M. L. Burrows, M.D., retires upon temporary half-pay.

VACANCIES.

Taunton Union. Medical Officer of Health under the Sanitary Act, 1872. Salary £600 per annum, to include all expenses. The gentleman appointed must not hold any other office. Application to Mr. Trenchard Clerk of the Union.

Borough of Bradford. Medical Officer of Health. Salary £500 per annum. Conditions the same as Taunton.

North Wales Lunatic Asylum. Assistant Medical Officer. Salary £100, with board and residence. Applications to the Chairman of Committee, Denbigh.

Bourn Union, Lincolnshire. Medical Officer of Health. Salary £150 per annum. Applications to Mr. J. L. Bell, Bourn.

Royal Naval Hospitals. Dispenser. (See advt.)

Radcliffe Infirmary, Oxford. Dispenser. Salary £80 per annum, with board and washing.

Halifax Infirmary, Yorkshire. House Surgeon. Salary increasing from £80, with board and residence. Applications to Dr. Alexander, Halifax.

Dundee Royal Infirmary. Medical Superintendent. Salary £200 per annum, with board and residence. Medical Assistant is also required at the same Institution, at a salary of £50, with board.

Sligo Union. Sligo Dispensary. Apothecary. Salary £80 per annum. Election the 14th inst. (See advt.)

Dunfanaghy Union, Crossroads Dispensary District. Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, February 5.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations. 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, February 6.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, February 7.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, February 8.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, February 10.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, February 11.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

◆

Marriages.

Arnold—Ross.—On the 30th of January, at St. Dunstan's, Stepney, Single Arnold, Esq., of Woodford, to Cecilia Ann, daughter of Daniel Ross, F.R.C.S., of Commercial Road, Stepney.

◆

Deaths.

Allen.—On the 29th of January, at Sheerness, George Allen, M.D., late of Soho Square, London, aged 49.

Bishop.—On the 21st of December. W. H. Bishop, M.R.C.S.E., of North Malvern, aged 60.

Bodkin.—On the 23rd of January, T. Bodkin, M.R.C.S.E., of Park Villas, Selhurst Road, South Norwood.

Elliott.—On the 29th of January, at Tresillian, Kingsbridge, Devon, John Elliott, F.R.C.S., aged 65.

Hall.—On the 22nd of January, at Surrey House, Sheffield, Susan, the wife of Dr. J. C. Hall.

Halton.—On the 27th of January, at Woodclose, Grasmere, John P. Halton, F.R.C.S., aged 75.

Jackson.—On the 19th of January, Fanny, the wife of J. Jackson, L.F.P. & S.Glas., of Birmingham.

Payne.—On the 31st of January, at 39 Charlwood Street, Pimlico George Burton Payne, M.D., aged 50.

[illegible]—On the 28th of January, at Liepsig, Germany, H. Hugh [illegible], M.D., aged 57.

[illegible]—On the 21st of January, Thomas Thomson, M.D., of Leaming-[illegible]

Advertisements.

APOTHECARIES' HALL, BLACKFRIARS.—The next Examination in Arts will be held at the Hall on Friday and Saturday, 25th and 26th of APRIL, 1873. A Syllabus of the Subjects for Examination may be had on application.

An Examination in Arts will again be held on the 26th and 27th of September, 1873.

R. H. ROBERTSON, Secretary to the Board.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.—President—C. A. LOCKHART ROBERTSON, M.D., F.R.C.P.—A GENERAL SESSION will be held at the FREEMASONS' TAVERN, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, on Saturday, February, 8th, 1873, at 5.30 p.m., when Dr. Lyon Playfair, M.P., C.B., will deliver an address on "The Position of Universities as places of Professional Education." The Dinner will commence at 6.30 p.m. The President of the Association in the Chair. Tickets Half-a-Guinea each, *not including wine*. Members intending to dine are requested to send their names at once to Dr. Paul, Camberwell House, Camberwell, S.E.; or to Dr. Day Goss, 111 Kennington Park Road, S.E. The Subscription for 1873 became due on January 1st. Members are requested to forward the amount due at their earliest convenience.

W. BATHURST WOODMAN, M.D., Hon. Sec.

6 Christopher Street, Finsbury Square, E.C.

DISPENSERS.—WANTED, a DISPENSER for Service at one of Her Majesty's Naval Hospitals possessing the major qualification of the Pharmaceutical Society. Age not less than 20, nor more than 25 years. Particulars regarding this Appointment, and copies of the new Regulations, may be obtained on application at the Medical Department of the Navy, Admiralty, Somerset House, W.C.

27th January, 1873.

SLIGO UNION—SLIGO DISPENSARY.

THE BOARD OF GUARDIANS having fixed the Salary of Apothecary at £80 per annum, the Dispensary Committee will proceed to elect a qualified APOTHECARY, on the 14th day of February, at 12 o'clock, at the above-named Salary. Candidates are required to produce their Testimonials on the day of Election. Personal attendance desirable.

DANIEL MACGILL, Hon. Sec.

31st January, 1873.

APOTHECARY ESTABLISHMENT FOR SALE.

TO be SOLD by PRIVATE CONTRACT, the INTEREST of the REPRESENTATIVES of the late H. P. Smith, Esq., L.A.H., in that Shop and Premises in the main street of the town of Strabane, in which the business of an apothecary has been successfully and extensively carried on for a great many years. The business has been conducted since the death of Mr. Smith by his Representative, and is at present in a flourishing condition. The receipts and sales of the business for several years past have averaged a sum exceeding £600 each year.

This is the only apothecary establishment in Strabane, a town of 5,000 inhabitants, 13 miles distant from Derry, and surrounded by a populous and rich district of country.

The stock of medicines at present on hand is large, and the shop fixtures are excellent, being almost as good as new.

The premises are held by lease for 30 years from the 1st November, 1866.

Proposals by intending purchasers will be received by the undersigned up to the 1st of March next.

Strabane, 28th Jan., 1873. THOMAS LYLE, J.P.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

DUNFANAGHY UNION, CROSSROADS DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

THE COMMITTEE of MANAGEMENT of the CROSSROADS DISPENSARY will, at their Meeting on WEDNESDAY, the 5th of February, at 12 o'clock, in accordance with the sealed order of the Local Government Board, proceed to elect a SECOND MEDICAL OFFICER for said District, at a Salary of £100 per annum, exclusive of Vaccination and Registration fees.

Testimonials as to character and competency to be lodged with the Honorary Secretary, before the day of Election.

Personal attendance of Candidates necessary, and the person elected must reside at Falcaragh, or immediate neighbourhood.

Application to be made to the,

Rev. V. P. GRIFFITH, Hon. Sec.

Falcaragh, Letterkenny, January 16th, 1873.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

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☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

ASTHMA—SLADE'S ANTI-ASTHMATIC CIGARETTES after having been submitted to many careful trials, are found to be safe, efficient, and agreeable, are now daily prescribed by the most eminent Physicians treatment (specially) ASTHMA, and other Bronchial and Pulmonary Affections. In Bottles, at 2s. 9d., 4s. 6d., and 11s.

Prepared by THOMAS SLADE, Pharmacian,
118 LONG ACRE, LONDON.

A liberal discount allowed to the Wholesale Houses, the Profession, Hospitals, Infirmaries, &c. Wholesale Provincial Agents:—Bewley & Draper, Dublin; Raimes & Co., Edinburgh, Liverpool, and York; Jewsbury & Brown, Manchester: Charles Britten, and Banks & Richards, Birmingham.

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LONDON and YORKSHIRE.—This Company supply only the very best MEDICAL GLASS BOTTLES and PHIALS at the lowest prices. London Warehouses, 19 Bread-street-hill, Upper Thames street, City, E.C., and 28 Copenhagen street, Islington. H. HARRIS and Co., Proprietors. Established upwards of 80 years.

6 and 8 oz.,	any shape, plain	or graduated	Clear blue tinted.	10s. 6d. per gross
2 and 4 oz.	ditto	ditto		9s. 0d. ,,
½ oz. white	moulded phials	ditto	Of a very superior quality.	5s. 6d. ,,
1 oz	ditto	ditto		6s. 6d. ,,
1½ oz.	ditto	ditto		7s. 0d. ,,
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Immediate attention to country orders. No remittance required until the goods are received. Country Packages 1s. each. Goods delivered free within 7 miles. Post office orders payable to E. and H. HARRIS and Co. at the Chief Office, London.—Cheques to be crossed Alliance Bank.

N.B.—Orders sent to either establishment will have prompt attention

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Warehouses, 25 and 24 Francis st., Tottenham-court road, London, W.C.

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6 and 8 oz.,	any shape, plain	or graduated	Clear blue tinted	10s. 6d. per gross.
3 and 4 oz.	ditto	ditto		9s. 0d. ,,
½ oz. white	moulded phials	ditto	Of a very uperior quality.	5s. 6d. ,,
1 oz.	ditto	ditto		6s. 6d. ,,
1½ oz.	ditto	ditto		7s. 0d. ,
2 oz.	ditto	ditto		8s. 0d. ,,

Prompt attention to Country Orders. Terms, cash on receipt of goods, and 1s. each for package. Goods delivered free within 7 miles P.O.O. to be made payable to I. ISAACS and Co., at the Post-office Tottenham court road.—Bankers, London and Westminster Bank.

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THE GRAND DIPLOMA OF HONOUR, being the first prize and superior to the Gold Medal.

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Paris Exhibition, 1867. Two Gold Medals; Havre Exhibition, 1868, The Gold Medal.—Only sort warranted perfect and genuine by Baron LIEBIG, the Inventor.—"A success and a boon." MEDICAL PRESS AND CIRCULAR.—One pint of delicious beef-tea for 2½d., which costs 1s. if made from fresh meat. Cheapest and finest flavoured "stock" for soups, &c.

CAUTION.—Require Baron LIEBIG'S signatore upon every jar. Sold by all Italian Warehousemen, Grocers, Chemists, and Ship's Store Dealers; all Wholesale Houses; and of LIEBIG'S EXTRACT OF MEAT COMPANY (Limited), 43 Mark lane, E.C.

NOTICE.—Various chemical analyses have been published, purporting to show a fraction more of moisture to exist in the Company's Extract than in some imitation sorts. It is extremely easy to evaporate the water almost to any extent, but it is quite as certain that the fine meaty flavour which distinguishes the Company's Extract from all others would be destroyed if the concentration of the Extract were carried beyond a certain degree. Beef-tea made from Liebig Company's Extract, with *boiling hot water*, will be found to be greatly superior in flavour, strength, and clearness to any other sort. This explains the universal preference it obtains in the market.

This Extract is supplied to the British, French, Prussian, Russian, and other Governments.

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PREPARED and sold by J. L. KIDDLE, 31 Hunter street, Brunswick square, London.

This preparation has been so extensively employed by the Faculty and its merits so universally acknowledged by the public at large, as to render all further remarks on the part of the Proprietor unnecessary.

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THIS exceedingly digestible restorative, composed of prepared Lentils and other cereals, is strongly recommended for use in convalescence from sickness, and for Invalids generally, as an excellent Substitute for Animal Food. A somewhat similar article, sold under the name of Reve enta, is well known. The CELENTA EGYPTA is but about half the price; and as it contains, weight for weight, four times the nutrient power of beef, its relative value is easily calculated.

Sold in 1s. 6d. Tins, by W. HILL and SON, Biscuit Bakers to the Queen. Sample forwarded gratis.

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differ from all other, inasmuch as, the bran being ground to an impalpable powder, they contain the whole constituents of the grain. The earthy phosphates, so essential to the proper formation of the bones and teeth, not being removed, renders these Biscuits particularly useful to Children.

Sold at 10d. per lb., by W. HILL and SON, 60 Bishopsgate Street, and 3 Albert Mansions, Victoria St., S.W. Samples forwarded gratis.

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Agent—J. G Turney, New Bond street, London.

AERATED LITHIA WATER.—Messrs. BLAKE SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA. Also, POTASH, CITRATE of POTASH, SODA, SELTZER, VICHY, and MINERAL-ACID WATERS, as usual.—BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists, 47 PICCADILLY

T. and H. SMITH'S

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THESE LOZENGES have a remarkable effect in allaying Cough and Irritation of the Throat and Chest.

Prepared only by T. and H. SMITH and CO., 21 Duke street, Edinburgh and 12 Worship street, London; and to be had of any Chemist and Druggist, in Boxes at 1s. 1½d. and 2s. 9d. each.

TO PUBLIC LIBRARIES, &c.

THE BACK VOLUMES OF "THE MEDICAL PRESS," for the years 1839 to 1865 inclusive, have been bound in cloth, and can be supplied at 10s. per volume (one year) nett cash, at either of the publishing offices of the Journal, in London, Dublin or Edinburgh

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 12, 1873.

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By Thos. Whiteside Hime, A.B., M.B., &c.

Lecturer in the Sheffield School of Medicine, and Medical Officer to the Hospital for Women, &c.

The terrible fact that for every million of tons of coal raised in England, from 1851-59, cost 2·99 lives, in Prussia 2, in itself conveys but a feeble picture of the risks to which coal-miners are exposed. No one, with human feelings, who has personally inspected a coal-mine, could avoid being struck by the degrading nature of the work, equally for body and mind. The effect of the darkness, danger and damp, combined with dirt, cold, and more or less, complete isolation, must produce a depressing effect on animal, as well as vegetable, vitality. A cavern which shuts out the sun's rays only by a few feet of wall, is sufficiently uncomfortable to make a sojourn of a couple of hours objectionable, owing to its chilly atmosphere, damp surface, and cheerless aspect. What must be the effect of a lifetime spent to a great extent in such a place, many hundred yards under the surface? The walls of coal-mines are frequently very damp, water issuing from them, and the floor, in drops, or streams. The woodwork and fossil remains are thus saturated, and chemical decomposition induced, which must vitiate the air seriously, by the absorption of oxygen, and in other ways. Where the disadvantages of damp are absent, equally injurious influences may be called into action by the dust, on the effects of which some observations may be of interest. It is clear that, in considering the effects of coal-dust, it would be improper to leave out of sight, as has been usually done, the other depressing influences to which the miner is subjected, and a few of which have been alluded to, as these render him much more susceptible to other debilitating causes, by lowering his power of resistance. It is unfortunate that statistical enquiries, which are in this matter so important, have been but scanty, although the materials are abundant and not difficult to be obtained by Medical men in *mining* districts, and managers of mines.

The dust of mineral coal, as distinguished from wood (charcoal), presents differences of appearance, most important as bearing on their effects. The former, when examined microscopically, is roundish, or polygonal, and offers but few or no sharp points; the latter, on the contrary, exhibits very sharp projections, and minute particles of woody fibre are not infrequently found mixed up with it. Various substances are found existing in the dust, but none of these present any comparison with the sharp, angular flint-dust, which may exist to the amount of 20 per cent., or even 30 per cent. The nature of the influence which exposure to coal-dust exercises has been most variously estimated and characterised by different writers, indeed there is no subject about which it can be said that "doctors differ" more completely. For, whereas, some writers regard coal-dust as one of the deadliest agents, others consider it to be merely not free from danger, and some even as of therapeutic value.

Of the various organs which may be injuriously affected by the presence of dust in the air, there is none so frequently involved as the organs of respiration, and there is none upon which the action of dust produces effects so injurious to the general health.

Metallic dust is more injurious than any other kind, such for example as ivory, tobacco, &c. The air in the workshops inhaled by some workmen is positively thick with dust, and most difficult for persons to inhale, who are used to a purer medium. For a longer or shorter portion of the day, amount into at least fifty-four hours per week at present, the workman introduces with each inhalation a quantity of dust, which penetrates into the respiratory organs, more or less extensively, thus producing what in its initial stage is simply the result of local mechanical irritation, but subsequently presents characters usually as defined as those offered by many so-called specific diseases. The effects of an atmosphere thus charged are, strange to say, sometimes not at all injurious, and examples of fine, robust men are not wanting among persons exposed to such danger; but it cannot be doubted that dust (in combination with other influences, *possibly*) induces a predisposition to diseases of the respiratory organs. As before mentioned statistics are lacking on this subject, and those at our disposal are almost entirely from hospitals, into which those labouring from the slighter forms of disease induced by dust never gain admisssion, so that we may fairly assume that our statistics represent results less unfavourable than they would appear if we had larger data for consideration. Among the working classes, as a whole, diseases of the respiratory organs amount to 35 per cent. of all internal diseases (Oesterlen); as many as 50, 55, and even 60 per cent., of all such cases occur among those who work at dusty trades (Hirt). In spite of the indubitable evidence which can be adduced, there are persons who deny that dust does penetrate at all any length into the respiratory organs. The views of one of the most distinguished supporters of this theory, Prof. Cl. Bernard, deserve more particular mention, from the confidence to which his skill as an experimental enquirer entitles him. In the "Lecons sur les effets des Substances Toxiques et Medicamenteuses," published in 1857, by Prof. Bernard, he describes an experiment performed before his class at the College de France. He kept a rabbit with its head confined in a bladder containing a quantity of coal-dust (*poudre de charbon*). It was so arranged that the animal could run about with the bladder, in its movements agitating the dust, and thus causing more of it to float in the confined atmosphere it respired. An animal killed after *several days'* treatment in this manner had no black coloration of the lungs. Particles of dust were to be found in the nasal fossæ, but none had penetrated even as far as the larynx. The dust was stated to have been so strained out of the air in the nose and upper part of the respiratory passages, that none reached the pulmonary vesicles. The vibratory ciliæ of the nasal fossæ were stated to be able thus to arrest completely the passage of dust into the lungs. It was further argued that the black coloration of the lungs is not confined to coal-miners, occurring also among other workmen. Now, with regard to the action of the ciliæ it is very probable that, in a healthy subject, unaccustomed to breathe a dusty amosphere, they could arrest all particles which might *come in contact* with them; or that, where the dust is very fine some of it would be carried off by the outward current said to be excited in the air of the respiratory tract which is under the influence of the ciliary movements in the outward direction. But this will not apply to the dust contained in the inward current of inspired air, which is vastly larger and more powerful than the ciliary current. The filtering influence of the ciliæ on it must be *nil*. But facts must ever be more convincing than theories, and it is beyond all doubt that particles of dust, both metallic and non-metallic, may, and generally do, exist in the lungs in cases of diseases of these organs in workers at dusty trades. Recent experiments prove too, that it is far from improbable that solid particles may effect an entry even into the circulation, from without, and thus reach the tissues in which they are found embedded. Whatever may have been the result of experiments on rabbits after three days' exposure, as above stated, there is no doubt that solid particles have been found in "miner's-lung," and in the lungs of others long exposed to dust. The following observations relative to the presence of dust in the respiratory organs are noteworthy.

(To be continued.)

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A STORY OF WATERLOO.

(Compiled by C. A. Gordon, M.D., C.B., &c., &c.)

Further Particulars.

A copy of the Medical Press and Circular containing my remarks on the surgical arrangements connected with the battle of Waterloo was sent to the Chaplain-General, from whose interesting "story" of that battle the particulars were gathered. The Chaplain-General, one of the very few now living of those who where present in that action, has most kindly communicated to me further particulars on the same subject, and I feel sure that, coming as they do from so high and competent an authority, they will have a special interest, not only to army Medical officers, but to military also. Mr. Gleig does me the honour to write as follows:—

"I am much obliged to you for sending me your paper on the surgical details of the battle of Waterloo. It is much to be regretted that the chiefs of the Medical department did not keep a more faithful record than they seem to have done, of the appliances at their command during the great war of the French revolution. I will tell you in a few words as much as I can recollect about these matters.

"There followed the army what was called a waggon train, distributed into divisions, one or more of which was in attendance on each division of the army. I believe that the waggons were used to carry light stores of various kinds when the army was advancing, but of that I cannot speak with perfect certainty. This, however, I do know—that when the army, or any part of it, was engaged, these waggons made their appearance at every lull in the action, and took up a position upon the main road. The wounded were lifted into them by their comrades, sometimes on blankets, sometimes by mere strength of arm, and placed upon the seats, which ran along each side, and at the rear. The waggons were spring waggons, and canopied over, but they were few in number, and only the worst cases were allowed to be put into them, the rest made their way to the rear as best as they could, and a serious diminution of strength in the line was occasioned by the escorts that attended them. The officers, of course, did their best to throw all this burden upon the bandsmen, though it was not very easy to hinder a comrade from going off with his wounded friend.

"Besides the waggon train bullock cars were used if the wounded were very numerous, but they were awful instruments of torture, being without springs, and moving upon axles that revolved.

"Each regimental surgeon had his panniers slung across the back of a mule, which contained the materials necessary for dressing wounds upon the field, where many an amputation took place.

"Of the hospitals I can speak from experience. They were established in farm houses, and made as comfortable as circumstances would allow. The wounded and sick lay upon ticking stuffed with straw or ferns. They had plenty of clean blankets, but sheets were scarce. Nothing could exceed the tenderness and attention of the Medical officers. I have known them sit up two, even three nights together, extracting bullets, amputating limbs, and dressing wounds. I have often wondered since how they were able to stand the fatigue.

"Nurses we had none, but the hospital orderlies were very kind-hearted fellows, and worked like their masters, the doctors, indefatigably.

"The great Duke was, I need not tell you, a man who never made a display of his feelings, but whatever was necessary for the comfort of the sick and wounded, he did his best to provide; and in Sir James Macgregor, the head of the Medical department, he had a first rate staff officer.

"This is a very rough outline of a picture, the details of which I am afraid there are very few now alive, capable of filling up; but if there be any points on which you think I can give you information, I beg that you will state them, and I will do my best to meet your wishes."

I believe that it would be interesting to collect simil particulars in regard to the surgical details during t wars in which England was engaged in the 18th centu and the great struggle in the Peninsula at the beginni of the present. The contrast between them, and t arrangements now made for the sick and wounded in w would show the extent to which the functions of t Medical service have become developed, the vast amou of benefit that department confers upon those who are stricken down on service, whether by wounds or by sickness, and the still greater benefits it is capable of conferring, when the same powers of action are accorded to Medical chiefs in all that concerns their special sphere during service in the field, as are accorded to other responsible officers in regard to their several spheres. I observe that this improvement has lately been introduced into the Medical services of the German and Italian armies, doubtless as a result of experience gained by the former in the late war in France.

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THE ABSORPTION OF TOBACCO SMOKE.

(Notes from Dr. Le Bon, and others.)

By Charles R. Drysdale, M.D.,
Senior Physician to the Metropolitan Free Hospital of London.

Every one knows that the chief injurious effects of tobacco are due to the nicotine contained in it. Hence, the importance of considering whether tobacco smoke contains nicotine. Now, Melseus collected from 4,500 grammes of tobacco smoke passed through water, 30 grammes of nicotine. Dr. Le Bon in the *Giornale Veneto di Scienze Mediche S.*, iii, 1872, remarks that the fact of nicotine being absorbed by smokers is proved not only by the injurious effects on the organism, but also by other circumstances. The alkaloid is soluble in water and in the fluids of the mucous membranes; smoke condensed and mingled with water becomes easily absorbed. As to the quantity of nicotine absorbed in smoking, science has as yet nothing exact to mention, since this varies according to the kind of tobacco used and the circumstances under which it is used.

Besides nicotine, tobacco also contains ammonia in notable quantity, which is taken up by the mouth and lungs. When cigars are smoked the constituent parts of the tobacco are turned into the form of vapour. A part of the smoke spreads itself over the cool tobacco leaf near the mouth, another part comes in contact with the cool mucous membrane of the mouth, where it is condensed and absorbed. The rest is spread about in the air. The further the burning process of the cigar proceeds, the moister does the tobacco leaf become, the more smoke arrives at the mouth, and becomes absorbed, so that the end tastes bitter, and beginners feel sick from this fact when smoking a cigar to the end.

Hence, it seems that in the smoking of cigars, especially if smoked to the end, a very notable quantity of nicotine and other constituents of tobacco are absorbed, even when smoking takes place out of doors, and the smoker does not inhale the smoke into the lungs. If the smoking take place in closed rooms, then not only are nicotine and the other parts of the tobacco taken up in the mouth, but also with each breath a portion of the tobacco smoke contained in the air of the room. The quantity of injurious substance of course becomes the greater just in proportion as the room is smaller, and there are more smokers. A railway smoking carriage is, of course, the *ne plus ultra* of unwholesomeness in this respect.

Persons who indulge in the habit of first inhaling the smoke, and then expelling it by the nostrils and mouth, take up a much larger quantity of nicotine from the great absorption power of the lungs and other mucous membranes.

When pipes are smoked, even with short stems, there is much less injurious substance absorbed, because the smoke is absorbed in the cool tube, less of it arrives in the mouth, and, as is well known, is found among the ashes of the pipe. The longer the stem, the less of the constituents arrive at the mouth or lungs; hence, the advantage of long pipes, and especially of Turkish hookahs, when the smoke passes through water.

With regard to persons who, not themselves smoking, remain in chambers where smoking takes place, they cannot in any way escape the injurious effects of tobacco smoke. If they do not inhale so much injurious matter as the smoker himself, still they take in on each breath a quantity of the constituents of tobacco smoke mingled with air; and to such a degree that he or she who lives in such a room takes in more nicotine than a smoker does who smokes only in the open air.

Hence, it appears, that women who serve in public houses and cigar divans, are materially injured by a vice which their own sex is innocent of; and this fact may, perhaps, restrain some good-hearted male, who is quixotic enough not to care sufficiently for his own health.

It is now well known by the observations of Dr. Kostral in the Austrian State tobacco manufactory, that persons employed in tobacco manufacture are subjected to many diseases, especially in the case of young women and boys.

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The Medical Press
FORTNIGHTLY RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man, who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. II.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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PHYSIOLOGY.

CIRCULATION.

Pettigrew, J. Bell.—"On the Physiology of the Circulation in Plants, in the Lower Animals, and in Man." *Edin. Med. Jl.*, July, 1872, *et seq.* Dr. Pettigrew's excellent papers will be noticed in abstract when completed.

RESPIRATION.

Ransome, Arthur.—"On the Mechanical Conditions of the Respiratory Movements in Man." *Proc. Roy. Soc.*, Nov., 1872. Analysed by Dr. Burdon Sanderson in *Med. Record*, Jan. 8.

M'Kendrick, John. G.—"An Apparatus for maintaining Artificial Respiration in Physiological Experiments." *Edin. Med. Jl.*, Jan.

DIGESTION.

Schiff.—"Experiments on Gastric Digestion." See Dr. Ferrier's analysis in *Medical Record*, Jan. 15th. Schiff finds that digestive power depends not on the mere quantity of the pepsine, but, in great measure, on the relative quantity of water and acid in the artificial infusion.

Schiff.—"Researches on the Pancreas." See Dr. Ferrier's analysis in the *Med. Record*, Jan. 15. Schiff injected fluid paraffin into the duct; this stops the secretion by becoming solid. The conclusion which he draws from his experiments is that a pancreas is not essential to the digestion of fat.

ABSORPTION.

Heubel.—"On the Relations of the Central Nervous System to Absorption." *Virchow's Archiv.*, Vol. 56.

Heubel finds that the cerebrum, optic thalami, optic lobes, and cerebellum, have no influence over absorption; but after destruction of the medulla and cord absorption ceases, a fact which he attributes to stoppage of the circulation. See Dr. Brunton's report in *Med. Record*, Jan. 15.

SECRETION.

Defresne.—"On the Biliary and Pancreatic Secretions in the Omnivora." *Acad. des Sci.*, Dec. 23, 1872.

Sinety, L. de.—"On the State of the Liver in Females during Lactation." *Acad. des Sci.*, Dec. 23, 1872. He says that it is fatty, but that the adipose substance is from centre to periphery, not from periphery to centre as in ordinary fatty liver.

INNERVATION.

Schiff.—"Paths of Conduction in the Spinal Cord." See Dr. Ferrier's able abstract in *Medical Record*, Jan. 15.

Vulpian, M. A.—"The Influence of Traumatic Lesions of Nerves on the Physiological Properties and Structure of Muscles." *Archiv. de Physiol.*, No. 9, 1872.

Ranvier.—"On the Fine Structure of the Elements of Peripheral Nerves, and the Physiology of these Nerves." *Soc. de Biol.*, Nov. 11, 1872.

REPRODUCTION.

Duncan, J. Matthews.—"Note of a Proof of the Free Intercommunication near the Chorionic Surface between different Parts of the System of Maternal Cells or Blood-Caverns of the Placenta, in the same and in different Cotyledons." *Edin. Med. Jl.*, Jan. Dr. Duncan is a firm adherent to the Hunterian doctrines as to the structure of the placenta, and he pronounces in favour of the Goodsirian view, viz., that the walls of the maternal cells are wholly composed of maternal tissues, the fœtal villi being encapsuled in maternal structure. A small globule of air incarcerated beneath the chorion in a perfectly fresh placenta may be hunted about by very slight pressure with the tip of the finger—a fact Dr. Duncan thinks susceptible of no other interpretation than that free intercommunication does exist.

MEDICINE.

MORBID STATES OF THE BLOOD.

Neumann.—"Case of Leukæmia with Disease of Spinal Cord." *Archiv. der Heilkunde*, Nov., 1872.

Rosenstein, S.—"Carbonate of Ammonia and Uræmia." *Virchow's Archiv.*, Vol. 56, Part 3, 1872.

GENERAL DISEASES.

Heyman, C.—"Contribution to the Study of Rheumatism." *Virchow's Archiv.*, Vol. 56, Part 3, 1872.

FEVERS.

Barbaste.—"Typhoid Fever; Suffocative Form." *Union Med.*, Dec. 7, 1872.

Wunderlich, C. A. V.—"Intestinal Hæmorrhage in Enteric Fever under the Cold Water Treatment." *Archiv. der Heilkunde*, Nov., 1872.

Dedat.—"Treatment of Intermittent Fevers by Subcutaneous Injections of Carbolic Acid." Dr. Dédat uses solutions of the strength of 1 of acid to 100 of water. Quoted *Lancet*, Jan 11.

Darby, Thomas.—"On the Late Epidemic of Small-Pox." *Med. Soc. Coll. Phys. Irel.*, Nov. 20, 1872. Of 231 patients treated by Dr. Darby in the Rathdown Hospital, 168 had the specific mark of previous vaccination, 13 had been revaccinated, in 15 vaccination was doubtful, 34 had not been vaccinated, and 1 had had a former attack of natural small-pox.

Geissler, A.—"Remarks on Small-Pox and Vaccination." *Archiv. der Heilkunde*, Nov., 1872.

Netter, A.—"Variola and Vaccination." *Tribune Med.*, Dec. 29, 1872.

DISEASES OF THE ORGANS OF CIRCULATION.

Laseque, C.—"Cardiac Intermittence." *Archiv. Gen. de Med.*, Dec., 1872.

Gairdner.—"Case of Tubercular Pericarditis; Paracentesis Pericardii." *Glasgow Med. Journ.*, Nov., 1872.

Peacock, Thomas.—"Case of Four Aortic Valves." *Path. Soc. Lond.*, Jan. 7.

Carter, Charles.—"Heart with Supernumerary Pulmonary Valve." *Path. Soc. Lond.*, Jan. 18.

DISEASES OF THE ORGANS OF RESPIRATION.

Brown-Sequard.—"On the Production of Apnœa and on its Causes." *Soc. de Biol.*, Nov. 11, 1872.

Cadet, S.—"Treatment of Diphtheria." *Lo Sperimentale*, Nov., 1872.

Giacchi, O.—"Nature and Treatment of Diphtheria." *Lo Sperimentale*, Nov., 1872.

Heubner.—"Two Rare Complications of Diphtheria." *Jahr. der Kinderheilkunde*, Dec., 1872.

Morelli, C., et Nesti, L.—"Clinical History of Diphtheria in the City of Florence during 1862-72." *Lo Sperimentale*, Nov. et Déc., 1872.

Dubone.—"Successful Employment of Tannic Acid in Pleurisy, especially Chronic Purulent Pleurisy." *Gaz. Hebd. de Med.*, Dec. 27, 1872; quoted *Lancet*, Jan. 11.

Foot, Arthur Wynne.—"Empyema of Left Side opening spontaneously in the Left Lumbar Region—Recovery with Lumbo-Pleural Fistula." *Dub. Med. Journ.*, Jan. Dr. Foot, in the same journal, gives the details of another case of empyema of the left side, which passed downwards behind the internal arched ligament into the left psoas muscle, and thence into the vertebral canal; lymph or pus was deposited upon the posterior surface of the Theca Vertebralis.

Foot, Arthur Wynne.—In the *Dub. Med. Journ.*, Jan., Dr. Foot relates two cases of circumscribed pulmonary gangrene from hæmorrhagic infarction, the result of submersion; the hæmoptysis was frequent; both cases recovered.

Kelly, J.—"Phthisis simulated by Pneumonia of the Upper Lobes." *Indian Med. Gazette*, Dec. 2, 1872.

Cheron, Jules.—"On the Arrest of Destruction of the Lung in Chronic Phthisis by the Inhalation of Vapours of Oxygenated Essences." *Gaz. Hebd. de Med. et Chir.*, Dec. 30, 1872.

Smith, Robert.—"Consumption in the Highlands and Islands to the West of Scotland with reference to the Immunity claimed for these Districts while the People remain at Home." *Edin. Med. Journ.*, Jan.

Zuradelli, C.—"The Various Forms of Pulmonary Phthisis." *Ann. Univ. di Medicina*, Dec., 1872.

DISEASES OF THE ALIMENTARY CANAL.

Platt, W. H.—"Case of Intestinal Obstruction with Hernia through the Peritoneum." *Lancet*, Jan. 11. This is a singularly interesting case, Dr. Richardson in his remarks thereon says—"The immediate cessation of vomiting that followed upon this operation (tapping), the complete removal of distension, and the success of the simple and ingenious method devised by Dr. Platt, by which he was enabled to draw off through the canulæ forty ounces of fæcal fluid in a few hours without pain or injury, are all facts worthy of remembrance. In another similar case I should certainly be inclined to perform the operation at a much earlier period. I feel assured that in the case related it prolonged life; and, as in this case and in many similar the actual cause of death is probably the depression arising from the absorption of decomposing fæcal fluids and gases of decomposition, it must be sound practice to endeavour to gain time by diverting such absorption."

Hutchison, G. Wright.—"Extraordinary Case of Pin-Vomiting." The patient, a nursemaid, æt. 20, vomited in all seventy-five pins, besides which thirteen needles made their way out at different parts of the body, nine of them issuing behind the left ear, two in the front of the right forearm, and two from the left nostril. The history of the case is indeed almost incredible, but is well authenticated. *Lancet*, Jan. 18.

HODDER, E. M.—"Transfusion of Milk in Cholera" is the subject of a most important letter in the *Practitioner*, Jan.

DISEASES OF THE LIVER.

PEACOCK, THOMAS.—"Liver with the Portal Vein blocked by a Clot." *Path. Soc. Lond.*, Jan. 7.

STEWART, T. GRAINGER.—"Case of Dilatation of the Bile Ducts followed by Abscess of the Liver." *Edin. Med. Journ.*, Jan. This case was remarkable inasmuch as there was no history pointing to previous obstruction, and there was no constriction at the time of death. Dr. Stewart puts forward the suggestion that the dilatation was either congenital or the result of a gradual process not yet described.

DISEASES OF THE KIDNEYS.

PERL, L.—"Compensatory Hypertrophy of the Kidneys." *Virchow's Archiv.*, Vol. 56, Part 3, 1872.

DONKIN, ARTHUR SCOTT.—"Further Observations on the Skim-Milk Treatment of Diabetes Mellitus." *Lancet*, Jan. 11 and 18.

BRADBURY, J. B.—"Case of Diabetes Insipidus—Rapid Improvement under the Use of Valerian." *Lancet*, Jan. 11.

DISEASES OF THE NERVOUS SYSTEM.

ANSTIE, F. E., continues his interesting lectures "On Diseases of the Nervous System." *Lancet*, Jan. 11.

BEALE, L. S.—"Case of Red Softening of the Brain." Reported *Lancet*, Jan. 18.

BECOULET ET GIRAND.—"Note on the Cysticercus of the Brain." *Ann. Med. Psychol.*, Nov., 1872.

GRIMSHAW, THOMAS W.—"Aneurism of the Basilar Artery." *Path. Soc. Dublin*, Jan 11.

JACKSON, J. HUGHLINGS.—"On the Anatomical and Physiological Localisation of Movements in the Brain." *Lancet*, Jan. 18.

PIERRET, M.—"Note on a Case of Peripheric Atrophy of the Cerebellum with Concomitant Lesion of the Olfactory Bulbs." *Archiv. de Physiol.*, No. 9, 1872.

SMITH, EUSTACE.—"Case of Large Sarcomatous Tumour of the Brain in a Boy." *Lancet*, Jan. 11. In this case there was no sign of recent inflammation, and still the temperature was greatly heightened. Immediately before death the increase in the heat of the body was rapid and extreme. It was not until within forty-eight hours of death that there was any sign of impairment of the intellect.

TILING, T.—"Case of Partial Sclerosis of the Brain." *St. Petersb. Med. Zeitschrift*, Vol. 2, Part 2, 1872.

WERNER, A.—"Injury of the Frontal Lobe of the Left Cerebral Hemisphere in relation to the Pathology of Injuries of the Brain and Localisation of the Cerebral Functions." *Virchow's Archiv.*, Vol. 56, Part 3, 1872.

ALLBUTT S. CLIFFORD.—"On Migraine." *Practitioner*, Jan. Dr. Allbutt says that the more he sees of migraine the more convinced he is that it is a neuralgia in point of origin and affinity, and the more convinced is he also of the essential part played in it by the abdominal viscera. He concludes a very able paper by contending that "migraine is not a mere trigeminal pain with 'cerebral' vomiting, but that it is a complex affection in which abdominal and cephalic disorder go hand in hand, and in which the treatment addressed to the former set of morbid events is at least as important as that which is addressed to the latter."

ANSTIE, F. E.—In a not less interesting and able paper in the same journal, Dr. Anstie replies to Dr. Allbutt. He believes that "were appropriate treatment addressed to the nervous system at an early stage of migraine we should not have to trouble ourselves directly with the management of abdominal complications at all, or, at least, that the number of examples in which these complications would become a subject of special necessary attention would be indefinitely reduced."

ECHEVERRIA.—"Effects of Bromides in Epilepsy." *Philadelphia Med. Times*, Dec. 16, 1872. See Dr. Ringer's analysis in *Med. Record*, Jan. 15.

DISEASES OF THE SKIN.

MONTI, A.—"On the Affections of Mucous Membranes in Acute Exanthemata." *Jahr. der Kinderheilkunde*, Dec., 1872.

SURGERY.

PROCESSES OF LOCAL DISEASES.

RICHARDSON, B. WILLS.—"Intimate Mixture of Cancer with Enchondroma." *Dub. Med. Jl.*, Jan.

EFFECTS OF POISONS GENERATED BY DISEASED ANIMALS.

ALLBUTT, CLIFFORD.—"Pathology of Hydrophobia." *Trans. Path. Soc.*, Vol. 28, 1872.

VENEREAL DISEASE.

"Etiology of Gonorrhœa and Syphilis." Leading article, *Lancet*, Jan. 11.

BONADEI, ULISSE.—"Four Cases of Constitutional Syphilis cured by Hypodermic Injections of Calomel." *Giornale Italiano delle Malattie Veneræ e delle Pelle*, Dec., 1872.

PICO, SANTE.—Three similar cases in the same journal.

VIDAL, E.—"Contribution to the Study of Constitutional Syphilis resulting from the Soft Chancre." *Union Med.*, Dec. 17, 1872.

DROU, A.—"Epidermic Grafts on a Syphilitic Chancre." *Lyon Med.*, Dec. 22, 1872.

DISEASES AND INJURIES OF PERIOSTEUM AND BONE.

PHILIPEAUX, J. M.—"Experiments showing that Osseous Particles developed in Transplanted Shreds of Periosteum are spontaneously absorbed and disappear at the end of a certain time." *Soc. de Biol.*, Nov. 4, 1872.

JOINTS.

BUTCHER, RICHARD.—"Excision of the Knee-Joint." *Dub. Med. Journ.* The rules inculcated by Mr. Butcher should be studied carefully by every practical surgeon.

MCDONNELL, ROBERT.—"Fatal Case from the Use of the Aspirator in Chronic Effusion into the Knee-Joint." *Irish Hosp. Gazette*, Jan. 15.

ORGANS OF CIRCULATION.

BUTCHER, RICHARD.—"Ligature of the Iliac Artery for the Cure of Inguinal Aneurism." *Dub. Med. Journ.*, Jan. The aneurism was the size of a melon, the patient's age was seventy-six, the result of the operation was successful although life was nearly lost by the inflammation of the sac of the aneurism which involved the thigh.

COLLES, WILLIAM.—"On Torsion as a means of arresting Hæmorrhage." *Irish Hosp. Gazette*, Jan. 15. Dr. Colles is fully in favour of torsion. He throws out what seems to us a most useful suggestion, viz., that in cases where we wish to arrest the current of blood in the continuity of the vessel, as in operating for aneurism, "after laying bare the artery, we might catch it transversely in a narrow forceps and press it so as to divide the inner layers and then push them away from the outer coat upwards and also downwards, leaving the outer coat *in situ* and to contract."

CARTER, W. G.—"Nævi Materni." *Lancet*, Jan. 18. Mr. Carter speaks in favour of electrolysis as a mode of treatment and refers to Dr. P. C. Smyly's instructions, viz., to injure the skin as little as possible, and to work with the point of the needle well under it.

INJURIES OF THE HEAD.

VOGT, P.—"Contributions to the Symtomatology and Treatment of Complicated Injuries of the Skull." *Deutsche Zeitschrift für Chirurgie*, Vol. 2, Part 2, 1872.

INJURIES AND DISEASES OF THE SPINE.

BENNETT, E. W.—"United Fracture of the Spine." *Path. Soc. Dub.*, Jan. 15.

INJURIES AND DISEASES OF THE EYE.

RICHARDSON, B. WILLS.—"Case Illustrative of the Mydriatic Treatment of Iritis." *Irish Hosp. Gazette*, Jan. 15.

ROBERTSON, ARGYLL.—"Rupture of the Choroid." *Med. Chir. Soc. Edin.*, July 3, 1872.

WATSON, W. SPENCER.—"Diagnosis of Periostitis in the Orbit." *Practitioner*, Jan.

INJURIES AND DISEASES OF THE EAR.

RENANT, M. F.—"Note on a Cystic Tumour of the External Auditory Meatus." *Archiv. de Physiol.*, No. 9, 1872.

DISEASES AND INJURIES OF THE FACE, NOSE, PALATE, &c.

ANNANDALE, THOMAS.—"Case of Rare Tumour of the Lower Jaw successfully removed without Division of the Bone." *Edin. Med. Journ.*, Jan., 1873. The tumour was a well-marked example of those rare tooth growths termed "Odontomes" by M. Broca. It was forcibly extracted with a pair of strong molar tooth forceps, the patient being placed under chloroform.

FERREOL.—"Tubercular Ulceration of the Tongue." *France. Med.*, Dec. 7, 13, 21, and 28, 1872.

WIMMER, E.—"The Operation for Nasal Polypi." *Archiv. der Heilkunde*, Nov., 1872.

INJURIES OF THE ABDOMEN.

BLEASE, T. T.—"Lacerated Wound of the Abdomen—Protrusion of Intestine and Omentum—Recovery." *Lancet*, Jan. 18.

HERNIA.

RICHARDSON, B. WILLS.—"Direct Scrotal Hernia having Primary, Secondary, and Tertiary Sacs—Several Inches of the Protruded Bowel suspended in the Sac-proper by Radiating Bands—Prolongation of one Long Band that descended from the Abdomen through the Ring—Both Testicles at the upper and anterior part of the Tumour." *Dub. Med. Journ.*, Jan. This is indeed, to use Dr. Richardson's expression, "one of the most curious, instructive, and valuable specimens of hernia on record."

DISEASES AND INJURIES OF THE RECTUM.

HANDYSIDE, P. D.—"Case of Abnormal Termination of the Rectum." *Med. Chir. Soc. Edin.*, July 3, 1872.

DISEASES AND INJURIES OF THE URINARY ORGANS.

CAZENAVE, J. J.—"Practical Study on the Treatment of Complete Retention of Urine caused either by Fibrous and Insurmountable Contractions of the Urethra or by Affections of the Prostate." *Bordeaux Med.*, Dec. 22 and 29, 1872.

MACNAMARA, RAWDON.—"On the Vermicular Action of the Urethra." *Surg. Soc. Irel.*, Jan 3. Dr. Macnamara believes that the vermicular action of the urethra on a catheter is such as to move the latter towards the bladder, a circumstance of practical significance in the treatment of stricture.

RICHARDSON, B. WILLS.—"Entero-Vesical Fistula with Disease of the Descending Colon, Sigmoid Flexure, and upper part of Rectum." *Dub. Med. Journ.*, Jan. Air having been expelled *per urethram*, Dr. Richardson examined the urine microscopically and found it to contain easily recognised constituents of fæces such as muscular fibre, hyaline tubes, starch grains, and mucous corpuscles, &c. Dr. Richardson, in the same journal, has an interesting paper "On Colles's Operation for Relief of Stricture at the Orifice of the Urethra."

DISEASES AND INJURIES OF THE GENITAL ORGANS.

HIRD.—"Case of Priapism lasting Six Weeks—Recovery." Charing Cross Hospital. Reported *Lancet*, Jan. 18.

DISEASES AND INJURIES OF THE BREAST.

LE DENTU.—"Hydatic Cyst of the Breast." *Gazette Med.*, Jan. 11.

AFFECTIONS OF THE EXTREMITES.

HEUTER, C.—"Resection of the Elbow-Joint by means of a Straight Incision on the Radial Side." *Deutsche Zeitschrift für Chir.*, Band. 2, Heft. 1, 1872. See Dr. McCormac's report in *Med. Record*, Jan. 15.

MARDUEL, P.—Treatment of Elephantiasis by Ligature of the Principal Artery of the Limb." *Lyon Med.*, Dec. 22, 1872.

MUNRO, W.—"Case of Elephantiasis of the Leg—Successful Amputation through the Elephantiasis Tissue." *Edin. Med. Journ.*, Jan. A great point of interest in this case was the diminution in the circumference of the thigh, which Dr. Munro attributes to the drainage from the wound. He suggests as a mode of cure, making longitudinal incisions so as to take out wedge-shaped pieces with the skin as a base from the elephantiasis tissue, then stitching the edges together, but leaving in drainage tubes so as to promote discharge from the deep part of the wound.

PONCET, M. A.—"Deformities produced by Arrest of Growth of one of the Bones of the Forearm, and the Causes of this Arrest of Development." *Lyon Med.*, Dec. 22, 1872.

WHARTON, J. H.—"Intracapsular Fracture of the Neck of the Femur." *Path. Soc. Dub.*, Jan. 11.

MIDWIFERY.

CAUSSE, SEVERIN.—"Cæsarean Section practised with success to both Mother and Child." *Bull. Gen. de Ther.*, Dec. 11, 1872.

KLOB.—"Cæsarian Section on account of Pelvic Tumour preventing Parturition." *Berl. Klin. Wochen.*, No. 52, 1872.

FOURRIER.—"Rupture of Uterus with Escape of Fœtus into the Peritoneal Cavity—Gastrotomy on the Fifth Day—Successful Result." *Bull. Gen. de Ther.*, August 15, 1872, and *Practitioner*, Jan.

DISEASES OF WOMEN.

O'FLYNN, D. O.—"Uterine Rheumatism." *Irish Hosp. Gazette*, Jan. 15.

PLAYFAIR, W. S.—"Lectures on Intra-Uterine Medication in the Treatment of Chronic Uterine Catarrh." *Lancet*, Jan. 4, *et seq.*

FRIEDKANDER, C.—"Dermoid Cyst of the Ovary." *Virchow's Archiv.*, Vol. 56, Part 3, 1872.

PEASLEE, RANDOLPH.—"Ovarian Tumours: Their Pathology, Diagnosis, and Treatment, especially by Ovariotomy." New York, 1872.

NOEGGERATH, EMIL.—"Latent Gonorrhœa in the Female Sex." Bonn, 1872. Without endorsing the author's views we may briefly recapitulate his most important statements. He asserts that gonorrhœa in man and woman, as a rule, lasts for life, and that cure is only apparent; gonorrhœa may be latent; wives of men who any period have had gonorrhœa are as a rule sterile; the secretion of patients suffering from latent gonorrh a fungus may be produced analogous to that formed in t fresh gonorrhœal secretion of men; eight out of every t men have had gonorrhœa. He says that the treatment sterility by injecting the semen into the proper uterin cavity is established in New York. The work is review in the *Edin. Med. Journ.*, Jan.

DISEASES OF CHILDREN.

ROGER, HENRI.—"Clinical Researches on the Disea of Infancy." Paris, 1872.

HENNIG, C.—"Two Special Forms of Hereditary Syph lis." *Jahrbüch. der Kinderheilkunde*, Dec., 1872.

LOREY, C.—"Cheesy Degeneration of the Bronchial Mesenteric Glands in Children and its relation to Hered tary Tuberculosis." *Jahrbüch. der Kinderheilkunde*, Dec., 1872.

Monti, A.—"Treatment of Whooping-Cough by Inhalation of Gazeol." *Jahrbüch. der Kinderheilkunde*, Dec., 1872.

Sonsino, Prospero.—"Infant Digestion of Starch." *Practitioner*, Jan.

Divet.—"Sudden Cessation of the Approach of Eclampsy after a Hypodermic Injection of Atropine and Morphine." *Ab. Med.*, Nov. 28, 1872.

Imlach, F.—"Dissection of a Malformed Fœtus with Deficient Anterior Abdominal Wall." *Med. Chir. Soc. Edin.*, July 3, 1872.

M'Laren, Dr.—At the *Obstet. Soc. Edin.*, Nov. 13, 1872, Dr. M'Laren brought forward a specimen in which there was but one lower extremity; the two feet were united by their outer edges, the great toes being to the outside. The penis seemed to spring from the coccyx.

THERAPEUTICS.

Ackermann.—"Action of Digitation on the Circulation and Temperature." *Deutsches Archiv. für Klin. Med.*, Vol. 9, and Dr. Brunton's paper in the *Med. Record*, Jan. 15.

Blatin, A.—"Nicotine as a Counter-Poison to Strychnine." *Union Med.*, Dec. 28, 1872. The author concludes negatively.

Decaisne, M. E.—"On the Use and Mode of Action of Cod-Liver Oil." *Acad. des Sci.*, Dec. 16, 1872.

Gellhorn.—"Cutaneous Eruption following the Use of Chloral Hydrate." *Allgemain Zeitschrift für Psych.*, Vol. 19, Part 4, 1872.

Heidenheim.—"On the Influence of Belladonna on Secretion." Heidenheim's experiments, *Pflüger's Archiv.*, Vol. 40, go to prove that arrest of secretion of the sub-maxillary gland is due to paralysis of the true secretory fibres in the Chorda Tympani, not of the vaso-inhibitory fibres. His experiments taken in conjunction with Dr. Sydney Ringer's researches (*Practitioner*, Aug. and Oct., 1872, and "Handbook of Therapeutics," 2nd edition), would appear to indicate that arrest of secretion of the sudoriferous and mammary glands by the local application of belladonna is due to paralysis of ends of special secreting nerves. See Dr. Brunton's paper, *Med. Record*, Jan. 15.

Little, James.—"On the Use of Digitalis in the Failing Heart and Delirium of Acute Diseases." *Med. Soc. Coll. Phys. Irel.*, Jan. 8. It is impossible to do justice to this valuable paper in abstract; it merits the attentive consideration of physicians.

Poore, G. V.—"On the Influence of the Continuous Galvanic Current over Voluntary Muscular Action." *Practitioner*, Jan. Dr. Poore believes that by the passage of a continuous current through muscles, or the nerves to them, their susceptibility to the stimulus of the will is increased, and their voluntary power thereby enhanced. His experiments tend to prove that force, as well as the endurance of voluntary muscular action, is increased by a galvanic current.

Ringer, Sydney.—In the *Med. Record*, Jan. 15, Dr. Ringer gives a very full analysis of recent researches on the physiological and therapeutical action of the bromides of potassium and ammonium, referring more particularly to the work of Drs. Clarke and Armory.—"An Abstract of the Physiological and Therapeutical Action of the Bromide of Potassium and Bromide of Ammonium." Boston, 1872.

MEDICAL JURISPRUDENCE.

Graham, Thomas.—"Case of Hypospadias with Cleft Scrotum—Believed a Female until Fourteen Years of Age." There was no evidence that any of the female organs were present; the peculiarities of development consisted of deficiences in the male structures. *Edin. Med. Journ.*, Jan. In No. 123 of the *Edin. Med. and Surg. Journ.*, Dr. Handyside published a parallel case.

HYGIENE.

Buchanan.—"On the Concurrence of Epidemics. *Epidem. Soc.*, Jan. 8.

Furstenburg, M.—"Cairo and its Climate." *Lancet*, Jan. 11.

Roque.—"Hereditary Degeneration produced by Slow Lead Poisoning." *Mouv. Med*, Dec. 28; quoted *Lancet*, Jan. 11.

N.B.—Several important papers are reserved for notice in our next Retrospect.—Ed. Retrospect.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture II *(continued)*.

In the various text-books which you consult you must be prepared to find conflicting statements. Some of these discrepancies I may have occasion to point out as we proceed. Here I would call attention to some which regard the Vertebræ. The bodies of the Cervical Vertebræ are described by Ward, Harrison in the *Dublin Dissector*, and Ledwich, as thicker in front than behind; by Gray, as of equal depth anteriorly and posteriorly; by Humphry, as having their upper and lower surfaces "parallel, or even actually farther apart behind than in front." Quain and Holden say nothing on the subject. So far as my measurements have extended, they agree with the latter part of the conclusion of Professor Humphry. Of the Vertebræ now before us, I find that the third Cervical is 5-8ths of an inch in depth both in front and behind; the fourth is 5-8ths of an inch behind and not quite 5-8ths in front; the fifth, sixth, and seventh measure half an inch in front and 5-8ths of an inch behind. These measurements were made on the outside of the Vertebræ, but the fairest method of measurement would be to measure vertical sections.

The bodies of the Lumbar Vertebræ are described by Ward, Harrison, Ledwich, and Humphry, as thicker before than behind; Gray, I believe with more justice, states that, with the exception of the fifth, the Lumbar Vertebræ are about equal in depth in front and behind. In the vertical section of the first three Lumbar Vertebræ before me I can detect no difference in depth. Measuring other bones on the outer surfaces I found a preponderance in favour of the posterior surfaces.

The fact that the Cervical and Lumbar Vertebræ form curves with the convexities forwards has doubtless tended to create a prejudice in favour of the anterior surfaces, and the prolongation downwards of the lower edge of the anterior surfaces of the Cervical Vertebræ gives a deceptive appearance of length to the front of the body. The posterior surfaces of the Dorsal Vertebræ are stated by Humphry to be flat; by Ward to be "concave transversely;" by Gray to be deeply concave behind;" by Harrison to be "very concave behind." As there can be no doubt about the transverse hollowing, it is presumable that Professor Humphry refers to a flatness of the posterior surface in the vertical direction. But the most curious discrepancy which I have met with is in the descriptions of the bodies of the Dorsal Vertebræ. Gray describes the body as "heart-shaped, and broader in the antero-posterior than in the lateral direction;" Ward, as "somewhat triangular in form, most extended in the antero-posterior dimension;" Harrison, as "in most longer from before backwards than transversely." Following these authorities, and deceived by the aspect of the Vertebræ, I have hitherto stated in lecture that the antero-posterior diameter is the longer. The actual measurement of two sets of Dorsal Vertebræ has led me to revise my opinion. The following are the measurements of the upper and lower surfaces of one of the sets in question, made antero-posteriorly in the middle of the Vertebræ and transversely in front of the facets for the ribs :—

MEASUREMENT OF DORSAL VERTEBRÆ.

		Antero-Posteriorly.	Transversely.
Dorsal.		Inches.	Inches.
1st.	above.	$\frac{5}{8}$	$\frac{7}{8}$
	below.	$\frac{6}{8}$ nearly	$1\frac{1}{8}$
2nd.	above.	$\frac{6}{8}$ nearly	$1\frac{1}{8}$
	below.	$\frac{6\frac{1}{2}}{8}$	$1\frac{2}{8}$
3rd.	above.	$\frac{7}{8}$ nearly	1
	below.	$\frac{7}{8}$	$1\frac{2}{8}$
4th.	above.	$\frac{7}{8}$	1
	below.	1	$1\frac{2}{8}$
5th.	above.	1	$1\frac{1}{8}$
	below.	1	$1\frac{3}{8}$
6th.	above.	1	$1\frac{3}{8}$
	below.	$1\frac{1}{8}$	$1\frac{3}{8}$
7th.	above.	$1\frac{2}{8}$	a little over $1\frac{2}{8}$
	below.	$1\frac{2}{8}$	$1\frac{3}{8}$
8th.	above.	$1\frac{2}{8}$	$1\frac{1}{2}$
	below.	$1\frac{2}{8}$	$1\frac{5}{8}$
9th.	above.	$1\frac{2}{8}$	$1\frac{1}{2}$
	below.	$1\frac{3}{8}$	$1\frac{5}{8}$
10th.	above.	$1\frac{2}{8}$	$1\frac{5}{8}$
	below.	$1\frac{3}{8}$	$1\frac{4}{8}$
11th.	above.	$1\frac{3}{8}$	$1\frac{4}{8}$
	below.	$1\frac{3}{8}$	$1\frac{6}{8}$
12th.	above.	$1\frac{3}{8}$	$1\frac{6}{8}$
	below.	$1\frac{3}{8}$	$1\frac{6}{8}$

The second set yielded similar measurements, but two or three of the Central Vertebræ of the series showed a near approach to an equality. In no single instance was the longest antero-posterior diameter greater than the longest transverse (*a*). The fifth edition of Quain stated the matter more correctly in saying that—"The breadth of the body from side to side exceeds the depth from before backwards much less than in the cervical or lumbar vertebræ." The seventh edition says that the "antero-posterior and transverse diameters are nearly equal." Plates are sometimes right when descriptions are wrong. If anyone will take the trouble to measure the plate given in Quain of a sixth dorsal vertebra, he will find the transverse diameter considerably in excess of the antero-posterior. This is also the case with the representations in Humphry of sections of the fourth dorsal vertebra, and with the plate in Flower's "Osteology." In the vertical measurements in front and behind I have found an average superiority of the posterior to the extent of 1-8th of an inch.

I must now refer more particularly to some *Tubercles* which are found in connexion with the Transverse Processes of the Dorsal Vertebræ and the Articular Processes of the Lumbar Vertebræ. If you will examine the vertebral column of this Eagle's or this Vulture's Skeleton, you will see that the dorsal transverse processes bear at their extremities elongated tubercles which, projecting upwards and downwards, meet those of the vertebræ above and below, and, interlocking, contribute materially to give solidity and steadiness to the Spine. The Thorax is thus enabled to afford a firmer attachment to the strong muscles which move the Wings. These tubercles, although rudimentary in man, are often plainly visible. They are best seen in the central dorsal vertebræ on the hinder aspect of the tip of the transverse process, and are called by Professor Humphry (*b*) "the *superior* and *inferior tubercles* of the transverse processes." A third tubercle is placed in front and, bearing the facet for the rib, is named the *costal tubercle*. If you will now look at this skeleton of an Ape, you will see projecting downwards *from the point of junction of the tranverse and articular processes*, what are in reality the inferior tubercles of the dorsal transverse processes, altered in position and so developed as to overlap the upper articular processes of the vertebræ below. These inferior tubercles (or *anapophyses*) are also well developed in the Carnivorous Mammals, especially the feline tribe.

Similarly in Man, the *superior tubercles* (or *metapophyses*) of the dorsal transverse processes become transposed in the lumbar region, and, forming a connection with the superior articular processes, are sometimes called the *mammillary* processes.

The *inferior tubercles* (or *anapophyses*) are transferred to the point of junction of the transverse and superior articular processes, and are called *accessory* processes.

The *third* or *costal tubercle* of the dorsal transverse process is represented by the long lumbar transverse process.

In most Vertebrate Animals below the higher or anthropoid Apes, notably in Carnivora, the spines of the anterior thoracic vertebræ lean backwards, while those of the posterior thoracic and lumbar vertebræ lean forwards, converging either to a point between two vertebræ, called the "*centre of motion*," or to a thoracic vertebra with an upright spine termed the *anticlinal vertebra*. Here the thoracic vertebræ assume lumbar characters, and the elongated tubercular transverse processes break up as it were into the *Metapophyses*, *Anapophyses*, and *Lumbar Transverse Processes*, all of which are conspicuous in these animals (*a*).

In the Dolphins and other Cetaceous Mammals you may trace the transference of the superior tubercles of the transverse process (*metapophyses*) in the back to the sides of the spinous process from which they project, so as to embrace the spinous processes of the preceding vertebra. In the Hare you will find long *metapophyses* and short *anapophyses*. In the Edentated Mammals, *e.g.*, the Sloths, Megatherium and other American representatives, the *anapophyses* are remarkably developed, until in some, such as the great Anteater, the vertebræ are interlocked by several joints accessory to the ordinary articular processes (*zygapophyses*). In the Armadillos the bony armour or carapace is upheld by the long *metapophyses*. Lastly, in this skeleton of a Kangaroo, one of the Marsupial Mammals, you will find the lumbar vertebræ presenting both *metapophyses* and *anapophyses* in a greatly developed shape.

The Cervical Vertebræ of Mammals are all but universally seven in number. The exceptions seem to be three :—In the Manatis there are six, in all the known species of three-toed Sloths (Bradypus) there are nine, and in a species of two-toed Sloths (Cholœpus Hoffmannii) there are six. In the elongated neck of the Giraffe and in the stunted necks of the Whale, Elephant, and Rhinoceros there are but seven. Attached to the bodies of the Cervical Vertebræ in the Horse and other animals there are projecting processes called *Hypapophyses*; on the bodies of the human Cervical Vertebræ you may sometimes find, on each side of the median line, representative tubercles which give attachment to the Longus Colli. In Birds and Reptiles these tubercles among others are well developed and sometimes enclose a foramen for the transmission of the Carotid Arteries.

Among Mammals the Thoracic and Lumbar Vertebræ bear a relation to each other, their aggregate number "being tolerably constant in any given group of animals, and any increase of the one being at the expense of the other. Thus, in all known Artiodactyle Ungulata there are nineteen thoracico-lumbar vertebræ, but these may consist of twelve thoracic and seven lumbar, or thirteen thoracic and six lumbar, or fourteen thoracic and five lumbar.

The smallest number of thoracic-lumbar vertebræ in Mammals occurs in some Armadillos, which have but fourteen. The number found in Man, the higher Apes, and most Bats, viz., seventeen is exceptionally low ; nineteen prevails in the Artiodactyles and very many Rodents. ; twenty or twenty-one in Carnivora and most Insectivora, twenty-three in Perisso-dactyla. The highest and quite exceptional numbers are in the two-toed Sloth (Cholœpus) twenty-seven, and Hyrax thirty.

The prevailing number of rib-bearing vertebræ is twelve or thirteen, any variation being generally in excess of these numbers" (Flower, *op. cit.*, p. 24). Setting monsters altogether aside, it is very rare to find in man any increase or decrease in the number of vertebræ. Otto states that "in very rare cases of otherwise well-formed persons we miss one of the Cervical Vertebræ. Very much more rare is the actual increased number of the pieces of the Spine ; it is but trifling, however, as we never notice more than one superfluous vertebra. Thus, we observe in very rare instances eight cervical vertebræ ; more commonly thirteen dorsal, and six lumbar vertebræ in man." (*b*) He refers to a skeleton with thirteen dorsal vertebræ in the Anatomical Museum at Kiel.

(*a*) Of course a larger number of observations is necessary to determine the average measurements.

(*b*) "The Human Skeleton," p. 141.

(*a*) Flower : "Osteology of the Mammalia," p. 47.

(*b*) South's translation of Otto's "Compendium," p. 96.

The number of rib-bearing vertebræ may be increased and the relative number of vertebræ in two of the regions of the spine may be altered. Thirteen dorsal vertebræ may be found with only four lumbar. My distinguished predecessor in this chair, Mr. John Adams, who, as a lecturer, much resembled Abernethy, has informed me that in one subject he found six cervical vertebræ associated with six lumbar.

A want of symmetry may be observed in many vertebræ. Sometimes they present inequalities of depth on the two sides, compensated for by inequalities of the opposite kind in neighbouring vertebræ. Sometimes they appear to be twisted to one side, especially in the dorsal region. Many persons perfectly sound present a slight degree of lateral curvature of the spine. Sometimes, without any actual twist, the two lateral halves are unequal in size, as may be determined by antero-posterior section or ocular inspection.

Bony outgrowths are not uncommon, especially in the form of plates projecting from the margins of the vertebræ and round the facets for the ribs.. You may observe these plates in some of the specimens before you. Spicula of bone may be found growing within the canal from the margins of the inferior articular processes. Professor Humphry relates a case in which a bony outgrowth from the hinder part of one of the dorsal vertebræ increased in size and pressed on the spinal cord, inducing paralysis, which lasted for many years before death, and he refers to a case recorded by Dr. Reid, in which a conical exostosis from the posterior part of the Odontoid Process of the axis caused fatal compression of the cord. Our collection contains a specimen, presented by Mr. Curling, of a portion of the Vertebral Column from a case of Tetanus. On the posterior surface of the bodies of the dorsal vertebræ, a flattened ovoidal tumour projects into the canal. It appears to have compressed the spinal cord, which was softened and vascular at the spot. In a case related by Dr. Ogle, a collection of matter, in connection with a carious vertebra, and disintegrated intervertebral substance pressed on the cord and caused paralysis of the lower limbs (*a*).

Contrast with such morbid products and growths as these, the conservative deposit of bone which takes place in certain curvatures of the spine, or as the result of strains. Our Museum contains some interesting specimens of this nature. The first is an anchylosis of five of the dorsal vertebræ in a horse by a thick deposit, apparently bony, covering the outer surface of the bodies. The second (marked G. bb. 18) is an anchylosis of the lower seven dorsal vertebræ of a man who died after fracture of the spine. The ninth, tenth, eleventh, and twelfth are firmly welded together by a deposit of new bone external to them and continuous across the intervertebral substance. The deposit has been broken across opposite the intervals between the sixth and seventh, seventh and eighth, and eighth and ninth vertebræ. The body of the ninth is fractured vertically. The patient was a middle-aged man, and walked into the hospital. During life there were no symptoms of injury to the spinal cord and no displacement, indeed, the fracture of the spine was a *post-mortem* discovery. In both of these specimens there is a long belt of bone in front of the bodies, and on one side only. In neither are the intervertebral substances involved (*b*). In both the deposit would appear to be of the same character and similar to the irregular bony growths by which the vertebræ of horses and asses whose backs are subjected to strains may be soldered together (*c*).

The third is a dried specimen of the human Cervical Vertebræ from the Axis to the Seventh Cervical. The bodies of all these six Vertebræ are firmly united together. The bony matter has invaded and obliterated the inter-Vertebral disks, and the Vertebræ form a curve with the *concavity* forwards. This specimen is marked F b. 35, and has no further history or description than Ankylosis of all the Cervical Vertebræ except the first.

The skeleton of the donkey in our musuem, has two of the Spinous Processes near the centre of motion firmly anchylosed. Like the London cab horses, and the sea-side asses, he was probably an ill-used animal, whose patient work was repaid with blows. Not like Sancho Panza's celebrated ass Dapple was he, nor like the ass over whom Sterne, in his "Sentimental Journey," found his master weeping.

"Thou hast one comfort friend, said I, at least in the loss of thy poor beast: I am sure thou hast been a merciful master to him. Alas! said the mourner, I thought so when he was alive, but now that he is dead, I think otherwise. I fear the weight of myself, and my afflictions together, have been too much for him—they have shortened the poor creature's days, and I fear I have them to answer for. Shame on the world! said I to myself. Did we but love each other as this poor soul loved his ass—t'would be something."

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WEDNESDAY, FEBRUARY 12, 1873.

THE IRISH UNIVERSITY BILL IN ITS BEARING ON MEDICAL EDUCATION.

THE Irish University question is, it would appear, to be the nine days' wonder of the Parliamentary year, and we wait only from day to day for an elucidation by Mr. Gladstone of the salient characteristics of the coming measure. Already we have had, from vacation utterances and from the hints which have fallen from Cabinet hangers on, some foreshadowing of the objects and machinery of the measure. Several weeks since we stated our impression, founded on the authority of private information on which we had reliance, that the Irish University Bill would not only deal with the question of Medical education and qualification in Irish Universities, but would, almost of necessity, go some distance towards a wide settlement of the future Medico-educational system of Ireland. On the 25th of December we stated that we had been assured that the question of Irish University Education and the reconstruction of Trinity College, would deal with the granting of Medical Degrees in Ireland in a very wide and reforming spirit. As it will be a matter of great difficulty to draw a line of religious neutrality in the curriculum of the Faculty of Arts, and impossible to touch the Divinity School, and inasmuch as the Faculties of Law and Engineering are comparatively insignificant branches of University education, it

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(a) "Pathological Society's Transactions," 1868. A Plate is given with the case.

(b) See "London Hospital Reports," Vol. III., p. 355.

(c) See South's Otto, p. 197.

is stated to us that the Faculty of Medicine will be a principal object of the contemplated reform. We are assured that the Government desires, if possible, to make a comprehensive Medical qualification part of their scheme, and are considering whether the arrangement for conjoint examination, which has been so long in course of settlement, cannot be made part of their plan.

We are aware that minute enquiries have been instituted at the instance of the Ministry within the last few months into the entire subject of Irish Medical education, and that members of the Medical profession, whose advice would probably be accepted with confidence by the present Government, have been privately consulted on the part of the Ministry.

Both the information which we possess, and previous experience of Mr. Gladstone's legislation, lead us to expect something very decisive in the way of Irish Medico-examination reform when the details of his University Bill come to be unfolded. It would be in accordance with precedent that the unification of Licensing Bodies in a Conjoint-Examination Scheme should be tried in Ireland, just as Church Disestablishment and tenant right law have been before the larger and (to Ministers and English M.P.'s) more important interests of the Profession in England be submitted to the hazard of a radical reform. From all these considerations we shall feel no surprise if we find that Mr. Gladstone's University Bill plunges into the thick of the Medical controversies which have given the law-givers of the Profession in Ireland so much to think of within the last two or three years, and, if our anticipation proves correct, we shall look forward to a season of stormy debate on these subjects.

It is not without very grave apprehension that we await the elucidation of the matter. We entertain the profoundest distrust of a Medico-educational reform of the slashing Gladstonian type, debated not as a separate piece of important legislation, but as an apparently insignificant item in the detail of a great party and political question.

If the future of Irish Medical education be made a part of the great question of Irish education, we may be sure that whatever scheme Mr. Gladstone may hit upon—be it good or bad—will not be materially affected by any opinion the Profession may entertain or any opposition they may be able to offer.

Apart from this apprehension, we should be well satisfied to see the question of Irish Medical education extricated by a shake of Mr. Gladstone's powerful hand from the tangle in which it is now involved, and we see no reason why reforms in Medical education and qualification should not be initiated in a division of the Kingdom which has shown itself most ready for the change.

THE LATE DEATH DURING THE USE OF NITROUS OXIDE.

All those interested in the questions that lie around the subject of anæsthetics—and which of our readers is not—will probably heartily endorse all we said last week respecting the need of a *post-mortem* investigation into the exact cause of the recent death at Exeter. This, however, having been refused, it is gratifying to find that such information as could be obtained has been collected in such form as to make it reliable. Mr. Braine, who has carefully studied the subject of anæsthesia, has been to Exeter for the express purpose of investigating on the spot the late painful occurrence. Mr. Browne-Mason, the operator, Dr. Pattinson, the brother-in-law, and usual Medical attendant of the patient, who was present at the operation, and Dr. Drake, who was fetched on the signs of danger being manifested, and took part in the attempts to restore animation, have given every information in their possession to Mr. Braine. They have, moreover, reduced the history of the case to writing, and handed it over to Mr. Braine, who has already presented it to the Odontological Society of Great Britain, where it has been discussed with no little interest.

The paper in question was read in the first person singular, in the name of Mr. Browne-Mason; but, as we understood that it had been prepared with the co-operation of Drs. Pattinson and Drake, and is endorsed by these gentlemen, we look upon it as possessing the importance of a joint production.

Passing over the dental details, we find that the lady was 38 years of age, in good health, rather stout, and considered free from thoracic disease. We are told, however, that she had an elongated uvula and enlarged tonsils, and in consequence of these conditions her breathing, when hurried by exertion, was "snorting." The gas was evidently quite pure, the dress was loosened at the throat, and the usual face-piece was employed. An ordinary wooden gag was used.

The other details of the accident are thus stated in the paper presented to the Odontological Society:—

"I gave Dr. Pattinson charge of the pulse at the left wrist. After the patient had taken about half a dozen respirations, he exclaimed that the pulse was not so rapid; but he states that its volume did not vary. I removed the face-piece, saying 'Let us do without it,' and cut off the crown of the tooth with the excising forceps. This did not hurt the patient, as the pulp was gone, but on my thrusting a spear-pointed instrument into the pulp-cavity, and with a twist splitting the fangs, so much pain was produced owing to the previous inflammation of the periosteum of the fangs, that the patient declared that she could not bear any further operation unless more gas were given her. On rinsing out her mouth, the water was returned tinged with blood. An interval of ten minutes took place, during which the patient was somewhat hysterical, and, the bleeding having quite ceased, the same gag was replaced in its former position and the inhalation resumed. Dr. Pattinson cannot agree that the bleeding had *quite* ceased; it was never other than slight, but he thinks there must have been a minute quantity of blood exuding from the gum during the second inhalation. At Dr. Pattinson's request, I now took charge of the pulse at the right side, while he held that at the left. The patient took the gas well, but just before losing consciousness she raised her right hand and pushed off the inhaler, which I replaced, and continued the inhalation. Dr. Pattinson states it as his impression that no more gas was given after the inhaler was pushed away, the eyes never having closed. I noticed that the pupil of the right eye was slightly dilated, and on touching the conjunctiva, reflex action took place, showing that this membrane was not completely insensible. On removing the inhaler, I am quite certain, no blueness existed; and, finding the stumps exposed and uncovered with blood, I proceeded to operate, and attempted to seize the palatine fang with a pair of stump-forceps, but, the edge giving way, I dislodged it with an elevator, with which I afterwards easily removed the outer fangs. The whole operation lasted about three-quarters of a minute. I received all the fragments of tooth in my fingers, and feel quite sure nothing passed backwards into the throat. I then saw, for the first time, blueness of the lips; but Dr. Pattinson had noticed that, during the operation the ear on the right side was bluish, and on looking at the face saw blueness there also, but he says he did not mention it, as he had heard of this discolouration occurring at gas administrations. The symptoms now became alarming, the features

> appeared puffy and swollen, the eye-balls protruding, the breathing thick and stertorous, the point of the tongue thrust between the teeth, but no convulsive movements were visible. The pulse and the appearance of the pupils at this period were not observed, attention being paid to more urgent matters. An old attendant who was in the room exclaimed—'Take out he gag; she is choking.' This was the first suspicion Dr. Pattinson had anything was going wrong. The gag was then forcibly removed. It needed great force to separate the jaws, and possibly it was then chipped as you now see. It was erfect when inserted, and exactly where I placed it at first.
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> "Mr. Braine, on examining the gag ten days after the operation, pointed out to me the broken surface which I had not seen before, but, as I had never looked at it since, the piece may have been broken accidentally after its use on this occasion. I then thrust the head forward, to see that no blood got into the throat, and passed my finger down over the tongue to draw it forward, as it had now dropped back. From his time, Dr. Pattinson thinks there was fixity of expression, and no further entrance of air into the chest. The window was thrown open, and the face dashed with cold water. I now left to fetch further assistance. Whilst I was absent, Dr. Pattinson continued his endeavours, and applied strong ammonia to the nostrils; there appeared to him to be some sensibility, inasmuch as she seemed to recoil slightly from the pungency of the ammonia. He then noticed about a table-spoonful of water lying at the back of the mouth, which had lodged there during the time he was dashing it over the face; he drew the head forwards to allow it to run out. I then returned, after an absence of about three minutes, with Dr. Drake, for years past one of the most eminent physicians of the city, and at the present time Consulting Physician to the Devon and Exeter Hospital. At this time, the pulse was felt in both radials, and in the left carotid. I substituted the handle of the forceps exhibited for my finger, to keep the tongue forward, for the purpose of allowing more free access of air; and Dr. Drake performed artificial respiration by alternately pressing on the throat and then allowing it to expand by its own elasticity, at the same time raising the arms; and this was continued until the pulse ceased to beat. When Dr. Drake came into the room, he found the patient in the position described; her countenance was dusky, face swollen, eyes projecting; the tongue was in the mouth, with mouth open. He put his finger into the throat, to find that nothing interfered with access of air, as far as he could; she made three or four expiratory movements, accompanied by a slight sound. During this time, the pulse beat regularly, and continued to do so nearly two minutes after all respiratory movements had ceased. It was quite impossible for him, seeing her in a dying state a few moments only before death, to form any positive and precise inference as to the immediate cause of death, but his impression is as stated at the inquest.
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> "The blueness about this time began to disappear; all our efforts were unavailing; the pulse ceased to beat, and death ensued. Two hours and a quarter after death, the blueness had entirely disappeared. It is much to be regretted that a *post-mortem* examination was not permitted, as it would doubtless have cleared up many points which must now ever remain in obscurity."

Several suggestions were made at the Society to account for the death, and others have not been wanting. Indeed, the sad occurrence has called forth correspondence, not only in the Medical but in the lay press. This is certainly to be regretted. Especially is it unfortunate that in a case like this, in which no autopsy was permitted, that so many suggestions should be made in the daily papers to the bewilderment of the public, and to the confirmation of the prejudice that doctors never do agree.

When we compare the various explanations offered, we feel inclined to look upon them all as futile attempts to explain away an occurrence for which we have from the first been prepared. The public will not care one jot whether the patient died from one or another of the accidents that are incidental to anæsthesia; but they cannot help feeling anxiety now that they learn that a person may die while "asleep from the gas"—a fact that has in some quarters been too recklessly denied.

MR. HARGRAVE AND THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

We understand that in spite of the legal opinion against the legality of his election, and the vote of want of confidence in him adopted unanimously by the Council, Mr. Hargrave still continues to assume the position of representative of the College, and we believe, that at its meeting on Thursday last, the Council confirmed its previous vote, and adopted a resolution of regret, that Mr. Hargrave had not resigned. A notice of motion was handed in to the effect, that the Council being advised that the late representative was not validly elected would proceed at once to the choice of a fit and proper person to fill the office. This motion will come on for debate on Thursday next, and we have reason to hope, will be adopted. Its acceptance is really a matter very much of necessity. The Council has been distinctly informed by its legal adviser, that Mr. Hargrave's election was "irregular and informal, and that the course pursued was highly objectionable and such as ought not to have been allowed." That the election "could and ought to have been set aside, and that considering the fact that Mr Hargrave and most of the gentlemen now on the Council were parties to a transaction quite contrary to their ordinances, and in violation of their rules, and illegal, it would be but becoming on the part of the Council and Mr. Hargrave to proceed at once to a new election."

With such an opinion before them, the Council could not possibly take so grave a responsibility as that of sending forth a delegate, whom, disregarding for a moment the question as to his mental and physical competency, they knew to be illegally in occupation of his office. If they were to permit Mr. Hargrave to present himself at the Medical Council, under the authority of their silence he would, possibly, not be allowed to take his seat, and if he were, his first vote would be challenged as invalid, and all his proceedings set at nought by the members of the Medical Council. Moreover, the responsibility of every act and word of his would rest on those who knowingly permitted him to proceed as their delegate, without any legitimate authority to do so. We have to remind the Council, that on this day month the Medical Council holds its first meeting, and the time is short for the election, and instruction of their representative.

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Notes on Current Topics.

Septicæmia.

At the meeting of the *Académie de Médecine*, Jan. 21, some startling evidences as to the subtilty and danger of the septicæmic virus were produced. M. Davaine had introduced the subject to the Society at a previous meeting, and supported his observations by direct proofs of the action of the ferment. So startling were these that not only did M. Chassaignac characterise them as incredible, but M. Bouley, in renewing the discussion, stated, as we are informed by the correspondent of the *Medical Times and Gazette*,—"I must avow frankly that I, too, was at first seized with profound astonishment at the marvels displayed before us, and my first sentiment was one of doubt and incredulity, and it was in that sense I addressed the

Academy." In place of opposing mere sceptical assertions, however, M. Bouley requested M. Davaine to repeat the experiments in his presence, and from their results became convinced of the accuracy of his statements. Six watch glasses were placed on a table. Into the first, 100 drops of water were placed, and to these was added one drop of blood from a septicæmic rabbit; the whole was stirred so as to produce a solution of 1 in 100. One drop of this was placed in the second glass, containing 100 drops of water, and a dilution of 1 in 10,000 produced. In the third glass, a drop from the second gave a dilution of 1 in 1,000,000. In the fourth glass, a drop of the third dilution added to the 100 drops of water produced a dilution of 1 in 100,000,000. In the fifth glass, similarly treated, there was a dilution of 1 in 10,000,000,000; and in the sixth glass, a drop of the fifth dilution gave a trillionth (1 in 1,000,000,000,000). Matters being so disposed, four rabbits were inoculated respectively with the first, second, third, and fourth dilutions, a horse with the second, and a guinea-pig with the first. Next day all the rabbits were dead, the guinea-pig fell ill but recovered, and the horse sustained no harm. Since that time he has too frequently seen the efficacy of these minute dilutions to have any doubt of the fact whatever. Incomprehensible it may be, but of the fact there can be no doubt. M. Bouley communicated an account of numerous experiments which he has performed, showing that dogs also can be killed by the septicæmic virus derived from the rabbit, and that such virus derived from the horse possesses much less virulence than that furnished by the rabbit.

These announcements are certainly most remarkable, and would be well calculated to excite our scepticism were they not supported by facts. The occurrence of the syphilitic corpuscles lately described, as well as the apparent cholera germ, gives fresh impetus to histological research in this direction, and must eventually succeed in unfolding those hitherto unascertained sources of disease recognised as "occult causes."

Hospital Sunday Movement.

THIS laudable movement promises daily to be more successful, if we can judge by the statement that the Hospital Sunday collections at Nottingham on Sunday last realised about £850, and the working men's contributions on Saturday amounted to £150.

It seems strange that in Dublin such a movement should not be carried out. Efforts have been lately made to set in motion so laudable a method of applying to the charitable and benevolent, and it is to be hoped that, like some Irish undertakings, it will not fail from want of unanimity or anything of sectarian difficulty. If the Dublin clergy and public were in accord for once in such an object, a handsome sum could be realised for distribution. The practical hints thrown out by the reporter of the Nottingham movement should not be lost sight of, and the collected funds should be impartially distributed amongst "the legitimate charities" and working institutions. It is a hopeful sign to see that the "working men's" contributions amounted to so respectable a sum.

The Ether Anæsthetic Question.

WE find that one of the points so often mentioned as of importance in the successful administration of ether as an anæsthetic has been corroborated by the observation of the results in the Birmingham and Midland Eye Hospital. Mr. Smith, the house surgeon, observes that while, "during the last few months, ether has almost entirely taken the place of chloroform in the hospital," it has been found that, the nearer the approach to total exclusion of atmospheric air, the more satisfactory are the results obtained, and that when ether is administered by any method which allows a greater admixture of air, several inconveniences must be expected, viz., the necessity for using a larger quantity of ether, a longer period of administration, violent excitement on the part of the patient, great difficulty in inducing perfect anæsthesia, and the annoyance of an atmosphere loaded with the vapour, the odour of which clings to the administrator and others present for six or eight hours afterwards.

It is remarkable that this is the very caution which we have more than once chronicled in our pages as so insisted upon by Dr. Morgan, of Dublin. So far back as last autumn he noted this fact, and drew the particular attention of surgeons about to use ether as the safer, and we must think more satisfactory, agent, to the necessity of excluding air. The inhaler which he has devised, and which was shown at the Surgical Society of Ireland in the early part of this session, is intended for this very purpose, and is so constructed as to allow free in- and expiration of the ethereal vapour in the same chamber. We have frequently submitted cases in ophthalmic practice to etherisation by the use of the inhaler so constructed, and we can fully confirm its value and efficacy, altogether attributable to the special arrangement for securing the exclusion of atmospheric air, which, as noted in the Birmingham Eye Infirmary, secures the most satisfactory results. Indeed, the question seems to resolve itself almost into one of the exclusion or non-exclusion of air.

The question has received increased interest since the report of a case of death from nitrous oxide gas inhalation for the simple operation of removing a tooth; and as this anæsthetic has been said to be so free from danger, the importance of the warning so early given should not be underestimated. The remarks of a weekly contemporary are most apposite on this subject; when summing up the details of the case it states—"This lesson must not be forgotten. From no agent have there been so many hair-breadth escapes from death as from this gas; and probably of late some persons every day have been brought within the minutest line of the danger to which Miss Wyndham succumbed. Indeed, a leading dentist told us but a few weeks since that he never operated until the breathing had temporarily ceased. But because through all this risk there have been, it is assumed, no fatal accidents, the administration has gone on in contempt of warning and of obvious danger.

"The facts teach another lesson bearing on the cause of death. They show clearly that the assertion, so constantly made, that nitrous oxide gas does not affect the heart, is without foundation, for the first symptom presented by Miss Wyndham under the influence of the gas was rapidity of pulse, with diminution of volume."

The Ether Committee appointed by the Royal College of Surgeons and the Surgical Society of Ireland has arranged a satisfactory system of comparative investigation of the advantages of either of the anæsthetics, ether or chloroform, and has struck out a tabular system of queries which seem practical and complete. What with deaths from chloroform and with the lately recorded one from nitrous oxide which has hitherto been supposed to be free from danger, it is time that, without favour, fear, or prejudice, a conclusion should be arrived at.

Vaccino-Syphilis.

Fresh interest in this question has been aroused by another series of cases just now recorded by Mr. Hutchinson in London, who has brought the subject before the Royal Medical and Chirurgical Society in a form which cannot fail to seriously impress practitioners with responsibility in cases of vaccination, and call for the exercise of the greatest caution, not only in the selection of vaccinifers, but in the mode and extent of obtainingthe true lymph. The evidences of vaccination conveying the syphilitic poison have been too indubitable since the mishap known as the "Rivalta tragedy" first gave alarm. This remarkable tragedy is thus recorded:—On May 21, 1861, an Italian child, aged 11 months, was vaccinated from a tube; 46 other children were subsequently vaccinated from this child's vesicle, and from Manzona, 1 of these 46, 17 other children were vaccinated in ten days, of these 39 of the first and 7 of the last lot (being 46 out of 63) were attacked by syphilis. Twenty of the mothers or nurses of these 46 children contracted syphilis from them, and it was found that the child which was the original vaccinifer was undoubtedly infected. From the occurrence of this accident until now cases have from time to time been recorded, all of which, while confirming the communicability of syphilis by the process of vaccination, equally tend to prove that, provided the lymph only be taken and that the vaccine vesicle is not too fully drawn upon for a lymph supply, the danger of infection is *nil*. The cases just now related are remarkable, and we concur with the *Lancet* in the opinion that the inference from the group of cases related must be decidedly in favour of the *possibility* of communication of syphilis by the inoculation either of the blood of a syphilitic vaccinifer, or of the serum which oozes into the vesicle if the vaccinator be unwise enough to continue to take fluid after the first drop of lymph—the true product of the vaccination—has been exhausted.

To the Profession this question is of deep interest, in face of the difficulties of ascertaining how far a vaccinifer of a few months old is absolutely not syphilitically infected. A child may appear healthy at the time when the lymph is taken, but may almost immediately show syphilitic evidences; these may be deferred till a later period, or they may be so slightly marked as to escape observation in the ordinary routine of vaccination.

In many cases, even in three-fourths of those who are born syphilitic, as stated by some authorities, the questionable evidences show themselves within the first two months, but in others they are delayed; hence the question of the compulsory vaccination of children within the present limits is opened up, and whether it might not be desirable to relax the rule and extend the period to six months, or possibly till after the period of dentition if there is reason to have doubts on the subject. This subject is the more interesting as we have no substitute known for vaccination, and so doubtful may the source in the human become, that the advisability of taking the infection from the animal alone urges itself on our attention.

[We should be glad to hear from our subscribers and correspondents of any well-authenticated cases of vaccino-syphilis which have come within their knowledge. In Ireland, we apprehend, they are extremely rare.]

Chaps.

The intense cold has lately made the use of glycerine more common than ever, but a good many people complain of its irritating effects. This is because they use it improperly. They wonder that an article so bland in its general character as glycerine should produce smarting when applied to the skin, as it very frequently does, and the effect sometimes leads to the suspicion of adulteration with some irritating substance. The *Pacific Medical* remarks that the probability is that it is due to the affinity of glycerine for moisture, which it abstracts from the skin so rapidly as to produce the burning sensation. Pure glycerine when mixed with water will raise the temperature eight or ten degrees. To obviate the effect it should be mixed with water before its application. The addition of a small quantity of water will almost entirely prevent the irritation. This hint is, at any rate, seasonable, and will be taken advantage of by many.

The late Mr. Baker Brown.

In our obituary column we have given a detailed account of the most eventful acts in the life of Mr. Brown, and in the long history of his original and successful labours will perhaps be found the most fitting indication of his character.

On account of his lengthened period of suffering, Mr. Brown may be considered to have been dead to the Profession for some years past, and a proper estimate may already have been formed of his value and position amongst the surgeons of this generation. We have been gratified to see that those journals most bitterly opposed to him in his life have behaved with unwonted generosity to him now that he is gone. Alas! that all the praise comes too late. To what end now is the acknowledgment that the operation, which was the cause of his downfall, was "honestly devised as a legitimate resource of surgery?" What now avails him or his young family that he is described as "the consummate artist, the skilful dissector, the unequalled manipulator?" That "perfection of a surgical hand, those slender, long fingers which moved in any direction, and worked with marvellous precision and intelligence in canals and cavities which it had long been thought could never be reached by human hand"—all now are cold and dead, and we look in vain amongst those who are left for a successor of such originality, boldness, and inventive genius.

As a man, Mr. Brown was most kind-hearted and generous, but he sometimes acted without sufficient reflection, was easily provoked, and not sufficiently conciliatory to his enemies. He was an able debater in discussion, and had an eloquence and readiness of words rarely found in our Profession.

The Professorship of Anatomy and Chirurgery in the Dublin University.

The visitors—Sir Joseph Napier as Vice-Chancellor, and Dr. Battersby, Q.C., as Deputy for the Archbishop—sat on Monday and Tuesday week to hear and decide the question at issue between Dr. McDowel and the Board of Trinity College. The controversy, our readers will remember, was as to whether the Board had or had not power to require Dr. McDowel to resign his connexion with the Richmond Hospital or to allocate any part of the dissecting room fees for the endowment of a Professorship of Comparative Anatomy. The visitors were addressed at great length by Dr. Ball, Q.C., M.P., and Mr. Tandy, Q.C., on behalf of the Board, and by Mr. Butt, Q.C., and Mr. Gerald Fitzgibbon, Q.C., on behalf of Dr. McDowel. At the conclusion of the arguments judgment was deferred until Saturday, but on that day it was again postponed, and will be delivered this day. The controversy excites much interest in the Profession, because, should Dr. McDowel's contention be defeated, the power of the Board to alter the position and duties not only of the University Professors but of those of the College of Physicians, will be established.

Dr. Brewer.

Parliament has been opened and is now in full work. On the first night of the session it was pleasant to see Dr. Brewer in his place, he having returned in safety after his late illness.

Female Chemists.

The female students have invaded the preserves of the Pharmaceutical Society, and claim to be admitted to the practice of the "art and mystery" of dispensing, but, as yet, have not succeeded in establishing their position. Having passed the preliminary examination for apprenticeship, three young women—Alice M. Hart, Rose C. Minshull, and Louisa Stammivitz—were presented for election by the Council of the Society. To their admission a direct negative was moved, but after a lengthened debate, the motion was rejected by a majority of one. It was then moved that the subject be deferred until after the election of a new council in June next. On a division, one member refused to vote, and, consequently, the votes were equal, and the Chairman having given his casting vote in favour of the proposal for postponement, it was carried, and the female candidates were adjourned accordingly.

Excessive Mortality in Dublin.

The health of Dublin during the year 1872, as represented by the Registrar-General's annual return, has been very bad. We publish a full abstract of the Report in the Irish Supplement to our Journal, but the principal features of it are worthy of notice here. The registered mortality of the year, 29 per 1,000 of the population, is higher than that of any city of the empire except Cork. By zymotics the deaths were 800 more than the average of eight years, although the cholera epidemic went to swell the latter average. Small-pox cost the community 1,150 lives, and measles 202 as against 26 last year. The importance of these figures is enhanced by the consideration that the Dublin Registration District includes all the suburban districts, in some of which the mortality is only 14 per 1,000.

Ambulatory Ophthalmic Practice.

Amongst the proceedings of the recent meeting of the International Ophthalmological Congress, under the presidency of Mr. Critchett, we find that the Congress was advised, in framing rules for the admission of its members, to adopt the following law :—

"It is enacted that a secret ballot may be held for the exclusion of a member by a demand, signed by at least ten members. *The habitual exercise of ambulatory practice is a cause for exclusion.*"

This proposition formed part of a manifesto which had been drawn up and signed by a great number of members. This manifesto proceeded as follows :—

"In the estimation of the world, oculists have not always been classed as they are to-day. One could formerly see them then going from village to village, from suburb to suburb.

"Thanks to heaven, this pitiable class has disappeared, but the tradition of the travelling oculist is not yet extinguished, and we do not hesitate to admit that we owe to the conduct of those who have not broken off the shameful record, to find ourselves from a professional standpoint less high in position than we should be.

"We still see, even now, practitioners, some of whom occupy lofty and lucrative positions, repair periodically to places distant from their residences, and even to make trips to foreign countries, there to dispute with their fellow professionals who are often more meritorious than they, the practice which supports them."

The practice of "peripatetic ophthalmology," to which this extract refers, may appear to have little interest or reference to us. We refer to it, however, because we are aware that such practices are not unknown to English ophthalmic surgeons, and we desire to express the hope that in the face of a rebuke so incisive we shall no longer "see practitioners, some of whom occupy lofty and lucrative positions, repair periodically to places distant from their residences, there to dispute with their fellow professionals who are often more meritorious than they, the practice which supports them."

Up to a recent period it has been the habit of a leading London ophthalmologist (and one who took a prominent part in this Congress) to make the South of Ireland a vacation feeding ground, and combining relaxation with business and with the help of certain friendly resident jackals, pick up such operation patients as might be disposed to accept the services of the great London eye doctor without incurring the expense of a personal visit to him. For several successive summers, and, for ought we know, up to the present time, the annual peddling expedition was carried out, and we have seen more than one Irish patient who was operated on in Ireland and attended by the oculist in question on such occasions. We trust that the blush which the reading of this manifesto must have brought to the cheek of the gentleman was not observed, and that, taking to heart the sentiment therein conveyed, he will next time be able to take his seat at the Congress with a clear conscience.

The Woolwich Workhouse.

The unpleasant relationship that very frequently exists between the Medical officers and the masters of our workhouses is universally acknowledged. From time to time it has been severely commented on by the press and by the Profession. Occasionally, too, that relationship has been regretted, censured, and "summarily dismissed" from the "governing minds" of that much worried council, the Poor-law Board. Undoubtedly, the Poor-law Board has most arduous, difficult, and diversified duties to execute; nor are we disposed to gainsay the mode—save on occasions—in which these duties are performed by them, but that the pedestals on which it placed the masters of our workhouses (and their immediate subordinates), and the "authority," *swing*, and occasionally the ignorant impertinence exercised by these persons over the Medical officers—backed up and supported by the majority of guardians very frequently—have lately become such formidable "thorns in the side" of the present system of pauper relief as to call for reform, both prompt and incisive ; no one can deny. Therefore, we ask for such revision of that portion of the system as bears on the business relationship of the Medical officers and the masters. At the present time the "system" works this way. Any dunce, master of a workhouse (and many dunces have been from time to time elected, and many of them, too, still occupy the positions), provided he have familiar intercourse with the asinine ears of a section of the guardians under whom he acts, may snub the doctor with impunity, dictate duties to him, cause his satellites to worry him, control the nurses in their attention to his patients, and leave him powerless for action, unless he buckles on the armour of defence, appeals to the Poor-law Board, or calls for an inquiry, and then—Heaven help him ! The church, the law, the land, and the shop interests will *frounce* him by turns, whilst most probably a member of his profession looking at the fun, will enjoy it.

To full-grown bodies—sound and healthy—we seldom if ever prescribe the unrestricted wielding of caudle-spoons, nor do we recommend Mather's feeding bottles, condensed milk, nor even Robb's biscuits indiscriminately, as a rule; yet in the case of the Woolwich infant guardians who now whimper and whine because their Medical officer appealed to the *sensible* authority of the Poor-law Board, having been "Jalloped" and "Botherwelled"—the words have been attributed to the Guardians—by the local authorities, we unhesitatingly recommend *pap* as likely to offer them food for contemplation. But let us not be accused of suggesting the propriety of the nurses essential for this "baby dandling" being supplied from the workhouse, where they have been so very limited heretofore, where all things seem doltish, and where Bumble is "wery wicious" indeed.

Speed at the Press.

We consider ourselves fairly entitled this week to claim credit for "speed at the press." The Pathological and Obstetrical Societies of Dublin met on Saturday night, and from shorthand notes, more than eight columns of matter were transcribed, composed, and printed by Monday night, Sunday intervening. This is speed extraordinary. There were subjects more than usually important presented at both Societies.

We announce with much satisfaction that Dr. McClintock, of Dublin, has resumed his professional practice, being perfectly recovered from his recent severe illness.

We hear that the Government of France has found it necessary to close the Medical school at Montpellier. The cause of this decision is not stated.

The Metropolitan Asylums Board, on the 25th ult., decided that in future all Jewish imbecile patients should be kept at the Leavesden Asylum.

The Regius Professor of Medicine at Cambridge University, Dr. Henry W. Acland, proposes to have a class for clinical instruction at the Infirmary on every Saturday, at 10 a.m., commencing on February 15th.

The Medical Society of the College of Physicians will meet on (this) Wednesday evening, when the following communications will be read :—1. Dr. Grimshaw—"On a Case of Aneurism of the Basilar Artery ;" 2. Dr. Henry Kennedy—"Remarks on the Etiology of Enteric Fever."

From the Registrar-General's last week's returns the number of deaths registered in the metropolis were 1,336. The mortality in London had increased from 18 to 21 per thousand, and Portsmouth, which has been for some weeks far below any other town in England, rose to the same rate, whilst Bristol took its place last week as the healthiest town in England with a mortality at the rate of 18 per thousand.

A series of lectures on sanitary and allied subjects will shortly be given in the theatre of the Royal Dublin Society. The introductory lecture will be delivered by Dr. Stokes, Regius Professor of Physic in the University of Dublin, on February 22nd. Other lectures will follow by Drs. Emerson Reynolds, J. W. Moore, James Little, Professor Haughton, Drs. Hudson, Grimshaw, Mapother, Robert McDonnell, Messrs. Parke Neville, C. E. Drew, and Furlong, Barrister-at-Law.

The College of Physicians of Ireland is about applying for an amendment of their Charter, in order that the subject of election of Fellows by ballot, which was the subject of Visitation last year may be set at rest. On the last day of January a motion was made at a general meeting of the College by Sir Dominic Corrigan—

"That the Fellows of the College are at present wholly a self-elected body, with absolute and uncontrolled power to reject, without any cause assigned, any and every candidate for Fellowship. That it would be of advantage to College itself to introduce into its constitution the principle of representation ; and that to effect this, the Licentiates of the College, or Members and Licentiates as the case may be, should have power, when assembled in convocation on St. Luke's day of each year, to select from among themselves, as hereinafter provided, representatives, to the proportion of one-fifth of the number of Fellows then existing, but not more—it being always provided that not more than two such representative Fellows shall be elected in any one year, and that such Convocation, in so selecting, shall not directly elect, but shall at such meeting of such Convocation select three names, from which the Fellows of the College, on said St. Luke's Day, shall elect two or one, as the case may be, for Fellowship."

The motion was, on a division, rejected by a vote of 14 to 2.

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Transactions of Societies.

DUBLIN PATHOLOGICAL SOCIETY.

[SPECIALLY REPORTED FOR THE MEDICAL PRESS AND CIRCULAR.]

Meeting held on Saturday, February 8th, 1873,
Dr. Henry Kennedy in the chair.

AORTIC PATENCY—HEMIPLEGIA—MITRAL OBSTRUCTION—IDIOPATHIC ANEURISM OF ULNAR ARTERY.

Dr. Nixon said, the man from whom these specimens were taken was a wire worker, æt. about 23, admitted into the Mater Misericordiæ Hospital on the 18th of September last. Prior to present illness his health had been bad ; he suffered from three attacks of acute rheumatism, and lately was subject to palpitation of the heart and a feeling of cardiac distress. About five o'clock on the morning of admission he awoke with a violent pain in the back of the head. Notwithstanding this, he dressed and went to his work as usual. The pain in the head became more severe, and about seven o'clock, whilst cutting across some iron rods, he suddenly felt a tingling sensation in the little finger of the right hand. The tingling involved the remaining fingers, extended up the arm and right side of face, then suddenly shot down the right side of the trunk to the right leg. He called for help, walked or limped a few paces towards a fellow workman, and then fell helplessly to the ground. Consciousness was unimpaired. He understood everything said to him. About three hours afterwards Dr. Nixon saw him in hospital. He was perfectly collected, and described to him the nature of his attack: his speech was hesitating and somewhat inarticulate; there was no paralysis of speech; there was neither aphasia nor amnesia; there was simply difficulty of articulation, or, as it is called, "thickness of speech;" there was no paralysis of the tongue. The muscles of the right side of the face were flaccid; it had lost its expression. There was complete motor paralysis of the right upper and lower extremities. On examination of the affected part with the Æstheziometer, I found that sensation was unimpaired. The temperature in the right axilla was 100° F., being nearly a degree higher than that of the left one. There was unilateral sweating of the right side of the face and upper extremity. On placing his hand over the heart he felt a well-marked fremisement, and on stethoscopic examination a loud double bruit was heard at the base. The diastolic bruit was of a peculiarly prolonged character; it gave one the idea of a tongue of fibrine been attached to one of the valves, and thrown into vibrations by the regurgitating blood. The first sound was heard clear and free from murmur; a little to left side of impulse beat, there was marked visible pulsation of the vessels; the pulse was regular, collapsing, and hammer-like; there was not much increase of cardiac dulness; no displacement of apex beat. The urine was normal in specific gravity, and free from albumen. The diagnosis then made was aortic obstructive and regurgitant disease, with the probable detachment of a portion of fibrine from the diseased valves, producing an embolon of the same branch of the left middle cerebral artery. In course of time complete motor power returned to right upper extremity, the face regained its expression, and partial power returned to right leg, but he still "dragged" it after him. The area of cardiac dulness has increased considerably; the heart underwent the displacement downwards and to the left side, and he might say here that towards the end of the case the apex beat was felt on a line with the left nipple, and about one inch below it. About the middle of November, his colleague, Dr. Hayden, in examining the case with him, called his attention to a bruit heard at the apex of the heart. He had no difficulty in recognising it as presystolic in character. It was followed by a clear first sound. Dr. Hayden at this time unhesitatingly diagnosed a contracted mitral orifice, now super-added to the aorta disease. Although he (Dr. Nixon) was satisfied that the murmur heard at apex was mitral and presystolic, yet he found it difficult to conceive that the auriculo-ventricular orifice should have become contracted without any change being manifest in the physical condition of the patient. He was on the whole rather better; there were no pectoral symptoms to speak of, and there still existed the peculiar pulse of aortic patency. Having regard to the pre-existing aortic disease, and the dilated condition of the left ventricle, with the probable large amount of blood regurgitated into it, it occurred to him that this blood, by flapping over the curtains of the auriculo-ventricular valve against the mitral orifice prior to the auricular systole, might in that way obstruct the passage of blood from the auricle into the ventricle during the auricular contraction, and thus develop a bruit before the first sound. Whilst under treatment a new point of interest presented itself. A pulsating tumour was discovered about an inch below the bend of the right elbow, over the site of the ulnar artery. It gave no annoyance to the patient, and its discovery he might say was accidental. The tumour was deeply seated beneath the flexor muscles; it possessed an expansile pulsation, which was arrested by compressing the brachial artery; during the compression the tumour felt soft, and it was reducible in size. When the compression was removed it became suddenly dilated. Over it was heard a loud systolic whiz. The pulse in the ulnar artery was not perceptibly reduced in volume, differing in no respect from the pulse in the opposite limb. On being questioned, he told us that about two months ago he recollected having worked one day unusually hard, from early in the morning until night he was cutting iron wire coils into lengths for garden pailings. The scissors which he used for the purpose was a very blunt one, and it required a considerable and sudden muscular effort to sever the wire. That night he complained of soreness about the elbow, and some stiffness in the hand; he noticed a slight swelling in the forearm, just below the joint. Next day he went to work as usual, and although there was some uneasiness in the arm, he took no further notice of it, nor did he mention anything in connexion with the tumour until his attention was called to it. There was difficulty in recognising the case as one of aneurism of the ulnar artery. One peculiarity existed, viz., that the ulnar pulse was unaffected. During the period of his stay in hospital, the aneurism increased considerably in size; the girth of the forearm, across the site of the tumour, was three quarters of an inch more than that of the opposite limb. He began to complain of cramp, chiefly in the hand. He was unable to close the hand, although at the time the right arm had completely regained motor power, and it was remarked that the little and ring fingers possessed least power, owing to the probable pressure on the ulnar nerve. Under some of the usual plans of treatment the tumour became apparently consolidated, and the bruit in it ceased. The man left hospital on December 23rd. He heard nothing more of the patient until the 25th ult., when he again presented himself at hospital and was admitted. He was extremely anæmic. The face, neck, and legs were œdematous. He complained greatly of cough, accompanied by slight hæmoptysis. There was great tenderness over the region of the liver; it was enlarged to a very considerable degree. He had suffered from an attack of jaundice previously to admission, which, however, had passed away. The urine was small in quantity; its specific gravity was 1·025; it contained a large quantity of lithates, and it was albuminous. The cardiac dulness had greatly increased in extent. The presystolic bruit was audible at the apex. The double bruit was heard at the base. The bases of both lungs were dull and crepitating. On the 3rd February the hæmoptysis, which had ceased, suddenly returned, respiration became greatly embarrassed, the pulse became quick and feeble, the lips were livid, acute agonising pain was experienced about the heart, and about four o'clock on the morning of the following day he died. Dr. Nixon said he should add that on the previous day the mitral bruit had ceased to exist. With reference to the ulnar aneurism, the tumour, though apparently smaller, was soft and fluctuating; its expansile impulse had returned. The bruit was again heard over the sac. In making the *post-mortem* examination he was kindly assisted by Dr. Ward, also by the resident pupil, Mr. Rice. Both lungs were in a state of pneumonia, liver enlarged, congested, and its cells filled with granular fat. The heart, with its contained blood and the thoracic aorta, weighed 31 ounces; emptied of blood it weighs 25 ounces. The right auricle is normal in capacity. The right ventricle is much diminished in size, owing to the encroachment on its cavity by the ventricular septum. The left auricle is somewhat dilated; its walls are normal in size. There is contraction of the auriculo-ventricular opening; it barely admits the extremities of two fingers. The cavity of the left ventricle is immensely dilated, and if they took into account what ought to be the relative size of the mitral opening, he thought he was justified in saying that the auriculo-ventricular opening was diminished one-half. On the auricular surface of the mitral curtains were a number of beads of lymph. The aortic orifice was the seat of exaggerated disease. Large warty vegetations were attached to all the valves, and a large fibrinous mass might be seen hanging down in the ventricle attached above to one of the semilunar valves, below lying free. This tongue of fibrine must, during the regurgitation of the blood, have been carried over against the anterior segment of the mitral valve. The ascending aorta presented some traces of atheromatous degeneration. It was a question to be determined whether the contraction of the mitral opening which existed presented the pre-systolic murmur, or whether it was caused in the way previously surmised. The beads of lymph found on the auricular surfaces of the mitral valves were certainly of themselves sufficient in amount to produce obstruction to the passage of the blood into the ventricle, and he thought, from the dilated condition of the latter, the large reflux of blood from the aorta must have brought the mitral curtains towards each other, thus exposing their roughened auricular surfaces to the passage of the blood, and thus producing the obstructive murmur. On microscopic examination of the heart, many of its fibres presented the appearances of advanced fatty degeneration. He examined carefully the base of the brain for evidences of the cause of the hemiplegia. He found no disease of the vessels of the left side, and though he traced carefully the branches of the left middle cerebral artery, he found no traces of embolic infection in them. On the right side he found a small branch of the right middle cerebral converted into a fibrous cord. Not having found any cause for the paralytic seizure at the base of the brain, he then proceeded to examine it from above downwards, and making on the left side the section of the centrum ovale minus, he observed a dark brownish clot (evidently altered blood) in the middle of the medullary substance. This he found proceeded down the fissure of Rolando, and thence into the lateral ventricle, where it lay immediately on the outer side of the corpus striatum. It lay altogether free of the optic thalamus, which explained the absence of paralysis of sensation. He presented to the Society a specimen of an aneurism of the ulnar artery, the first of its kind shown in the Pathological Society of Dublin or of London. The tumour was situated on the inner side of the ulnar artery, about an inch and a half below the bifurcation of the brachial artery. Lying immediately along its inner side was the ulnar nerve. The sac of the aneurism contained fluid blood.

Dr. Bennett exhibited a specimen of

CONGENITAL DEFORMITIES OF THE CLAVICLE

which he had met with in the course of dissection, and which, he thought, was a case of united fracture of the clavicle in some of its more rare forms.

Dr. Quinlan said the specimen he wished to bring under the observation of the Society was taken from the body of a man who had died in St. Vincent's Hospital on the morning of the previous day. He was admitted on the 20th December, and then did not complain of his kidneys, but exhibited dyspeptic symptoms; and as he said he had been a hard drinker, he was admitted under the idea that he was probably suffering from disease of the liver. An examination of the urine showed it to contain a deposit of casts of tubes and spheroidal epithelium, and it was also loaded with albumen. The symptoms increased steadily and rapidly; pains were felt in the back, the urine became less in quantity, the albumen increased, and the quantity of deposit above described also became larger. The feet now began to swell, and the swelling extended to every part of the body except the neck and head. The case, in fact, exhibited all the symptoms of rapidly-progressing Bright's disease. About three days before death he became gradually stupid and heavy, evidently from eursemic poisoning. The night before his death he became comatose, and died early on the following morning. There was no vomiting nor convulsions. A *post-mortem* examination was made five hours after death. The liver exhibited rather a tendency to cirrhosis. Both kidneys showed the well-known appearances of the waxy form of Bright's disease, but without enlargement. The lower part of each kidney was congested, and was evidently the only sound and working part of the organs left; and in Dr. Quinlan's opinion it was the congestion of this sound and working portion and the consequent sudden and total stoppage of the process of ureal elimination which was the immediate cause of death.

Dr. Kidd brought under the notice of the Society a case of

FIBROUS TUMOUR IN THE UTERUS,

and a report of his observations concerning it will appear in our next impression.

DUBLIN OBSTETRICAL SOCIETY.

[REPORTED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

The fourth meeting of the thirty-fifth Annual Session, was held on Saturday, February, 8th, 1873, at the College of Physicians. Dr. Sibthorpe in the Chair.

Dr. Kirkpatrick having read the minutes of the previous meeting, they were signed.

The Chairman announced that the Council had recommended the following bye-law for adoption :—"That members wishing to compound, may do so by paying £5 in lieu of annual subscription."

Dr. Kidd gave notice, "that at the next meeting of the Society, he would move the adoption of the bye-law recommded by the Council."

Dr. Kirkpatrick then stated, that he had received a letter from Dr. Morgan, who was to have read a paper that evening on "Specific Inflammation (Dactylitis), of the Hands and Feet in Children," stating that in consequence of the serious illness of a member of his family, he would be unable to attend.

Dr. Kidd then brought under the notice of the Society, the case of "Fibrous Tumour of the Uterus" which he had stated at the meeting of the Pathological Society, and which will be published in our next impression.

Dr. Thomas More Madden asked the indulgence of the Society in reference to a communication which he was to have read on "Certain Improvements in the Long and Short Forceps, and on their use in Midwifery Practice." From circumstances which has arisen, he would be unable that evening to read the paper he had alluded to, but he had prepared a paper on another subject, and if he had the permission of the Society, he would read it instead of the one to which his name was attached on the notice paper. (Hear, hear). Dr. Madden then proceeded to read a paper on

CHRONIC INFLAMMATION OF THE CERVIX UTERI, ITS EFFECTS AND TREATMENT.

In the course of his observations, he said that chronic inflammation of the cervix uteri was the most frequent of all the diseases peculiar to women. Thus, according to Dr. More Madden's experience one-tenth of the patients that attended the Dispensary for Diseases of Women belonged to this category, and in private practice he found this disease quite as prevalent. Amongst the consequences of chronic inflammation of the cervix uteri, Dr. More Madden included endo-metritis, ulceration and hypertrophy of the cervix, menorrhagia, dysmenorrhœa, vaginitis, leucorrhœa, hysteria, and above all, sterility. The treatment of these diseases he regarded as still vague and unsatisfactory, generally protracted, and frequently unrewarded by the cure of the disease. He considered that this was mainly owing to the constitutional causation of these diseases not being duly appreciated in practice. No one conversant with Medical literature could fail, on comparing the medico-chirurgical publications of the present time with those of any former period, to observe the great prominence now given to the study of uterine affections, and the importance attached to them. The questions that not unnaturally arose were, had these diseases really become more common than was formerly the case? or is it, he asks, merely now the fashion of the day to ascribe all obscure complaints to uterine disorder, as it was formerly to attribute them to "the vapours" or the "spleen," or the more modern "nervous and bilious complaints," each of which was, at one time, so prolific a supposed cause of patients' ailments, and more certainly of physicians' fees? Or, have uterine complaints been always as prevalent, though only now discovered by the improved means of diagnosis furnished by modern gynæcological science? Opposite as these doctrines appeared, and warmly as they had been espoused by conflicting authorities, there was, nevertheless, as in most other disputed subjects, some truth, as well as some error in each of them. Uterine diseases were more commonly met with, as well as more in vogue, and above all they were more easily recognised than was formerly the case. The vaginal speculum was unquestionably the greatest improvement that modern science had contributed to this department of Medical practice. It was as essential in the treatment of uterine complaints, as the stethoscope in the diagnosis of pulmonary or cardiac diseases. But it might be abused as well as used, and for his part he could not approve of the indiscriminate resort to the speculum now so general in all cases of suspected uterine disease, and more especially when occurring in young unmarried women. He had had daily occasion, for some years, to induce as many speculums in hospital and dispensary practice as most practitioners, but yet he never regarded himself as justified in so doing in any case in which the instrument could be possibly dispensed with. Many cases had come under his notice, in which, patients having been previously treated for ulceration of the os uteri, insisted on being "examined," and when, as not unfrequently happened, he did not think this procedure necessary, these persons were dissatisfied, and considered themselves neglected. And yet in a large proportion of such cases, by simply paying attention to the general health of the patient, ordering the free topical use of cold water, and enjoining total abstinence from marital relations, all the symptoms would subside, and the invalid would regain perfect health, the *mens sana in corpore sano*, far more completely and rapidly than if the parts had been subjected to the mechanical irritation of repeated examinations with the speculum, and so aided in keeping up that morbid concentration of the imagination on the supposed seat of the disease, which is so common in such cases. But, whenever extensive disease of the os or cervix uteri exists, the use of the speculum is, of course, indispensable. Dr. More Madden then described the symptoms of uterine disease, and next described the causes of the prevalence of these affections. Of these, he said: "In considering the causes of chronic inflammation and ulceration of the uterus and especially of the cervix uteri, undue importance is now-a-days attached to the local exciting causes of these affections, whilst the constitutional predisposing causes which I consider as the *fons et origo maloren* are disregarded. This matter is one of considerable practical importance, for if the views herein set forth as to the constitutional causation of local uterine diseases attended by inflammation, ulceration, sterility, and other organic and functional derangements be right, the treatment of these affections will be materially changed, improved, and simplified. The scrofulous diathesis is, in my opinion, and according to my experience, one of the most common predisposing causes of the diseases that form the subject of the present paper. This fact, as far as I am aware, is completely ignored by all the recognised authorities on the subject, and my chief object in coming before the Obstetrical Society with this memoir is to call attention to the connection between struma and the most common forms of uterine disease, in the hope of thus contributing to a more satisfactory and rational plan of treating these complaints. My attention was first called to this point by noticing that amongst the large number of patients suffering from chronic uterine affections, such as leucorrhœa, endo-metritis, inflammation, ulceration, or hypertrophy of the cervix uteri, ovarian pain, sterility, repeated miscarriages, derangements of menstruation, &c., that come under my observation at the Dispensary for Diseases of Women attached to the Lying-in Hospital a very considerable proportion was obviously of well-marked scrofulous habit; in many instances they suffered from actual scrofulous disease of other parts, and in others I was able to trace the influence of a hereditary scrofulous taint. In these cases the uterine symptoms, the character of the inflammation, the form of ulceration, and the nature of the discharge were all impressed with the scrofulous type. The constitutional condition of the patient being thus strumous the local uterine disease is precisely analogous to the scrofulous inflammation of the conjunctiva or phlyctenular ophthalmia of strumous children, being attended by a similar tendency to produce excoriation or phlyctenulæ of the mucous membrane, and, by a somewhat similar glairy discharge, and being as intractable under ordinary treatment. Many of the symptoms of scrofulous inflammation are generally present in the cases under consideration; in these the inflammatory action is as insidious in its first encroachment as chronic in its course, as obstinate in its duration, and as difficult to cure. Like all other forms of scrofulous inflammation, that affecting the cervix uteri is peculiarly apt to lead to the formation of ulcerations of the characteristic strumous appearance, irregularly circular in shape, superficial in depth, pale and flabby in aspect, possessing little natural sensibility, but occasionally angry and irritable, tedious beyond patience when neglected or maltreated, and best cured by the treatment appropriate to other diseases of the same character. The treatment of the complaints now under consideration may be divided into 1st, the topical medication required by the widely varying forms of inflammation, hypertrophy, or ulceration that may be present in each case; and 2ndly, the cure of the constitutional derangement which always accompanies, and I believe very frequently causes, the local disease. At the present time almost exclusive attention is paid to the former, the latter being as generally neglected. For my own part whilst I attach due importance to the local treatment of all uterine diseases, yet I am fully convinced by experience that the reason the cases we are now considering are generally so tedious and protracted in their cure is, that the greatly improved local treatment now relied on is not assisted by proper constitutional remedies. I shall, therefore, in the first place briefly allude to the constitutional treatment I consider necessary in these cases, for, as I have just stated, I regard chronic inflammation of the uterus and its results, including ulceration, as a consequence of a coincident constitutional disease and therefore not to be cured by local treatment alone, except in those rare cases in which it is due to local mechanical irritation. In accordance with the views already expressed as to the frequent connection between chronic uterine complaints and the scrofulous diathesis, I would strongly urge the advisability of giving a fair trial to anti-strumous remedies and regimen in the cases now under consideration. I have seen numerous instances of what I regard as scrofulous ulceration of the cervix uteri thus cured without any local application beyond that of a little tincture of iodine and the use of vaginal injections. My experience of their use would lead me to recommend the simple preparations of iodine given in the small doses originally ordered by Lugol, such, for example, as the one-eighth of a grain of iodine with one-fourth of a grain of iodide of potash in preference to the larger doses of its compounds now generally prescribed. In case where symptoms of anæmia predominate, the various combinations of steel with iodine are of singular benefit, all symptoms of uterine disease often disappearing under their use without any local treatment whatever. Of all the remedies I have tried in these cases I have found no one so generally serviceable as a mixture of equal parts of cod-liver oil and syrup of iodide of iron. Scrofula, although a frequent, is by no means the only predisposing constitutional cause and accompaniment of the diseases we are discussing, and hence, in a large number of cases we must have recourse to other constitutional treatment to alter that morbid state of the system which is the remote cause of the existing uterine congestion or inflammation. This must be effected by a modified antiphlogistic treatment, conjoined with rest, tonics, and sedatives, as well as the local use of baths, or injections, caustics, astringents, counter-irritants, or local depletion, according to the special requirements of each case. As a rule, chronic inflammatory disease and its effects of the uterine whether limited to the cervix or affecting the entire organ when not of scrofulous origin requires the administration of mercury, which is best given in the form of small doses of the perchloride, one-twenty-fourth of a grain three times a day, in the tincture or infusion of bark. Notwithstanding the prevailing scepticism as to the efficacy of medicines in these chronic uterine affections my experience of many cases has fully convinced me that although the local symptoms may subside for the time under purely local treatment the patient is more quickly as well as more permanently cured by the administration of constitutional remedies, such as that just referred to, whilst due attention is, at the same time, paid to the local treatment of the ulcerated or inflamed part. The prevailing type of chronic uterine complaints, like that of all other general diseases of the present time, is essentially asthenic and require the administration of tonics in almost every instance, and more especially the preparations of steel, iodine and quinine combined, when circumstances admit of it, with change of air and mineral waters. The curative effects of change of climate and of mineral and thermal waters in cases of chronic uterine disease as well as other disorders is a subject on which I am entitled to speak with some confidence, having given my attention to it during several years of travel and clinical observation in the health resorts of the Continent and the Mediterranean shores of Europe and Africa, as well as at the spas of Germany, France, and Italy. No class of remedies is so useful and so generally appropriate in all chronic uterine diseases of an inflammatory origin, and more particularly when producing ulceration or hypertrophy of the cervix uteri, as mineral and thermal waters used at their sources, and hence conjoined with change of climate. These maladies are peculiarly chronic in their course, and almost imperceptibly produce their ultimate result, namely, the causation of structural or organic mischief." Dr. Madden then proceeded to point out seriatim the various spas suitable for the treatment of the different forms of chronic uterine disease. With regard to the local treatment of cases of chronic inflammation, ulceration, and hypertrophy of the cervix uteri, he fully admitted the great importance of local treatment in these cases. Vaginal syringing, either cold or tepid as may be most agreeable to the patient, was the first method of using any topical remedy in uterine diseases, and it remained one of the most useful and indispensable. Various fluids have been proposed for this purpose. In cases of mere inflammation or congestion without ulceration or bad leucorrhœa, cold or tepid water or infusion of chamomile thrown up by a syphon vaginal syringe, in quantities of a pint or two twice daily, was, perhaps, the most useful. Where an astringent is required the decoction of oak bark, with or without sulphate of alum, ʒj. to the pint, or a similar quantity of the compound powder of catechu mixed in warm water, strained and used cold, or a very weak solution of the perchloride of iron generally answered. If the discharge be offensive, a weak solution of permanganate of potash or of carbolic acid might be tried, and if pain be the prominent symptom, a little liquor opii (ʒj. ad O) might be resorted to. These cases seldom come under observation till the disease had passed from the stage of congestion or inflammation into that of ulceration. If, however, the cervix was found congested on examination whether ulceration was present or not, it might be relieved by a few punctures with a sharp bistory in the congested organ, or with less trouble to the patient, and generally equally effectually, by the application of a plug of wadding saturated with glycerine to the os and cervix uteri. In this way it acted as a powerful depletant, and on the removal of the plug, which should be withdrawn within twenty-four hours, the part which might have previously been congested and angry-looking would be found pale and of normal colour, or if ulcerated, the abraded surface will appear perfectly clean and healthy-looking. It need hardly be observed that these effects were not permanent; but the repetition of the same application would for a long time continue to produce similar results, until either the remedy lost its power or the disease was cured. In the majority of cases of simple ulceration of the os and cervix uteri a free application of a strong tincture of iodine twice a week was the best and most speedy curative local application that can be made. If that failed, as it sometimes would, the solid nitrate of silver or a strong solution of this salt may be similarly employed. Whenever there was any well-founded suspicion of the ulceration being of syphilitic origin, the acid nitrate might be resorted to, but required to be most cautiously used. In the severer cases of granular ulceration extending, as was frequently the case, from the os through the patulous cervical canal to the body of the uterus, a single application of the fuming nitric acid, pressed firmly against the diseased surface and passed through the cervix into the cavity of the uterus by a wire thinly coated with cotton wadding dipped in the strong acid, when aided by proper constitutional treatment, efficiently destroys the most angry and obstinate ulceration, leaving a clean, healthy, granulating surface as soon as the eschar had fallen, and seldom required to be used a second time if properly applied. With regard to the potassa cum calce, in the few cases in which he had seen it employed the results were not such as would induce him to recommend its use. Of the stronger caustic—the potassa fusa—advocated by Dr. J. H. Bennett and by the late Sir James Simpson, his experience led him to coincide entirely with Dr. West, "that when adopted it is usually either out of place or superfluous." He had seen great injury done in some cases which came under his observation, in which bolder practitioners had used caustic potash freely to cauterise an ulcerated os uteri or to reduce an enlarged cervix. In two cases he was obliged to attempt to restore by dilatation the canal of the cervix, which had been almost obliterated by the improper application of caustic potash, and one in which the vagina was thus occluded. Nor were these the only evils which might follow the employment of this heroic remedy. He had had to treat acute metritis produced in this way, and he therefore had not thought himself justified in using a remedy liable to produce such consequences when other agents, equally powerful but less dangerous, could be employed. Hypertrophy of the cervix uteri considered as a cause of sterility had attracted more attention than it deserved, and a variety of heroic surgical procedures had been proposed and were practised for its removal with this view. Those included amputation of the enlarged cervix, as recommended by Dr. Marion Sims, the application of potassa fusa or of the potassa cum calce for the purpose of melting down the enlarged cervix as advocated by Dr. J. H. Bennett, and the employment of the actual cautery as practised by French surgeons. Now, in his (Dr. Madden's) opinion, all these procedures were, as a rule, not only useless but injurious in the majority of instances of hypertrophy of the cervix uteri, though each of them might be necessary and beneficial in extreme cases and under exceptional circumstances. Dr. Madden concluded his excellent paper as follows:—"The practical conclusions which I would venture to submit to the consideration of the learned Society which I have the honour of addressing these observations to, as the result of my experience of chronic uterine disease, and on which I trust to elicit the opinions of those who have had such opportunities of investigating the subject, are briefly as follows:—1st. That chronic inflammation of the uterus, and especially of the cervix uteri, producing hypertrophy and ulceration, is in the majority of cases occasioned by constitutional causes, one of the most frequent of which is the scrofulous diathesis. 2nd. That these diseases require constitutional as well as local treatment; the constitutional treatment required has been already discussed, and I would again urge the benefits derivable in these cases from the use of the mineral and thermal water I have already spoken of. In many cases of chronic uterine inflammation and ulceration of the cervix uteri, the inflammation may be subdued and the ulcer cicatrized by local application alone, but whenever general treatment is not combined with the local measures depended upon, the inflammation subsides or the ulceration heals much more slowly, and the disease is far more liable to recur within a short time than is the case when suitable constitutional remedies are also resorted to."

Dr. LALOR said that about twenty-five years ago he knew of a case of dysmenorrhœa occurring in a strong, healthy looking young woman, the daughter of a farmer living in the country, and who had had one or two attacks of rheumatism, which ended in rheumatic diathesis, and it certainly left the impression on his mind that the dysmenorrhœa arose and was caused by the rheumatic attacks. The cure in that case was effected with iodide of potassium, and that was in his opinion the best treatment. There were many diseases which were called constitutional, but which were as a matter of fact local disorders, and their origin, nature, and mode of treatment were strictly constitutional.

Dr. JOHNSON said, in the course of his experience he found the mercurial treatment most beneficial. He agreed with Dr. Madden that the abuse of the speculum should be decried.

Dr. STEWART said he believed that scrofula was as much the universal disease of the body as sin was of the mind.

Dr. KIDD believed he might say they had at least two schools since gynæcology was first studied; they had those who looked upon the disease of the uterus as a manifestation of constitutional condition, and they also had those who looked upon the constitutional condition as being a result of local disorder. Dr. Kidd then referred to cases of uterine disorder in which constitutional treatment had been adopted without any good result following. He believed it was quite true that a scrofulous constitution would manifest itself in the uterus as well as in other organs, and if they had scrofulous symptoms they must treat the disease constitutionally, and, at the same time, not forget the local treatment. He did not agree with Dr. Madden when he said that it was unsurgical and unmedical to use caustic potash, as he was of quite an opposite opinion.

Dr. BYRNE said he did not think some of the constitutional remedies recommended by Dr. Madden were available, except in a certain range of society, unless they sent the majority of their patients to Portobello. (Laughter.) He had found the greatest benefits result from the application of strong nitrate of silver to the interior surface. Cod-liver oil and iron would, no doubt, be very beneficial in some strumous cases, but such cases are very rare.

Dr. HENRY KENNEDY mentioned several cases in which constitutional means were used with success. In some cases, of course, local treatment was beneficial.

Dr. MADDEN, in the course of his reply, after correcting one or two errors which had been fallen into by previous speakers with reference to remarks he had made, said he was convinced that the local treatment, in order to effect a permanent and speedy cure, must be aided by constitutional treatment. He believed that constitutional treatment was seldom resorted to in that city. They were generally regarded as local abscesses. He agreed with Dr. Johnson, and said he had seen great advantage derived from those cases which had been cured during the time he (Dr. Madden) served under Dr. Johnson; and he believed that what Dr. Lalor had said respecting the connection of rheumatism with the disease under discussion was perfectly correct.

Obituary.

ISAAC BAKER BROWN, F.R.C.S.

In our issue of last week we noticed briefly the death of this most distinguished surgeon, and now proceed, according to our promise, to give a detailed memoir of the more important events of his life.

Isaac Baker Brown was born at Colne Engaine on the 8th of June, 1812. He was of good parentage, his father being a gentleman of considerable property, managing his own estate, his mother the daughter of the celebrated Dr. Boyer, who was head grammar master of Christ's Hospital in its most famous days, when S. T. Coleridge, Charles Lamb, Bishop Middleton, and Leigh Hunt were pupils.

Educated at a private school in Halstead, he was early apprenticed to Mr. Gibson, practising in that town and with a good surgical reputation in the county. Young Brown had always shown a taste for every occupation in which manual skill is required, and he had, as it were, articled himself to nearly every mechanical trade. He had taken lessons at the village shops, in bootmaking and tailoring, he could make many musical instruments, he understood the whole internal mechanism of a watch, and was able to take one to pieces and put it together again in the most workman-like manner. Moreover he could shoe a horse as well as a farrier, and from continual attendance in the village slaughter house, gained considerable knowledge in comparative anatomy. Mr. Gibson, though in large practice, allowed his pupil many opportunities of prosecuting his anatomical studies, and young Brown arrived in London with a completeness of preliminary knowledge very rare at that period, and still less so now when youths commence at hospital crammed with knowledge on abstract science, but with such an ignorance of therapeutics and anatomy that a prescription is as Hebrew, and the Lecturer on Osteology speaks to them in an almost un-known tongue.

Having entered at Guy's and become the house pupil of Mr. Hilton, the subject of our notice soon achieved distinction and gained the Astley Cooper Prize in Anatomy, being at that time the youngest pupil in the class. Mr. Brown passed the College of Surgeons in 1834, and in the same year became a licentiate and member of the Apothecaries Hall. He then, being married, settled in general practice at the West End in partnership with the late Mr. Griffiths. But, great as was his success in this sphere, Brown was destined for greater things. When at Guy's he had read a paper on "Ovarian Disease," which had attracted notice and he had always taken the greatest interest in Diseases of Females. He was a most successful operative accoucheur, and was a strong advocate for turning, or the use of forceps, when the precept laid down by the authorities was to leave everything to nature. As early as 1844, he commenced writing papers in the *Lancet* on various methods of relieving Ovarian Dropsy by tapping, by tapping and pressure, by injection of iodine, by excision of a portion of the cyst, and the establishment of a fistulous opening, and by medicinal treatment. In some of these plans, notably in that of tapping and pressure, he had some success, but he gradually became convinced that nothing but extirpation of the tumour could offer a fair hope of permanent cure. At a very early period, therefore, Mr. Brown became an ardent ovariotomist, when the title instead of conferring distinction, made the holder of it subject to the strongest condemnation of the Medical press, and of some of the most distinguished surgeons,—*e. g.*, Mr Lawrence—of the day. Mr. Brown performed the operation of making an artificial oviduct as early as October 1847, but he did not perform ovariotomy until 1851. His first three operations were unsuccessful, and he had also performed five other operations, three for formation of an artificial oviduct, and two of partial extirpation with three recoveries and two deaths. He had thus opened the abdomen eight times with the result of having lost five of his patients. The next patient that presented herself was his own sister. Supported by an early advocate of ovariotomy, Mr. Samuel Lane, Mr. Brown decided to operate March 29, 1852, and with complete success, for the lady has since married, has had several children, and is still living. At the present day with the wonderful results of Dr. Keith of Edinburgh, and Mr. Spencer Wells, the statistics of the pioneers of ovariotomy, such as Dr. Clay, of Manchester, and Mr. Baker Brown, appear but moderately successful. It must be remembered, however, that the after-treatment of all operations is much more scientific now than it was twenty to twenty-five years since, and it is doubtful whether any operation has taught so much the value of absolute cleanliness as a preventive of septicæmia, as the one under consideration. The statistics of Mr Baker Brown during the last ten years of his life, will compare with those of the most successful operator, and are even more favourable than a contemporary has made them. In the second edition of "Ovarian Dropsy," published in 1868, the results are given of 111 cases. We have had the opportunity of examining the case-book of the London Surgical Home up to the termination of its existence at Notting Hill. We there find that nine further cases were treated, all of them successfully, thus making 120 cases in all. Of the first 50 cases operated on by Mr. Brown, he lost 24, whilst of the remaining 70, commencing in Jan., 1863, he had only 11 deaths, and 59 recoveries; in other words 84·25 per cent. of recoveries, and only 15·75 per cent. of deaths. The last 19 cases of this series were all successful. Mr. Brown commenced the use of actual cautery for division of the pedicle and of adhesions in his 67th operation, and his last 53 cases were so treated, with the result that only five died, *i. e.*, with 91·6 per cent. recoveries. In Peaslee's classical work on "Ovarian of Disease," we find that the result of Dr. Keith's practice (which commenced in 1864) up to the end of 1871, was 81·61 per cent. recoveries out of 136 cases, and that of Spencer Wells (which dates from Feb., 1858) up to the same period, showed 74·54 per cent. of recoveries, out of 440 cases. These statistics were supplied by the operators themselves. We have entered thus minutely into this question, because the work of the early labourers in this great surgical field has not received sufficient acknowledgment, and this has especially occurred in the case of Mr. Brown, who freely and fully published his failures as his successes.

To resume our biography, in 1848 Mr. Brown became a Fellow of the College by examination, and having at that time become conscious of the great want of hospital accommodation in the west and north-west of London, he took the initiative in the foundation of St. Mary's hospital. The first committee took place in his dining room, and at the dinner held the evening after the first stone was laid, Prince George of Cambridge, proposed the health of Mr. Brown as "Founder of the hospital." Mr. Brown was appointed Surgeon-accoucheur to the hospital at its commencement, and on the formation of the school he was appointed Co-lecturer on Midwifery, &c.

We have dwelt at great length on Mr. Brown as an ovariotomist, but it was as a surgeon in all kinds of plastic operations on the female organs, that he pre-eminently shone. When in 1854 he published his work on "Surgical Diseases of Women" (which went through three editions), he at once opened up a branch of surgery almost entirely neglected previously, and he attracted to his *clinique* not only visitors of distinction from abroad, but surgeons of eminence from the provinces and from other metropolitan hospitals. The artistic skill and beauty with which he operated, elicited unanimous admiration, and his successes in his special department have never been equalled. His plan of incising the os and cervix uteri in cases of hæmorrhage from intra-uterine tumours has been followed by the best results, and is now largely practised. In the year 1858, Mr. Brown left St. Mary's, having shortly before established the London Surgical Home, an institution that treated in the ten years of its existence nearly 1,200 cases, all of them of a surgical character, and almost all under the care of Mr. Brown. In the year 1861, he was visited by the eminent French surgeon M. Nélaton, who resided some days as his guest, having come to London expressly to witness his practice as an ovariotomist. Mr. Brown performed on this occasion three ovariotomies in succession in one day. M. Nélaton saw him also operate on two other cases, and saw several under course of recovery after operation. On his return to Paris he gave an account, in a clinical lecture, of all he had seen; and it is not too much to say that through Mr. Brown's enthusiasm and success M. Nélaton introduced ovariotomy to the favourable notice of the Profession in France.

In 1865 Mr. Brown was elected President of the Medical Society of London, and here he appeared to have reached his zenith. He was certainly one of the most hospitable, dignified and popular presidents of this most ancient of Medical societies.

In the following year, he published his remarks on the *Curability of some Forms of Insanity, Epilepsy, and Hysteria.* Subsequently to the publication of this book, occurred the arraignment of Mr. Brown before the Obstetrical Society. The whole sad affair is too fresh in the memory of all to require to be re-opened. Suffice it to say that after the verdict of the society, his practice rapidly diminished. He made several endeavours to retrieve his fortunes, but successive attacks of paralysis entirely shattered his health, and for the last year he has been utterly helpless.

He was suddenly attacked on Saturday the 1st instant with vomiting and headache. He soon became unconscious, and died on Monday morning, in the 61st year of his age. The necropsy showed recent and old clots in the brain, and partial softening of its substance.

Mr. Brown was twice married. By his second wife, he leaves three young children. His young son is a candidate for the foundation of Epsom College, and it is to be hoped that the Profession, remembering only the good work his father has done, and how generous a supporter he was of all Medical charities in his prosperity, will earnestly support the candidature.

Correspondence.

THE ALLEGED DEATH BY NITROUS OXIDE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The case of death at Exeter, supposed to have been from the effects of nitrous oxide gas, reported in your number of 29th inst., will doubtless give rise to considerable discussion, and afford a convenient stand-point for the opponents of the gas, and upholders of chloroform to rush into print, as Dr. C. Kidd has already done in the *Daily News*, in defence of their favourite theories. Meanwhile, we merely wish to point out that in the absence of any *post-mortem* examination it is impossible to form any positive conclusion as to the actual cause of death, and the suggestion of Mr. Arthur T. Norton (F.R.C.S.) in the *Evening Standard* of yesterday may point very nearly to the truth—viz., that the death was probably not brought about by the gas itself, but that the production of hæmorrhage by an unsuccessful attempt to extract the tooth, followed by a second inhalation of the gas, leads to the belief that blood must have been drawn into the larynx, the symptoms described being those which would occur under such circumstances.

There is one other point upon which we are as yet unenlightened, and that is as to the purity of the gas used.

As the nitrous oxide gas has now been administered in this country for upwards of four years, in many hundred thousand cases, without any previous fatal accident having been recorded, it is impossible to avoid the conclusion that there must have been something further in the Exeter case than appears in the newspaper report to account for its fatal issue.

We remain, Sir, your most obedient servants,

GEORGE BARTH AND CO.

26 Duke Street,
Bloomsbury, Jan. 30, 1873.

THE USE OF ETHER IN OPHTHALMIC SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with considerable interest a letter by Dr. Jacob, of Dublin, commenting on a letter of mine recently published in the *British Medical Journal* on our experience of the use of ether in ophthalmic surgery. Dr. Jacob tells me that I don't give it the right way, but I give it exactly as Dr. Jeffries showed us last summer and as he described as the method in use in America. Now there is good evidence that ether *given in this way*, if this is really the American method, *is* safer than chloroform; but is there as yet any evidenee that ether given without air and respired over and over again is even as safe as chloroform? Dr. Jacob tells us of forty-two successful cases, but I think a new mode of giving an anæsthetic should be considered as on its trial until, say 10,000 cases can be quoted; then if the average of success is higher than by the method already in use it should be adopted. In the bichloride of methylene we have an anæsthetic so very convenient in eye surgery that I should be unwilling to give it up in favour of any other until that had been proved by other people's experience to be decidedly safer than it is. I have had a comparatively large experience of this agent (about 2,800 cases) and have never been seriously alarmed by it, but I do not think it is absolutely safe, and would willingly adopt ether by Mr. Morgan's inhaler if it can be proved to be safer, but I don't think it follows that because ether is very safe given as Dr. Jeffries gave it, *therefore* it must be safe to give it as Mr. Morgan recommends, though this may, perhaps, prove to be the case also.

I am, Sir, your obedient Servant,

T. C. MORGAN, House-Surgeon.

Royal London Ophthalmic Hospital,
Blomfield Street, Moorfields, E.C.

ENGLISH AND IRISH PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Why are our North British *confrères* so marked in their silent contempt of Irish Medical and surgical sciences? It can hardly be through ignorance while we are ably represented by the press in your pages and those of the *Dublin Journal of Medical Science*. Can it be from jealousy? Hardly. The country that has given such a brilliant galaxy of stars to the Profession, on whose shores flourished the Gregories, Munroes, Alison, Cullen, and Syme in days gone by, and who have still amongst them Bennett, Watson, Spence, Lister, Pirrie, Keeth, McLleod, and many others known to fame, need not grudge a fair acknowledgment of the services rendered to mankind by the Irish contingent of the Profession. These remarks are elicited by reading an article in the *Edinburgh Review* of October, 1872, "On the Progress of Medicine and Surgery."

The writer properly looks on the introduction of anæsthetics, of the lithotrite, and ovariotomy as the three brilliant triumphs of the last half century, and gives full and due praise to the great men who distinguished themselves in those several subjects. But why omit the discovery by our Transatlantic brethren of the use of ether, by which they still stand so firmly, or the efforts of an Irish surgeon to maintain its superiority to chloroform? Why omit the efforts made by Crampton, Cusack, Smyly, and others to improve the lithotrite before Fergusson or Sir H. Thompson had commenced using it? Still, those of omission might be parpardoned, but when the author comes to claim conservative surgery and the cure of aneurism by compression as triumphs of Scotch and English surgeons one feels astonished at either his ignorance or forgetfulness. Did he never hear of Butcher's resections, or the many reports from time to time from almost every surgeon of repute in Dublin of successful operations based on the great principle of conservation. Amongst others Stokes's improvements on the operation of hare lip and cleft palate. In fact, conservative surgery is the glory of the Irish school, carried to its greatest perfection in the treatment of aneurism by pressure, a battle-ground on which Irish surgeons maintained their position against the ablest Scotch and English practitioners, and with Irish surgery the triumph remains. But the author, in alluding to this subject, writes—"Long since pressure was used by Quettani and others, so that its renewal by Dr. Hutton, of Dublin, may be considered a mere revival, though it were practically a rediscovery. The success of his practice set *English* surgeons on the track, and ligature is now no longer used where pressure can be applied." Not a word of the laborious study of the disease, its pathology and cure, by Bellingham and Tuffnell, of the ingenuity of Caste, or the constant preference of this mode of treatment by every surgeon of repute in Ireland. In fact, this triumph of surgical art is peculiarly Irish, and has always been more successful in their hands than elsewhere.

The writer must know that the Irish school has a host of honoured names who have worked in the foremost places in the perfecting of all these triumphs of surgical art and in others of Medical science. To enumerate the living would, perhaps, be invidious, but Crampton, Cusack, Colles, Smyly, Graves, Kirby, and Hutton are names not to be lightly forgotten, and one remains amongst us who, with his colleague, Graves, was the means of introducing the use of the stethoscope into Great Britain, whose name, as a clinical teacher, is known throughout the world, and whose honoured years are still spent in the service of his fellow creatures and the advance of science one whom we all desire may be spared to us for many years to come.

Ireland can boast of a host of hospital surgeons whose future we feel sure is pregnant with professional triumphs; and we have the versatile talents of Haughton to teach the rising generation of students to acquire knowledge, to cultivate science for their own worth, and to practice an honourable and humane profession like *gentlemen*, not *philistines*.

I am, &c.,
Your obedient servant,
JAMES MARTIN.

Portlaw, co. Waterford.

THE PROPOSED NEW CHARITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter of "A. W.," which recently appeared in your columns advocating the claims of a hospital for those who are either idiotic or unfortunate enough to be suffering under an attack of litigation, is one which ought not to pass unnoticed.

It is, let us hope, the commencement of a great movement, it has opened a small door, or rather lifted a small corner of a huge curtain, which hides a scene of abject suffering and patient endurance of lingering lasting misery of years, the more terrible because so carefully concealed. The victims themselves generally suffer in silence, because hopeless, while it is obviously to the interest of those who have actively caused their woe, as well as of those who have passively or carelessly looked on, to be quiet themselves, and as far as possible to keep others so. But how long shall we content ourselves by merely saying "these things ought not to be." Why in the name of Justice—Justice, I say, Sir, not law—does not somebody or somebodies rise up and say "verily these things shall be no longer." I do not wish to speak of law reform or any such gigantic, hopeless question, my idea is quite simple and I think as practical as it is simple, all classes must unite to correct a terrible abuse, which can only have existed because public attention has not been fully drawn to it. Let us proceed without loss of time to the formation of a charity which shall make us at once the wonder and the envy of the whole world. Let us put aside that melancholy and cruel old farce that justice is equally open to the rich and the poor, or rather let us change it from a great farce to a great fact; let us take away from the poor man his bitter rankling feeling that justice can never be his, solely from his lack of means to purchase it, Let us go to visit the suffering, starving families whose heads, whose bread-winners have been suddenly struck down by an attack of acute involuntry litigation, let there be an institution where they may be received, succoured, and cured, as they would now be should the attack be one within the range of Medical skill, let us open at once a subscription list, be assured that my mite shall be forthcoming, and let us commence at once to build, confident of the support of a generous public. There is some vacant ground in the neighbourhood of Carey Street, which appears to be of no use to anybody, to erect a building there where law should be administered gratuitously would be a noble example of the disinterestedness of the legal profession. There let the first of many such institutions arise, there could be no difficulty as to its officers. The Attorney-General, the Solicitor-General, and a limited number of our leading Q.C.'s. would form the consulting staff, these gentlemen, beside being somewhat advanced in years, would, from their many engagements, be prevented from the active duties of the wards, but their opinion would at any time be freely given to any unfortunate in need thereof, the other appointments to be filled as "A. W." suggests, the chosen candidate to be elected by ballot, as the applications at first for posts at once so lucrative, and so honourable, would in all probability be overwhelming.

This good work I would at first intend to apply to the poor only, but depend upon it before very long the middle, and possibly the upper, classes would begin to perceive and to avail themselves of the benefits of this charity. Thus would all classes be brought under the (then) beneficent wing of the law; thus would justice become really equal to all; and last, but not least, our legal brethren, while fully occupied, would find their profession as remunerative, as little laborious, and as comfortable as the sister profession of medicine.

I am, Sir,
Your obedient servant,
M.D.

Medical News.

Royal College of Physicians of London.—The following Fellows, recommended by the Council, have been appointed to fill vacancies in the Council:—Drs. Herbert Davies, George Johnson, Wegg, Murchison, Stewart, and Martin. The following gentlemen, having passed the required examinations, were admitted members of the college on the 30th ult.:—William Williams, M.D., Queen's University, Ireland, of Bennarfawr; Norman Moore, M.B. Cantab, of St. Bartholomew's Hospital; and John Penn Hartree, M.D. Cantab, of Grosvenor Street.

We are requested to state that Mr. Prescott Hewett, the newly elected President of the Clinical Society, will deliver the annual address on Friday next at 8.30 p.m.

General Medical Council.—It is stated that the Chancellor of the Exchequer has offered for the accommodation of the Medical Council handsome and commodious apartments.

Yellow Fever.—By the last mail we learn that yellow fever of a fatal form was prevailing at Sierra Leone.

Lord Hatherley, the late Lord Chancellor, according to a daily paper, lately underwent an operation for cataract.

One-third of the total head of horned stock in Cheshire died last year from the foot-and-mouth disease.

Royal College of Surgeons of Ireland.—At the quarterly examinations held on Jan. 19th, 25th, 28th, 29th, 30th, and 31st, the following gentlemen obtained the licence to practise surgery:—Francis T. Bray, Joshua G. Brereton, Annesly C. De Renzy, James V. Fitzpatrick, John E. V. Foss, Mathew P. Healy, Albert T. Hickson, Thomas Hickling, Christopher J. L. Hughes, Kingston D. Kirkwood, Edward C. Levinge, Michael Loughnan, James R. M'Innery, Alfred H. Martin, John M'Creery, Chas. Moutray, Edward J. Mulligan, Horace T. Newman, Michael P. O'Connor, Henry W. Oulton, Joseph Power, Hy. A. W. Richardson, John J. Redmond, George Rogers, James Shaw, George L. B. Stoney, Mark S. Todd, Joseph H. Wolfenden.

Cambridge University.—The following degrees were conferred on Friday last:—*Bachelors of Medicine.*—Charles Edmund Oldman, Trinity; John Henry Cardwell, Caius; Richard Evan Day, Emmanuel; Wm. Fisher Macmichael, Downing; William May, and Henry Drury Cust Nun, Corpus Christi.

Royal Free Hospital, London.—The annual meeting of this charity was held on Thursday at the hospital, Gray's Inn Road, and from the report of the Committee of Management it was seen that the support received during the year from legacies had been unusually large, and had amounted to £5,600. Another munificent donation of £1,000 from D. G. had been received, being the fourth similar donation from the same benevolent individual. The number of in-patients admitted during the year was 1,451, and the number of out-patients 46,299. The total income had amounted to £12,572, and the expenditure to £7,968, leaving a balance of £4,780.

Metropolitan Small-pox Hospital, Highgate.—The half-yearly general court of governors of the above hospital was held on Friday last. The report stated that the long-continued epidemic of small-pox, which showed a marked indication of decline at the date of the last annual report, had in the course of the year just ended entirely ceased. In September last only two patients were admitted into the hospital; and during a part of November the hospital was entirely empty. Of the 189 cases admitted during the year, 179 had been vaccinated. The general mortality had been 24·3 per cent.—21 per cent. on the vaccinated, and 77 per cent. on the non-vaccinated cases.

His Excellency the Viceroy of India recently laid the foundation stone of a native hospital at Calcutta.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than [illegible]) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Dr. J. S., Manchester.—The gentleman named has taken both Medical and Clerical degrees. He has recently given up medicine and gone into the church; you will find the curacy he occupies on reference to the official "Clergy List," published by Baillière, Tindall, and Cox.

A Lucrative Appointment.—The Public Health Act of 1872, which came into operation in November last, opens a valuable field to the Profession, and at the same time gives an impetus to the study of Analytical Chemistry, Public Hygiene, and Sanitary matters generally. There are now about a dozen appointments in different parts of the kingdom for competition, the most valuable—from a pecuniary point of view—being that announced in our advertising columns for the county of Oxford, the emolument attached to which is £760 per annum. One or two others of less importance will be found under the head of "Vacancies."

Economy in Coals.—A correspondent has thrown out a suggestion to which we are glad to give publicity. He states that in view of the enormous increase in the price of coals, he has had a thick sheet of iron fixed at the bottom of the grates; the fire, lighted from the top, burns slowly downwards, until it reaches the plate, which becomes red hot and throws out a great heat, whilst the draught being stopped, the coals burn away much more slowly, and the heat is retained for a longer space of time than with the ordinary grates. The plan suggested by our correspondent is not new, as we have seen it in the consulting room of more than one practitioner, but it is one which should be more widely known and adopted, especially in hospitals and dispensaries, where the item for coals is at all times a serious one in the year's balance sheet, and will be doubly so at the present almost prohibited prices.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Notes on Asthma. Second Edition. By J. C. Thorowgood, M.D. London: J. and A. Churchill.

The Pathology and Treatment of Club Foot. Second Edition. By W. Adams, F.R.C.S. London: J. and A. Churchill.

Lessons in Elementary Anatomy. By St. George Mivart, F.R.S. London: Macmillan and Co.

A Tract for the Times. By John R. Adams.

Boston Medical Journal. La Gazette Médicale. American Journal of the Medical Sciences. Annales d'Occulistique. Monthly Microscopical Journal. Chicago Medical Examiner. Allegemeine Weiner Medizinische Zeitung. Indian Medical Gazette. Gazette Médicale Belge. The Practitioner. The Students' Journal.

APPOINTMENTS.

Cronyn, J., L.K.Q.C.P.I., F.R.C.S.I., Assistant Lecturer on Midwifery at the Royal College of Surgeons, Ireland in consequence of Dr. Sawyer's illness.

Fraser, J., M.B., C.M., Medical Superintendent of the Fife and Kinross District Asylum.

Gregory, G., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Bolton Rural Sanitary District.

Grigg, W. C., M.D., M.R.C.P.L., a Medical Officer for In-patients, Queen Charlotte's Lying-in Hospital, St. Marylebone Road.

Harris, G. S. D., L.R.C.P.L., Medical Officer of Health for the Leighton Buzzard Rural Sanitary District.

Kirby, Mr. A. E., Assistant Medical Officer to the General Infirmary Leeds.

Maybury, H. M., M.D., C.M., M.R.C.S.E., Resident Medical Officer to the Islington Dispensary.

Meadows, H., M.B., C.M., Medical Officer to the Leicester Provident Dispensary.

Moxon, W., M.D., a Physician to Guy's Hospital.

Muriel, G. J., M.R.C.S.E., Surgeon to the Whitehaven Infirmary.

Parnell, G. C., M.R.C.S.E., House-Surgeon to the Worcester General Infirmary.

Phillips, J. M., M.D., Medical Officer of Health for the Urban Sanitary District, Aberavon.

Pollock, R., L.R.C.P., Medical Officer of Health for the Acton District.

Roberts, E., L.R.C.P.Ed., Medical Superintendent to the Infirmary for Epilepsy and Paralysis, Portland Place, Regent's Park.

Seaton, E., M.D., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District of the Borough of Nottingham.

Stephens, T., M.R.C.S., Public Vaccinator to the Tynemouth Union.

Taylor, F., M.D., M.R.C.P., Assistant-Physician to Guy's Hospital.

VACANCIES.

County of Oxford. Medical Officer of Health, under the Sanitary Act, 1872. The salary attached is £750 per annum. Candidates must address C. E. Thornhills, Esq., Woodleys, Woodstock, Oxon, on or before the 20th instant.

Borough of Bradford. Medical Officer of Health. Salary £500 per annum. Conditions the same as Taunton.

Halifax Infirmary, Yorkshire. House Surgeon. Salary increasing from £80, with board and residence. Applications to Dr. Alexander, Halifax.

Dundee Royal Infirmary. Medical Superintendent. Salary £200 per annum, with board and residence. Medical Assistant is also required at the same Institution, at a salary of £50, with board.

York Royal Sanitary Authority. Medical Officer of Health. Salary £200 per annum. Applications to H. Breary, Esq., York, before the 28th instant.

Devon Hospital, Buxton. House-Surgeon. Salary £100 per annum, with board and residence. Address Mr. J. Taylor, at the Hospital.

Banbury Union. Medical Officer. Salary £125, to include all extras. Applications to be addressed to the Clerk of the Guardians.

Rotherham Union. Medical Officer of Health, at a salary of £600 per annum. The duties will be those contained in the order of the Local Government Board. Applications to J. Barras, Esq., Rotherham.

Ely Union. Medical Officer of Health. Salary £150. Duties as per Sanitary Act. Applications to G. S. Claxton, Esq., Ely.

Brighton and Hove Dispensary. House-Surgeon. Salary £100 per annum, with residence.

West London Hospital. Dispenser. Applications to the Secretary.

Teignmouth Infirmary. House-Surgeon. Salary £50, with board.

Nottingham General Hospital. House-Surgeon. Salary £80, with board.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, February 12.

Royal College of Surgeons of England, 4 p.m.—Professor Erasmus Wilson, "On Dermatology."

Epidemiological Society, 8 p.m.—Dr. Wm. Squire, "On the Periods of Infection in Epidemic Disease."

Friday, February 14.

Royal College of Surgeons of England. 4 p.m.—Hunterian Oration, by Mr. Henry Hancock.

Clinical Society of London, 8½ p.m.—The President's Address.—Mr. Arnott will exhibit a Patient on whom a Soft Cancer in the Parotid Region has been treated by Caustics; no return of the Disease after four years.—Mr. Thornton will relate "Two Cases of Thyrctomy for the Removal of Growths from the Larynx."—Dr. Morell-Mackenzie, "On the Results of Thyrotomy for the Removal of Growths from the Larynx."

Saturday, February 15.

Royal Institution of Great Britain, 3 p.m.—Dr. Edward A. Freeman, "On Comparative Politics."

Monday, February 17.

Medical Society, 8 p.m.—Ordinary Meeting.

Tuesday, February 18.

Pathological, 8 p.m.—Ordinary Meeting.

Royal Institution, 3 p.m.—Professor Rutherford "On the Forces and Motions of the Human Body."

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, February 12.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, February 13.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, February 14.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, February 15.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, February 17.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, February 18.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1¼ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Coombe—Allen.—On February 6, at St. Andrew's Church, Southport, Robert Gorton Coombe, Esq., M.D., of The Limes, Tillingham, Essex, to Edith Maria, elder daughter of John D. Allen, Esq., of Rosslyn, Southport.

Croft—Emson.—On February 1, at St. Pancras, Charles Ilderton, eldest son of the late C. I. Croft, Esq., of the City of London, F.R.C.S., to Jessie, younger daughter of J. G. Emson, Esq., of Saffron Walden, Essex.

Bernays—Evans.—On February 1, at St. Matthew's, Brixton, Dr. A. J. Bernays, to Ellen Labatt, elder daugeter of the late B. Evans, Esq., F.R.C.S., of Acre House, Brixton.

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Deaths.

Barrow.—On the 3rd of February, J. G. Barrow, M.R.C.S., of Davies Street, Berkeley Square, W., aged 66.

Douglas.—On the 5th of January, at Halifax, Nova Scotia, F. Douglas, M.D., Surgeon-Major 87th Regiment.

Grant.—On the 29th of January, in London, J. W. Grant, Esq., late of the Bengal Medical Service, aged 72.

Harrison.—On the 3rd of February, at Southport, Thomas Harrison, M.R.C.S.E., aged 34.

Advertisements.

COUNTY OF OXFORD.—MEDICAL OFFICER OF HEALTH.—See the Public Health Act, 1872, and Orders of the Local Government Board.—A Committee, acting on behalf of the Rural and Urban Sanitary Authorities mentioned in the Schedule, are desirous of selecting a Medical Officer of Health for the whole area within the jurisdiction of such Authorities for three years.

The Officer will be required to reside in Oxford, and to devote his whole time to the duties of his office.

The selection will be provisional until the same shall be confirmed by the several Authorities and by the Local Government Board.

The salary will be £760 per annum, to be paid rateably by the several Authorities, and no further allowance will be made for travelling expenses, but, if one or more of the Authorities shall refuse to confirm the selection made by the Committee, the salary of the Officer will be diminished to the extent of the contribution of the Authority or Authorities so refusing.

Candidates for the office are requested to address their applications, stating age and legal qualification, together with such testimonials as they may desire to submit, to C. E. Thornhill, Esq., Woodleys, Woodstock, Oxon, so that the same may be received on or before the 20th inst.

February 6th, 1873.

SCHEDULE.

Rural.	Urban.
Banbury.	Bicester (Market End).
Bicester.	Chipping Norton.
Chipping Norton.	Henley-on-Thames.
Henley-on-Thames.	Thame.
Thame.	Wheatley,
Witney.	Witney.
Woodstock.	

SURGICAL SOCIETY OF IRELAND.—The NEXT MEETING of the SOCIETY will take place on FRIDAY EVENING next, the 14th inst.

The Chair will be taken at half-past Eight o'clock precisely.

B. WILLS RICHARDSON, F.R.C.S.I., } Hon. Secs.
JOLIFFE TUFNEL, F.R.C.S.I., }

Royal College of Surgeons, Dublin,
12th day of Feb., 1873.

SLIGO UNION—SLIGO DISPENSARY.

THE BOARD OF GUARDIANS having fixed the Salary of Apothecary at £80 per annum, the Dispensary Committee will proceed to elect a qualified APOTHECARY, on the 14th day of February, at 12 o'clock, at the above-named Salary. Candidates are required to produce their Testimonials on the day of Election. Personal attendance desirable.

DANIEL MACGILL, Hon. Sec.

31st January, 1873.

APOTHECARY ESTABLISHMENT FOR SALE.

TO be SOLD by PRIVATE CONTRACT, the INTEREST of the REPRESENTATIVES of the late H. P. Smith, Esq., L.A.H., in that Shop and Premises in the main street of the town of Strabane, in which the business of an apothecary has been successfully and extensively carried on for a great many years. The business has been conducted since the death of Mr. Smith by his Representative, and is at present in a flourishing condition. The receipts and sales of the business for several years past have averaged a sum exceeding £600 each year.

This is the only apothecary establishment in Strabane, a town of 5,000 inhabitants, 18 miles distant from Derry, and surrounded by a populous and rich district of country.

The stock of medicines at present on hand is large, and the shop fixtures are excellent, being almost as good as new.

The premises are held by lease for 30 years from the 1st November, 1866.

Proposals by intending purchasers will be received by the undersigned up to the 1st of March next.

Strabane, 28th Jan., 1873. THOMAS LYLE, J.P.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H. THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £25 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

WATERFORD PETTY SESSIONS.

Mr. Mackey said he wished to direct the attention of their worships to the fact that the medical practitioners of Waterford exhibited great neglect in the discharge of their duty in connection with cases of vaccination. It was true they usually furnished certificates of vaccination to the parents of the children, but they almost uniformly neglected to supply the registrars with duplicates of such certificates, an omission which necessarily led to much inconvenience and trouble.

Their Worships were of opinion that it would only be necessary to have the complaint go before the public as stated by Mr. Mackey, and they were sure the Medical gentlemen would pay more attention to the matter in future.

MULLINGAR UNION.

The Clerk read the following notice of motion :—" To take into consideration the amount of superannuation allowance to be granted to Dr. North, Medical attendant of the Tyrrellspass Dispensary District, who has resigned in consequence of ill health."

Mr. Hornidge moved that Dr. North be allowed two-thirds of his salary, which would amount to £70 a year.

Mr. Hornidge said that Dr. North had held the situation for about seven years and a half.

Mr. Hevey said that he had to resign his situation from ill health, and he was afraid they would not be long paying him his superannuation allowance.

Dr. Burke remarked that he was always most anxious to support the Medical officers of diipensary districts, but he was certain the Local Government Board would not sanction the full amount of superannuation as proposed, in consequence of his short service; he would suggest that a reasonable amount, consistent with his length of service, be recommended.

Mr. Fetherstonhaugh proposed that £50 a year be allowed Dr. North as superannuation.

After some conversation on the subject, two resolutions were submitted, one for £45 per annum, the other for £40.

The Board divided, when there appeared—for £45 per annum, 6; for £40, 9.

It was then agreed that Dr. North be allowed £40 per annum superannuation, subject to the approval of the Local Government Board.

NENAGH GUARDIANS.

There was a claim from Dr. Cashel for two guineas, while acting as *pro tem.* for Dr Cahalan, by orders of the Nenagh Dispensary Committee.

The Clerk remarked that this bill had been disapproved of by the Board of Guardians on a former occasion.

Mr. H. H. Poe thought the Guardians acted contrary to both law and equity in refusing Dr. Cashel the two guineas. Dr. Cahalan was not absent at the time on his own business; he was acting under a command, which could not be disobeyed by the highest man in the land. He had been subpœnaed, and if he did not go where it required, he would refuse at his peril. The committee appointed Dr. Cashel to act in Dr. Cahalan's place while he would be at Clonmel.

Mr. Head—If Dr. Cahalan went there, he got his viaticum, and the gentleman that wanted him ought to pay. Dr. Kittson, of course, included it in his costs.

Mr. H. H. Poe—Supposing he went, as he had a right to do, and did not leave anyone in his stead, the Committee should appoint a doctor.

Mr. Head—Dr. Cashel can make those who appointed him pay him. At all events, the Guardians cannot now order him payment without rescinding the resolution on the books, which would require a fortnight's notice.

Mr. Martin Ryan—It is a great hardship to be thus putting additional rates on the people. Dr. Cahalan was neither sick nor on the business of the Union, and therefore, the man in his place has no right to be paid out of the rates.

Mr. Poe—Dr. Cashel has a right to be paid by somebody. The Committee appointed him, and should see him paid.

It was remarked that the Dispensary Committee gave Dr. Cashel an order for payment but the Guardians had nullified the order.

The subject here dropped.

WEEKLY RETURN OF BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

The deaths registered in the Dublin district represent an annual mortality of 27 in every 1,000. In London the death rate was 21, in Glasgow 29, and in Edinburgh 20.

The births amounted to 217, the average being 176.

The deaths were 164, the average was 205. It should be stated that, according to the returns received, only one of those which have occurred in the South Dublin Union Workhouse during the last fortnight has been registered.

Nine deaths from fever were registered during the week. Of these 1 was reported as having occurred from typhus, 6 from typhoid, and 2 from simple continued fever.

Scarlet fever caused 6 deaths, measles 3, whooping-cough 6, and croup 4.

Fourteen children died from convulsions.

Twenty-three deaths were ascribed to bronchitis, and 4 to pneumonia. In the corresponding week of the year 1867 the number of deaths registered from bronchitis amounted to 102. Three deaths were ascribed to apoplexy.

Heart disease was the cause of 10 deaths, and aneurism of 2.

Twenty-two persons fell victims to phthisis, 1 to mesenteric disease, 4 to hydrocephalus, and 2 to scrofula.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 1st *February,* 1873; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 1ST FEBRUARY, 1873.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATH FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	27	217	164	24	43	...	3	6	...	6	9	...	2	6	30
BELFAST . . .	20,687	182,214	28	121	98	24	13	...	1	...	1	1	8	6	3	3	29
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	26	25	22	3	10	...	...	...	...	...	...	...	...	...	9
LONDONDERRY . .	21,865	30,893	25	21	15	3	4	...	...	...	...	1	2	...	...	1	6
WATERFORD . .	17,209	30,838	42	19	25	3	5	...	5	1	...	...	...	...	1	...	4
GALWAY . . .	21,358	19,713	29	5	11	1	4	...	...	...	...	...	...	...	...	...	6
SLIGO . . .	30,835	17,175	21	12	7	1	2	...	...	...	...	...	...	...	...	1	...

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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Rathdown.. ..	Powerscourt ..	£100	£3 14s.	521	136	22,338	2,813	Feb. 20	D. W. Rail.
Rathdown.. ..	Dundrum	£110	£7 2s.	1,149	505	11,828	6,396	March 3	D. W. Rail.
Cahircireen ..	Derrynane ..	£80	£0 19s.	386	177	24,733	3,946	March 4	Killarney, 39 m.

CAVAN UNION.

THE Clerk read the minutes of proceedings of the different Dispensary Committees in the Union, specially convened to consider the Doctors' application for increase of salary. Arva, Ballyhaise, and Stradone refused to recommend the increase; Cavan, Ballynagh, Belturbet, Killeshandra, and Kilnaleck recommended it.

It was moved that each case be considered separately, and subsequently moved as an amendment that they be taken in the aggregate. A poll was taken, and the amendment carried by a majority of 16.

Mr. Babington moved that 20 per cent. be added to each Doctor's salary, that is what the Cavan Committee recommended Dr. Malcomson to get.

Mr. Boylan was opposed to any increase and would make an amedment to that effect.

Mr. Thomas Reilly said Dispensary Doctors (except one) had only £85. Last year they had on an average 215 red tickets each—and on an average each ticket represented about 4 visits—they had to attend twice a week at the Dispensary. If they allowed 6d for each visit and 10s a day for attending at the dispensary it would amount to about £115 a year. The workhouse Doctor had in the year 1871, 1,068 patients under his care without taking into account the patients in the infirm ward. He had to visit them daily and write down prescriptions for them, for which he received only £100 a year, while the doctor of another institution in the county who has not more than twenty patients a-day under his care is paid £540 a year. If the increase be granted, the Government will pay one half of it, and the Union the other. As the landlords will pay half again, very little of it will come off the tenant farmers.

Mr. Knipe—The doctors are not half paid.

Mr. Reilly—I know an instance at present, where a doctor is attending on one ticket seven members of a family ill with fever.

Mr. Telfer—If they think they are not paid enough let them resign.

A poll was then taken, when there voted—for Mr. Babington's motion, 11; for the amendment, 51.

Major Phillips was about giving notice of motion to consider each case separately, when it was agreed to let the matter drop until after the election of the new Board.

CAVAN UNION.

THE Chairman read the following letter from the Local Government Board:—

"Local Government Board, Dublin,
3rd February, 1873.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of Cavan Union on the 21st ultimo, containing a resolution relating to the application of the workhouse and dispensary Medical officers for an increase in their salaries, in which the guardians propose that no increase be granted; and in reference thereto, the board forward herewith, for the consideration of the guardians a communication which they have received from the Medical officers of the union on the subject.

"The board have at the same time to inform the guardians, that the salaries of all the dispensary Medical officers in the union are considerably below the average salary of the dispensary Medical officers in Ireland, and they recommend the guardians to re-consider their resolution on the subject.

"You are requested to return the enclosed letter to this office.

"By order of the board,
"B. BANKS."

"To the Clerk of Cavan Union."

(Enclosure referred to.)

"To the Local Government Board.

"GENTLEMEN,—We have the honour herewith to enclose a copy of a memorial which we, Medical Officers of the Cavan Union, presented to the Cavan Board of Guardians, asking for an increase to our present inadequate salaries, as our memorial sheweth.

"This memorial having come before the guardians on the 3rd ult., they referred the matter in the first instance for consideration to each dispensary committee. Five committees, namely:—Cavan, Belturbet, Killeshandra, Ballinagh, and Kilnalech, reported in favour of an increase.

"The question again came before a special meeting of the board on this day, when our application was refused.

"We now beg to submit our claim to your board for consideration, praying that you will be pleased to request the board of guardians to reconsider the matter with a view to comply with the request of the memorial generally, or that each Medical officer's case be considered on its own merits.

"We have the honour to remain, your most obedient servants, W. Malcomson, H. W. Thomson, M. Moore, H. Alcock, Charles Jackson, J. Mathews, Thos. S. O'Reilly, R. Y. Kenny."

The Chairman suggested that it be re-considered at an early meeting of the new board.

Mr. Thompson said it had been negatived by a large majority, and agreed with the Chairman.

Mr. Hewitt—The present board would vote the same way again, better wait until after the elections.

On the motion of Mr. Thompson, seconded by Mr. Kennedy, the re-consideration of the subject was postponed until Tuesday, the 1st of April.

YEARLY SUMMARY OF THE WEEKLY RETURNS OF BIRTHS AND DEATHS IN DUBLIN AND THE SUBURBAN DISTRICTS.

Births.—During the year 1872 there were registered in the Dublin District, 8,449 births, being equal to a ratio of 27 per 1,000 of the population, 31 in every 1,000 north of the river Liffey, and south of the river 26 per 1,000. In the suburban districts the number of births registered amounted to 1,504, or 23 in every 1,000. In London the births registered were 117,200, being equal to a rate of 35 in every 1,000; in Glasgow the number was 41 per 1,000; and in Edinburgh it was 32 per 1,000.

Deaths.—8,973 deaths were registered in the Dublin District, being equal to a ratio of 1 in 35, or 29 in every 1,000. On both sides of the river there were an equal ratio of 31 in every 1,000. In the suburban districts the deaths amounted to only 19 in every 1,000 of the population. The deaths in Belfast during the year afford a ratio of 24 in every 1,000; in Cork 33 per 1,000; in Limerick it was 22, in Londonderry 19, in Waterford 24, in Galway 23, and in Sligo 18. In London during the year 1872, 21; in Glasgow, 28; and in Edinburgh, 26.

Diseases.—There were 2,622 deaths from zymotic diseases, this number amounting to 29 per cent. of the total deaths. The average for the preceding eight years, including those from cholera during 1866, was 1,817. This increase is due to the small-pox, which caused 1,350, or more than one-half, of the deaths. The deaths from small-pox form 15 per cent. of the deaths from all causes, and are equal to a mortality of 4·3 in every 1,000 persons living. 581 were registered in the first quarter, 582 in the second, 155 in the third, and 32 in the fourth. In 1871, 207 deaths from small-pox were registered. *There was not one death from this disease registered in the Dublin District during the year* 1870. 204 deaths from small-pox were registered in Belfast, and 871 in Cork, the mortality in the latter district being equal to 9·6 in every 1,000. In the Dublin District measles caused 202 deaths during the year 1872, against 26 in the preceding year, and diphtheria 26, or 4 more than in 1871. Constitutional diseases caused 1,756 deaths, or 19·57 per cent. of the total. Of these, 1,086, or 12 per cent. of the total deaths resulted from phthisis, 103 over the average eight years; 172 from hydrocephalus; 146 from mesenteric disease; 66 from scrofula; 150 from cancer. Bronchitis proved fatal in 1,076 instances, or 12 per cent. of the total deaths, and 160 deaths were ascribed to pneumonia.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1873.

3rd.—Brown, Samuel, 19 College Square East, Belfast, M.D., 1872, and M. Ch., 1872, Q.U.I.

3rd.—Hamilton, Stewart, Sandymount, Co. Dublin, Lic. R. Coll. Surg. Irel., 1871, Lic. K. Q. C. Phys. Irel., 1872.

3rd.—Johnstone, Chas. Alex., Balbriggan, Co. Dublin, Lic., 1869, and Lic. Midwfy., 1869, R. Coll. Surg. Irel., Lic. K. Q. C. Phys. Irel., 1872.

21st.—Graham, James, Aughnacloy, Co. Tyrone, M.D., 1872, and M. Ch., 1872, Qu. Univ. Irel.

22nd.—Brady, Andrew John, Clonturke, Kinawley, Co. Fermanagh, Lic., 1873, and Lic., 1873, K. Q. C. Phys. Irel., Lic. R. Col. Surg. Irel., 1872.

22nd.—Luther, Edward Wentworth, 28 Upper Leeson St., Dublin, Lic. R. Coll. Surg. Irel., 1872, Lic., 1872, and Lic. Midwfy., 1872, K. Q. Coll. Phys. Irel.

22nd.—Webb, Samuel Henry, 6 Charlemont Mall, Dublin, Lic. R. Coll. Surg. Irel., 1872, Lic., 1873, and Lic. Midwfy., 1873, K. Q. C. Phys. Irel.

22nd.—Mallins, Henry, Grosvenor House, Rathgar, Co. Dublin, M.B., 1872, and M. Ch., 1872, Univ. of Dub.

22nd.—Sutton, John Richard Henry, 22 Harcourt Street, Dublin, Lic. R. Coll. Surg. Irel., 1872, Lic., 1873, and Lic. Midwfy., 1873, K. Q. C. Phys. Irel.

27th.—Anderson, Richard John, Newry, Co. Down, M.D. Qu. Univ. Irel., 1872, Memb., 1872, and Lic. Midwfy., 1872, R. Coll. Surg. Eng.

28th.—Roe, Robert George, Newport, Co. Mayo, Lic. R. Col. Phys. Edin., 1872, Lic. R. Coll. Surg. Edin., 1872.

28th,—Lucas, Edmond Allen, Killummery Glebe, Dromahaire, Co. Leitrim, Lic., 1871, and Lic. Midwfy., 1871, K. Q. C. Phys. Irel., Lic. R. Col. Surg. Irel., 1871.

29th.—Bowers, Edward, Graguevine, Piltown, Co. Kilkenny, Lic., 1872, and Lic. Midfy., 1873, R. Coll. Surg. Irel., Lic. K. Q. C. Phys. Irel., 1873.

30th.—Whitla, James, Monaghan, Lic. Apoth. Hall Dub., 1866.

30th.—Barry, Francis, Coolamaine, Oylgate, Co. Wexford, Lic. R. Coll. Phys. Edin., 1872, Lic. R. Coll. Surg. Edin., 1872.

31st.—Gubbins, William Launcelot, 18 Trinity College, Dublin, M.B., 1872, and M. Ch., 1872, Univ. Dub.

ERGOT OF RYE.

In a discussion at the Academy of Medicine, Dec. 17, 1872, Dr. Devilliers maintained that *sages femmes* such as are educated at the best French schools, do not understand how to use ergot of rye, and that they should be forced by law to limit the use of it to *post partum* hæmorrhage alone, and only be allowed to obtain it on presenting an order for it from a Medical man. Dr. Depaul, on the other hand, demands a more extended education for midwives since custom concedes to them the employment of ergot of rye, and many of them even make use of the forceps. Leave them the ergot, says Depaul, but teach them how to use it. Dr. Guérin observed that if ergot of rye has its inconveniences, it has also its incontestable utility, for it brings on the flow of the lochia and often prevents the accidents of puerperal fever.—*The Doctor.*

A CAUSE OF STRICTURE OF THE URETHRA.

We are aware that death has occurred as a consequence of cauterisation of the prostatic urethra, and we hav often wondered that less serious effects do not sometimes follow; our doubts are set at rest by a communication of Mr. C. O. Aspray to the *Medical Press and Circular* (Dec. 18, 1872). The author has clearly traced stricture to this cause. We do not mean to assert that cauterisation of the urethra is never necessary, but we think it a sin and a shame to cauterise a healthy young man who might be cured by marriage. We judge from experience that the rage for this treatment caused it to be applied much too frequently, and, to use Mr. Aspray's expression, unnecessarily.—*The Doctor.*

ELIMINATION OF ALCOHOL.

Dr. Dupre has renewed some experiments on this subject and concludes—

1st.—The quantity of alcohol eliminated daily does not increase with the continued injestion of alcohol.

2nd.—The elimination of alcohol, after the injestion of one or more doses, ceases from the ninth to the twenty-fourth day after the injestion of the last dose.

3rd.—The quantity of alcohol eliminated by the kidneys and lungs is but a very small part of that injested.

In the course of his experiments the author found that after six weeks of total deprivation from alcoholic drinks, and even in one individual who completely abstained from alcohol, that the urine contains sometimes a substance which is not alcohol, but which presents the characters by which we generally recognise alcohol. This body passes over among the earliest products of distillation, gives acetic acid on being oxydised, reduces the bichromate of potash when dilute sulphuric acid is present, and its aqueous solution has a lower density than water. It furnishes iodoform, and exists in the urine in a very small quantity.—*The Doctor.*

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DILATATION IN STRICTURE OF THE RECTUM.

The *Mouvement Medicale* reports a case of stricture of the rectum, treated by dilatation, which resulted in general peritonitis and death. M. L. Thaon, related the case before the Société Anatomique. The patient was a woman, æt. 28. In 1872, she entered the Lariboisiere Hospital. No syphilis, dysentery of twelve years' standing. Two years previously, a rectal stricture had been diagnosed about three inches from the anus, which would not admit the pulp of the index finger. When she came under the care of M. Thaon, she could only get her bowels moved by the aid of purgatives, and after using a No. 16 bougie. She was suffering from colic, and ill-nourished. It was determined to employ progressive dilatation. For this purpose, one of Mathien's dilators was inserted, meeting no obstacle until about 15 centimetres of it had entered. Here an obstacle was felt, but overcome without difficulty, and the instrument was pushed forward, but immediately the patient was seized with a severe pain in the left fossa iliac; which spread over the whole abdomen, and rigors ensued. The next and following days symptoms of general peritonitis, hiccough, vomiting, small and rapid pulse, meteorism, contracted features; death six days after the operation. At the autopsy, all the abdominal organs were found covered with soft, purulent, false membrane; the intestine was adherent to the abdominal walls; greyish pus was collected in the cavity of the true pelvis; old lamellated adhesions bound the post-surface of the uterus to the rectum. The following lesions were found at the lower extremity of the large intestine. About 9 centimetres above the anus, was the most contracted portion; at this spot the rectum measured transversely 22 millimetres (about 10 lines). The stricture was formed of a circular diaphragm, projecting, almost linear. Above and below this part, the rectum was contracted and ulcerated, upwards for 8 centimetres, downwards to the anus. The ulceration above the stricture, which was limited by a distinct margin, had destroyed the mucous membrane. Above the upper limit of the diseased parts there was an ulcerated spot, the tissues being about 1½ millimetres thick, and strong enough to resist considerable pressure with a blunt instrument. No escape of feculent matter into the peritoneal cavity could be detected. The stricture was pronounced to be the result of simple fibrous hypertrophy, and of cicatricial contraction arising from dysentery. The acute peritonitis was attributed to the breaking down of adhesions by the bougie.

Mr. Thomas Smith has been appointed surgeon to St. Bartholomew's Hospital, in the vacancy caused by the death of Mr. Coote. Mr. Howard Marsh will probably be appointed assistant-surgeon in Mr. Smith's place.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 19, 1873.

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ACCIDENTS IN FLAP EXTRACTION OF CATARACT, AND THE METHODS OF AVOIDING THEM (a).

By Archibald Hamilton Jacob, M.D.Dub., F.R.C.S.,

Chief Surgeon to the Dublin Eye and Ear Infirmary, Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

In the following communication I have two objects in view. The first of these is to call attention to some minor details in connexion with the operation of flap extraction of cataract, which, although they may appear to be insignificant in themselves, and hardly worthy of special notice, I have been taught by experience are of actual importance, and exercise a decided influence on the success of the result. My second object is to draw such a comparison as my experience enables me, between the results of the original old operation of Daviel, and of the numerous recent modifications of it, of which many high authorities have spoken so favourably. I may thus, perhaps, succeed in showing that by a careful and punctilious attention to a variety of minor details, the operation of flap extraction may be made as satisfactory in the performance, and much more satisfactory to the patient than any of the fashionable methods to which I have referred.

The operation of flap extraction has, ever since its invention by Daviel a century and a quarter ago, been recognised as one attended with much risk of accident, and requiring considerable adroitness on the part of the operator, and at the present day it would seem, even by operators of known ability, to be usually relegated to ophthalmic specialists. The very latest surgical work, the fifth edition of the work of Professor Gross, of Philadelphia, says of flap extraction—"It requires great coolness and dexterity on the part of the surgeon for its successful execution. It is said of Wenzel that he spoiled a whole hatful of eyes before he had learned the art of extracting. This statement, without being strictly true, affords an excellent illustration of the difficulties which attend the operation, and a reason why so few practitioners are found who are ready and willing to undertake it." All operations for the removal of cataract, either by absorption or by linear extraction, accompanied by iridectomy, have had their origin in the dangers of the original procedure, and the arguments employed by the author of each of the multitudinous new methods of operation are usually grounded upon the excessive proportion of failures which attend upon flap extraction.

It will be acknowledged that, in theory at least, the original method of extraction is more perfect than any of those which have been intended to supplant it, inasmuch as it involves, if perfectly successful, no other mutilation of the eye than the removal of the opaque lens. In a perfect case, of which I have seen many, the vision obtained by the adaptation of cataract glasses is as perfect as if cataract had never existed, no personal deformity whatever is present, and the structures of the eye run no risk whatever of injurious after-consequences. Every other extraction operation, with the exception of that of Mr. Macnamara, of Calcutta, and that of M. Liebrich, a procedure recently invented by Mr. Warlomont of Brussels, involves the excision of a part of the iris, and the objections to this process are acknowledged by all those who have inculcated the proceeding, it being defended, however, on the ground that the chances of success are greatly enhanced by it. If it could be shown that the risk of flap extraction might, by the adoption of certain precautions, be reduced to the limit which has been claimed for other operations, I believe every one would prefer it, and the unscientific, and unsurgical mutilation which is now considered necessary, would be no longer thought of.

In the selection of a case for extraction, the point on which I would particularly dwell is, that we should be quite certain that the solidification of the lens is complete in all its parts. This is a precaution which, perhaps, does not receive as much attention as it deserves. When an operation has been once decided on, the patient, especially if he is a business man, is usually anxious to have it over, and the surgeon may be himself disposed to close the matter at once. I think it is of great importance that this temptation should not be yielded to, for I have found that as a rule a case in which any part of the cortex has been soft and immature, has turned out to be troublesome in the operation, and not satisfactory in its result. The leaving of scraps of cortical cataract in the anterior chamber, is, I believe, one of the most fertile causes of secondary iritis, and I have seen cases in which failure of union in the flap has been attributable to such cases. Moreover, in the case of an immature lens, abundant fragments frequently remain in the capsule after the escape of the body of the lens, and becoming opaque, give rise to secondary cataract.

(a) Read before the Surgical Society of Ireland.

It is easy to make sure that no such fragments occupy the pupil, but hardly possible to detect them when hidden in the angles of the anterior chamber, where they will be likely to do much greater mischief. All authors advise such fragments to be removed with the scoop; but although I concur in the necessity of doing so when they can be found, I object very much to the introduction of an instrument into the eyeball at the risk of bruising the iris, and disturbing the vitreous, if such procedure could be avoided. I, therefore, never attempt an extraction until I have fully dilated the pupil, and satisfied myself as far as possible that the circumference of the lens is thoroughly opaque, and I rarely fail to find the pupil quite black and clear when I make my examination previous to closing up the eye after operation.

I always operate on the left eye from the front of the patient, and I do not believe in an adroit incision being made with the left hand except perhaps by a left-handed person. Mr. Wolfe, of the Aberdeen Infirmary, says he always operates so, and it has been the boast of some operators that the vastness of their manipulative experience has enabled then to acquire a marvellous sleight of hand for this purpose. I confess that I do not find it too easy to make a flap of the exactly correct size, in the exactly correct place, without injuring the iris, and I should be very sorry to risk my patient's eye for the sake of displaying my cleverness in manipulation. On this point Mr. Haynes Walton says—"It is notorious that extraction in the left eye is much more frequently attended by failure than in the right, and the occurrence is, of course, attributable to the greater difficulty offered by the position of the eye." Excepting the temptation to an operator to display manual dexterity, I know of no reason for such failure in left eye extractions, nor do I think that there is any "difficulty offered by the position of the eye." If the patient be placed lying quite close to the side of the table, I think the operation from the front will be found as convenient as that from behind.

I have recently stated at the Surgical Society that, until I have occasion to change my mind, I shall never attempt a capital eye operation without the use of ether, and I repeat here that I do not think any operator will in future be justified in attempting to extract without its help.

The older writers on ophthalmic surgery, including Mackenzie and Lawrence, give minute directions for the steadying of the eye by the fingers, and the method which is now usual of fixing the globe with a forceps is not mentioned by them. On the other hand, some of the writers of the present day, including Stellwag von Carrion and Soelberg Wells, mention fixation with the forceps as an operator. The old method of fixing the eye-ball and raising the lids is illustrated in the accompanying figure (1). Although I think that it cannot be depended on for fixation of the eye-ball during a procedure so delicate as the making of a flap section, in which complete stability is essential, I think it ought to be retained as the means for steadying the eye in other procedures, such as needle operations and removal of foreign bodies. I consider perfect stability of the eye and the alternative which may be dispensed with by the skilful maintenance of a pressure to counterbalance the force necessary for puncturing the cornea, are essential to the making of a good flap, and as I know of no efficient means of obtaining such a condition, except the fixation forceps, I always use it to steady the eye. Mr. Soelberg Wells says:—"The chief difficulty of operating without fixation is that the eye may roll swiftly inwards directly the puncture is made, or even before, so that the cornea becomes almost hidden in the inner canthus, and the knife has to traverse the anterior chamber and make the counter-puncture, without the operator being able to see its course. This will prove extremely embarrassing to the beginner, and may even unnerve him for the remainder of the operation." This opinion perfectly coincides with my own experience, and having at first always operated by steadying the eyeball with my fingers, I now never attempt to do so without fixing it firmly with the forceps. I confess I do not like the idea of lacerating the conjunctiva however slightly, as this method cannot fail to do, but I cannot say that I have ever seen any subsequent ill result from the practice, and if I did I should, nevertheless, consider that the advantage of immovability of the eyeball during the operation, would abundantly repay the risk.

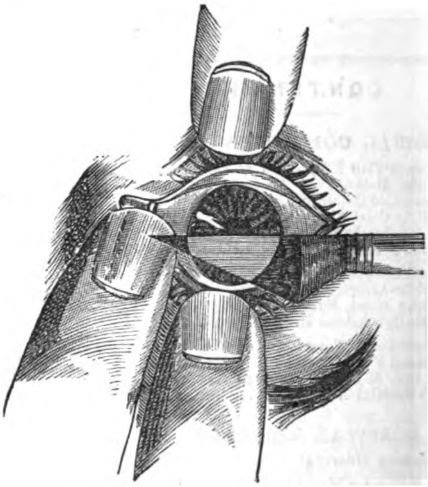

FIG. 1.

OPERATION ON RIGHT EYE, FROM THE FRONT, WITH RIGHT HAND.

The ordinary fixation forceps I have found very ineffective. Its bite is very minute and very sharp, and it is liable to tear away from its hold on the conjunctiva just at the moment when its services are most wanted, I have, therefore, obtained from Paris a forceps—of which the points of seizure are depicted in Fig. 2—which takes a wider and more effective grip, and inflicts upon the conjunctiva, no injury of more moment than a contusion. Mr. Soelberg Wells, Mr. France, of Guy's hospital, and others, direct the eye to be seized a little below or above the cornea, according as the section is to be made above or below. Mr. Macnamara, on the other hand, advises the hold to be taken close to the equator of the eye, and internal to the cornea, I think the latter method of fixation is much the best, for I have found that if the hold be taken below or above, the position of the operator's hands is awkward, and the eye rotates more or less on its axis when the pressure of the puncturing knife is applied to it. My own rule is to seize the conjunctiva immediately above the spot where I mean to make the counter-puncture, and thus I

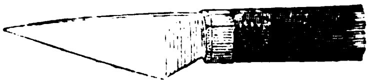

FIG. 2.

not only keep my left hand out of the way, but I have my fixed point directly opposite to the point of entry of my knife, and the exact place for my counter-puncture is marked for me.

(To be continued.)

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CLINICAL REMARKS ON THE SUPPOSED VALUE OF STRYCHNIA IN ATROPHY OF THE OPTIC NERVE.

By Jabez Hogg,
Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

(*Continued from page* 42.)

The cases given are taken from my note-book without reference to any particular order, and simply because they happen to represent in a well-marked manner, the typical kind of case most frequently ending in white-atrophy. I will not unnecessarily occupy time by giving the history of other cases arising out of similar, cerebral, causes, and which have been from time to time under treatment at the Royal Westminster Ophthalmic Hospital. It is sufficient for the present to say that none of them were in the least benefited by the administration of strychnia.

I will now direct your attention to another series of cases, which although resembling the former in some respects, and ending in white-atrophy, were, so far as could be ascertained, unassociated with a previous meningitis, or other form of cerebral disease; in most instances proceeding insidiously from bad to worse, without even the ordinary symptoms of deranged health, that is, of a sufficiently marked character to attract attention and call for Medical treatment, before the discovery was made that the vision of one or both eyes was nearly lost. Let me add, however, that in such cases it is possible the atrophic condition may have been preceded by some slight intra-cranial pressure. The growth of a very small tumour within the cranium, if situated near the chiasma, or any part of the optic-tract, the cerebral ganglia, or whence the optic nerves arise, will be often more than sufficient to arrest nourishment or cut off the nervous supply. Nay, further, a partial paralysis of some distant part of the body; and which may have occurred during sleep, and otherwise been quite unobserved by the patient; and of which no intelligible account can be subsequently given, or even the temporary interruption to the vascular supply, may end in atrophy of the optic nerve.

Before I conclude my remarks upon this very important subject of the treatment of atrophic forms of eye disease, I think it only right to append a few cases belonging to a class which, according to Drs. Nagel and Chisolm, should have been either cured or greatly relieved, by the administration of strychnia. I refer to that form of atrophy of the nervous tissues associated with retino-choroiditis, and increasing myopia, in other words, atrophy of the retinal and choroidal tissues, with rapidly failing sight, terminating in blindness.

Case IV.—*White-Atrophy, unassociated with Cerebral Disease.*

Sarah C., æt. 20, admitted January 30, 1871. The history given of this case, and which was confirmed by friends of the patient, was as follows:—About fifteen months ago, her general health at the time not being very good, an abscess appeared on the back of her head. Neither surgical nor Medical advice was needed, and the swelling disappeared without breaking. Very soon afterwards she observed considerable loss of sight, especially of the right eye; but as she was quite able to perform her ordinary duties, little notice was taken of it. A few weeks afterwards she found she could not see large objects distinctly, and on mentioning the circumstance to her friends, she was induced to place herself under Medical treatment. Obtaining no relief, but on the contrary, finding the sight getting worse, she applied to one hospital after another, and finally to the Royal Westminster Ophthalmic.

When I saw her she appeared in excellent health, and but for a peculiar stare and dilated pupils, it might have been possible to regard her story with some suspicion. She believed, however, she could just see persons passing between her and the opposite window, but as she also occasionally saw flashes of light, which she mistook for the fire because she was sitting near it, I felt convinced this was merely a mental impression. The ophthalmoscope at once cleared up any doubt, the discs were nearly white, and the retinal vessels very much diminished in size. I thought the case utterly hopeless, but at the solicitation of the patient and her friends I consented to admit her for a limited period. She was placed under the syrup of bromide of iron and strychnia treatment. Mustard plasters were applied daily to the nape of neck, and a solution of calabar bean instilled into the eyes.

Feb. 10th.—No change in her condition. The pupils had, however, resumed their normal state. To stop all medicine by the mouth and inject night and morning 1-30th of a grain of strychnia into the temporal region.

March 4th.—The patient thought she could see, rather better than on her admission, persons passing about the ward.

May 11th.—The strength of the solution increased to 1-15th of a grain; general health and appetite very good.

May 18th.—Considerable headache and twitchings; discontinue the injection for twenty-four hours; then resume.

May 25th.—Severe headache and disagreeable twitchings; discontinue the strychnia. In a few days afterwards I thought it better to stop the injections altogether. At the end of three months, and without having effected the least change either in the appearance of the internal eye, or the condition of vision, she was discharged totally blind.

Case V.—*White-Atrophy, supposed to be owing to a blow received some eighteen months before.*

William G., æt. 44, a seafaring man, from Great Yarmouth, admitted February 22, 1872. The account given by the patient was that about eighteen months prior to admission he received a severe blow over the right eye, and soon after sight began to decline. Only a very slight scar remained, so that it is doubtful whether the blow was a very severe one or exercised much influence on the final result. General health good, and he had always been able to perform his ordinary duty. He was married; no great smoker; had never suffered from any specific disease; on the contrary, had always been a very steady, sober man. As soon as he found his sight decreasing he applied to the Yarmouth Infirmary, but obtained no benefit; on the contrary, one eye rapidly got worse; he was therefore persuaded to come to London for advice. Globes rather prominent; no tension; can just count fingers, and manage to find his way about; no other subjective symptom. The ophthalmoscope disclosed pearly white discs, and very small retinal vessels; the fundus of the right eye presented a less marked atrophic condition than its fellow. With this eye he could, at six inches, make out the largest letters of test types. The hypodermic injection of 1-30th of a grain of strychnia was at once commenced; to take the syrup of bromide of iron and strychnia three times a day.

March 4th.—Right eye slightly improved; can read off No. 20 test types more easily. To continue and gradually increase the strength of the solution to 1-15th of a grain.

April 19th.—Finding he was no better, and that the injection produced some pain and inconvenience, he expressed a desire to leave the hospital, and he was accordingly discharged.

In the autumn of the year he once more presented himself for admission, his sight having in the meantime become worse. He was again placed under the strychnia treatment, as he thought that did him more good than anything he had tried. After some six weeks the drug began to produce disagreeable twitchings and headache, and as he was in no wise relieved or improved, the right eye had now assumed a whiter appearance, he was anxious to return home, and was therefore discharged.

CASE VI.—*Choroido-Retinitis, increasing Myopia, Posterior Staphyloma, and Atrophy.*

Henry J., æt. 37, labourer, admitted Nov. 29, 1872. Had good health until he was about ten years old, when evidences of a weak intellect obliged his friends to send him to an asylum, where he remained ten years. He was dismissed cured, and has not been laid up with any kind of illness since. No history of syphilis or scrofula, has never had a fit, or received a blow on the head. Does not smoke or drink, and has been able to work as a farm labourer until his sight failed. He was always near-sighted, and for the last five years sight has been getting weaker. Pains in the head have been very frequent of late, but without any feeling of sickness. Cannot read the largest test types; believes he can see persons as they pass before the window, and rather near to him. Pupils widely dilated, so that the fundus can be well seen without the use of atropine. Right eye presents well marked appearance of degeneration of the nervous structures; atrophy of nerve. Left choroido-retinitis, and posterior staphyloma; retinal vessels degenerated and looking like so many fine coloured threads, coursing over a pale fundus.

Nov. 30th.—Injection of 1-40th of a grain of strychnia night and morning into temples; to take a mixture of iron and strychnia three times a day; full diet. The strength of the injection was gradually increased, and finally reached 1-10th of a grain twice a day. No bad symptoms followed, although the use of the drug was persevered in for nine weeks. The pains in the head disappeared, but with all our good feeding he appeared to be rather feebler than when admitted. Not the slightest change in vision took place, nor in the appearances first observed in the eyes.

CASE VII.—*Choroido-Retinitis, increasing Myopia, Atrophy of Retina and Nerve.*

Thomas B., æt. 30, a groom, admitted March 16, 1870. Always enjoyed good health; never had syphilis or gonorrhœa; not a great smoker or drinker; general health very good; has always been short-sighted. Lately his sight has been gradually getting weaker; he is constantly troubled by large floating bodies passing before him. He is now incapable of riding out with his master, and cannot see well enough to drive. Is looking pale and anæmic; occasionally troubled with palpitation of the heart and indigestion. Glasses afford no relief. Retinitis-pigmentosa; considerable maceration of the choroid coat. Choroido-retinitis; well marked retinal and peri-papillary degeneration. To take the syrup bromide of iron and strychnia (a).

March 23.—Inject 1-40th grain strychnia into temples night and morning, and gradually increase dose. In this case the strength of the injection reached the 1-5th of a grain of the drug before any unpleasant symptom supervened. Not the slightest benefit resulted from its use; indeed, when the patient left the hospital the atrophy appeared to be rapidly increasing.

CASE VIII.—*Choroido-Retinitis, increasing Myopia, Posterior Staphyloma, and Atrophy.*

Isaac C., æt. 40, a hawker, admitted March 20, 1871. Always near-sighted, and had used glasses for years. General health very good; never laid up for a day with any illness; no syphilis; does not smoke or drink. The last twelve months sight decreasing, so much so that lately spectacles have been quite useless; he sees better without them. Can only read No. 14 test-types (double pica) at three inches; towards evening finds it very difficult to get about. The ophthalmoscope shows that choroido-retinitis has produced considerable maceration, extending in the right eye, partly through the *fovea centralis*. Atrophy of the optic nerve is also more advanced in this eye. His treatment commenced with the administration of iron and strychnia, and the simple continuous battery current. After three weeks this was abandoned, and followed by the hypodermic injection of strychnia, in increasing doses, continued for nearly three months, but no improvement in the patient's condition took place. Lately, and for several months past, he has been taking the bromide of iron with some benefit.

Lastly, I must content myself by directing your attention to the case of a soldier now in the wards, and whose sight is rapidly decreasing from degeneration of the nervous structures. The hypodermic administration of strychnia has been fairly tried in this patient's case also, but without improvement. Indeed, after numerous trials, I can come to but one conclusion with regard to strychnia, that it is utterly valueless in the atrophic forms of eye disease.

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THE NATURE AND TREATMENT OF THE CONSTITUTIONAL FORMS OF ECZEMA (a).

By E. D. Mapother, M.D.,
Surgeon to St. Vincent's Hospital.

If the interest attaching to a disease be proportional to its frequency, eczema is most worthy of attention, for one-third of skin diseases are forms of this malady.

The causes and treatment of those forms due to sources of local irritation are thoroughly understood; for example, those due to the action of alkalies in washerwomen, sugar mites in grocers, the flow of tears from strumous eyes, the gravitation of the blood in varicose veins are cured by the removal of the exciting cause and some emollient application, of which bran stupes and bran poultices are the best.

When eczema on the contrary affects large surfaces of the body without any local irritation, is symmetrical, apt to relapse and (as is frequently the case traceable in several members of the same family), some constitutional cause evidently exists, and should be sought for if we wish to treat the disease scientifically. The French call this cause "the dartrous diathesis," dartre being a popular term synonymous with "heat in the blood" in our vernacular; they confess ignorance of its nature and only recognise it by aptness for relapse in eczema and lichen, and psoriasis as well. Ever since I read the following passage in Golding Bird's work I have regarded excess of uric acid in the blood as this constitutional cause. He says, "I have been two or three times consulted in the cases of patients lying bed-ridden from rheumatic gout in whom one or both legs were covered with an eczematous eruption, and the parts on which the exudation from the surface had died had been actually frosted with microscopic crystals of urate of soda."

The following facts seem to me to prove that the gou poison is the cause of eczema:—

1. Many other reliable observers have obtained uric acid and urates from the exudation of eczema, and their increase in the urine in the chronic stage of each disease is undoubted.

2. There is great increase of fibrin in the blood, and it exudes and spontaneously coagulates on the raw surface.

3. Both diseases are characterised by great tendency to œdema and desquamation, which latter, of course, is uni-

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(a) The syrup of the bromides of iron, quinine, and strychnia, prepared by Messrs. Robbins and Co., 372 Oxford Street, I have largely employed and in many similar cases with excellent results.

a) Read before the Surgical Society of Ireland.

versal in eczema, and occurs in three-fourths of the cases of gout when localised.

4. Gout can be shown to be hereditary in about three-fifths of the cases, and such predisposition can be shown in about an equal proportion of cases of general eczema. The greater proneness of the male sex is observable in both diseases.

5. Every one must have remarked the frequent concurrence of symptoms of gout or of rheumatic gout and eczema. The Chelsea pensioners and the poorer agricultural people of this country exhibit this concurrence on the largest scale. I have seen very few cases of general eczema which had not been preceded or accompanied by what is so well known as acid or gouty dyspepsia.

6. It is an aphorism of Hippocrates that gouty attacks are most frequent in spring and autumn, and the same may be undoubtedly said of eczema.

7. The parts most distant from the circulatory force of the heart and least vascular, for example, the extremities and ears are the most frequent seats of each disease as the urates are most easily deposited.

8. And lastly, the treatment proven to be useful in gout is usually successful in eczema.

Lithia I have found of greatest use as would be anticipated from its extraordinary powers of combining, and dissolving with urate of soda and uric acid. It never fails to act as a diuretic, and the derivative influence from the skin to the more extensive surface of the kidney can be easily understood.

I usually combine colchicum with lithia, but I tried each separately in the following case :—

Patrick Moran, æt. 50, was admitted, Jan. 15th, on recommendation of Dr. Lynch, of Glendalough, to St. Vincent's Hospital. For seven weeks he had suffered from eczema on the front of both the arms and forearms, and of the thighs. He had been constantly subject to acid eructations for years and had drank freely of porter. The urine of the twenty-four hours from 10 a.m. on the 15th, to 10 a.m. on the 16th, was collected, as was that of the succeeding ten days. For the first two days during which no treatment was employed the following was the record :

16th.—Urine, 26½ ounces, specific gravity, 1028 ; acid.

17th.—Urine 24½ ounces, specific gravity, 1030 ; very acid, turbid from urates.

Fifteen drops of wine of colchicum were thence given thrice daily, and on

18th.—Urine, 22½ ounces, specific gravity, 1031 ; very acid turbid from urates.

19th.—Urine, 24 ounces, specific gravity, 1031 ; very acid, turbid from urates.

The dose of the wine of colchicum was increased to 30 drops thrice daily, and for the four following days it produced three or four small evacuations from the bowels daily.

20th.—Urine, 26 ounces specific gravity, 1030.
21st.— „ 40 „ „ „ 1020.
22nd.— „ 37 „ „ „ 1023.
23rd.— „ 20 „ „ „ 1026.
24th.— „ 34 „ „ „ 1030.

On the 24th, as the eczema was not much improved, I prescribed 5-grain doses of citrate of lithia and 20 grains of citrate of potash thrice daily.

25th.—Urine, 49 ounces, specific gravity, 1018, neutral.
26th.— „ 38 „ „ „ 1028, „
27th.— „ 39 „ „ „ 1029, „
28th.— „ 42 „ „ „ 1025, „

On all of the last four occasions the urine was of an inky tint owing to the indigo-blue colouring matter which the free use of carbolic acid ointment had cast off by the kidneys.

The morbid process was at this date almost wholly absent from the parts attacked.

It appears from the details of the amounts and specific gravities of the urine that colchicum has no power of increasing the excretion of the solids of urine, and indeed, it is now generally believed to check the formation of urea and uric acid, a fact anticipated by the sagacity of Dr. Graves (*a*), whose physiological deductions were so remarkable.

In inveterate cases of eczema arsenic may be necessary, and that metalloid is of great repute in chronic gouty and rheumatic affections.

Lastly, sulphur internally and externally, especially when used in the waters of Harrogate, Leuk, in Switzerland, and Lisdoonvarna, nearer home, is of equal efficacy in gouty and eczematous affections.

A few words about external treatment : carbolic acid diluted with seven parts of lard keeps the skin pliable, prevents suppuration and fœtor, and has probably some astringent power.

In cases of universal eczema which are rare, indeed, with the exception of one I saw a month since in St. Louis Hospital, Paris, I have never met one, starch baths, or still better, bran baths are called for, to check the excessive cutaneous transpiration.

I have then striven to show that constitutional eczema depends on the gouty diathesis, and should be treated according to the well-known therapeutic indications observed in that condition.

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Hospital Reports.

WEST LONDON HOSPITAL.

Case of Diabetes Mellitus.

(Under Dr. Thorowgood. From notes by Mr. Bridgman).

Ada C., æt. 18, came as out-patient to the West London Hospital, January 30th, 1872. She is small, and of fair complexion, and complains of troublesome eruption of acne, with dryness and harshness of her skin. Her father and mother are living and healthy, brothers healthy, two of her grand-parents living, two are dead, but patient does not know of what they died. Patient has lived a steady life, she began to menstruate when fourteen years old, and has been regular ever since. She was quite healthy up to three months back, when she began to lose flesh and appetite, and her friends noticed that she was in bad spirits. At present she complains of feeling languid, of great thirst, loss of appetite, and of passing much more water than she used to. Her skin is dry and scaly ; her tongue red and chapped ; patient has no cough, and the physical signs of chest are normal.

February 6th.—Patient's condition the same ; water brought was pale in colour, sp. gr. 1040 ; gave an intense mahogany tint with Moore's, and threw down quantities of sub-oxide of copper with Trommer's, test.

7th.—Patient was admitted to the hospital. During the first twenty-four hours she was placed on ordinary diet, and she passed 10¾ pints of urine, with a sp. gr. 1042,

8th.—Patient was dieted on 6 oz. of meat, 3 pints of milk, 3 gluten biscuits, toasted bread, water cresses.

9th.—Urine 10 pints.

10th.—9½ pints.

11th.—9 pints.

12th.—6 pints, sp. gr. 1045.

13th.—10 pints, sp. gr. 1042. Patient takes her diet very well, and thinks she feels better ; temp. 98·8.

℞ Pot. cit., gr. xv. ;
Pot. brom. gr., v. ;
Aquæ camph., ℥j. *ter die.*
Ol. morrhuæ ʒij. Omni nocte.

14th.—Temp., 98·6 ; passed 10 pints of urine ; sp. gr. 1040 ; urine contained 37 grs. of sugar in ℥j., or 740 grs. in Oj., therefore the 10 pints passed in the twenty-four hours, contained 15 ozs. 3 drs. 20 grs. The fermentative test was the one used.

(*a*) "Clinical Medicine."

15th.—Temp., 98·2; urine passed, 9½ pints.

16th.—10 pints.

17th.—11 pints, with sp. gr. 1040.

18th.—10 pints.

19th.—12 pints.

20th.—10½ pints; pulv. opii, gr. j., in pill, to be taken every night; meat discontinued; milk increased to Ovj.

21st.—12½ pints, sp. gr. 1036.

22nd.—10½ pints.

23rd.—10½ pints. To day the patient was weighed, and found to be 6st. 8lbs.; she says that a year ago she weighed 7st. 12lbs.

24th.—12½ pints, sp. gr. 1034; pulv. Doveri, gr. v., substituted for the pill at night, and a tepid bath ordered. Mixture changed to

℞ Ammon. carb., gr. vj.;
Sodæ bicarb., gr. xij.;
Aquæ camph., ℥j. t. d.

25th.—13 pints, sp. gr. 1036. Patient felt rather weak after the bath, but there was not the slightest perspiration.

26th.—13 pints, sp. gr. 1036.

27th.—13 pints.

28th.—13 pints.

29th.—14½ pints, sp. gr. 1040.

March 1st.—14½ pints, sp. gr. 1036. Patient has had a considerable bleeding from nose.

2nd.—13½ pints. Mixture changed to

℞ Sodæ hypophosph., gr. v.;
Ferri citrat., gr. v.;
Pot. cit., gr. x.;
Aquæ menth. pip., ℥j. t. d.

The patient has had the tepid bath about every third night, but it has never produced any perspiration. There are patches of pityriasis on both arms.

3rd.—14¾ pints.

4th.—17 pints, sp. gr. 1034.

5th.—15½ pints. Mixture changed to

℞ Liq sodæ arseniatis, ♏iij.;
Sodæ bicarb., gr. viij.;
Inf. calumb., ℥j. t. d.

6th.—16½ pints.

7th.—17 pints.

8th.—14 pints. Patient was again weighed and found to be 6st. 6½ lbs.

9th.—15½ pints, sp. gr. 1036.

10th.—16½ pints; liq. sodæ arseniatis, increased to ♏v. at each dose.

11th.—16 pints.

12th.—15 pints; temp. taken was 97·8.

13th.—15 pints, sp. gr. 1034.

14th.—15 pints, sp. gr. 1034; temp., 98·6. The temperature was taken frequently through the case, but as a rule it was just normal, where worthy of note it is recorded. Patient complained of pain over the region of the liver posteriorly, the part to be painted with iodine.

15th.—13 pints, sp. gr. 1038; temp., 98·6.

16th.—12 pints, sp. gr. 1034; temp., 99.

17th.—13 pints, sp. gr. 1033.

18th.—13 pints, sp. gr. 1033.

19th.—12½ pints, sp. gr. 1032; temp., 97·8.

20th.—10 pints, sp. gr. 1032. Gluten biscuits obliged to be discontinued.

Up to this time the patient had been in the habit of getting up for a few hours during the day, but now she began to prefer remaining in bed.

21st.—10 pints, sp. gr. 1034.

22nd.—11½ pints, sp. gr. 1032.

23rd.—8½ pints, sp. gr. 1031.

24th.—7½ pints, sp. gr. 1031.

25th.—7½ pints, sp. gr. 1030. Patient has been sick two or three times after taking food, and complains of loss of appetite, which until the last few days has remained good; tongue quite dry; pulse 88, temp., 98.

26th.—6½ pints, sp. gr. 1030. Patient has been sick several times since yesterday; tongue dry; pulse, 100; temp., 98·6. Mixture changed to

Pot. iodidi, gr. iij.;
„ cit., gr. xii.;
Aquæ menth. pip., ℥j.

Evening.—Vomiting has continued; no food has been taken.

27th.—5 pints of urine passed with sp. gr. 1028; vomited once this morning; tongue dry and brown; pulse, 100; total loss of appetite; bowels not open.

28th.—Passed 4 pints of urine, with sp. gr. 1028; slept well; complains of pain in the region of the heart; breathing laboured; face pinched and dusky; pulse 108, very small; temp., 97 (*a*); takes nothing but a little milk with ice in it; bowels still not open; ol. ricini, ℥ss. ordered.

28th.—*Evening.* Patient has grown much worse since the morning; face very dusky; lips blue; breathing quick and gasping; breath cold; extremities cold and blue; pulse remains about 100, is very small; patient takes a little brandy and soda water, and iced milk.

The patient lingered until 6.30 p.m. on the 31st. During the last forty-eight hours she was quite unconscious, generally lying quite still; respiration very laboured; breath cold; surface cold and blue. The urine, which certainly did not measure a pint, was passed in the bed.

Post-mortem.—None of the organs (with the exception of the kidneys), presented any abnormal appearances. The kidneys were large, pale, and flabby, shelling very easily out of their capsules. The liver appeared quite healthy, both as regards colour, texture, and size. The bladder was empty and contracted, the walls rather thicker than usual. The brain and spinal cord appeared quite healthy. Dr. Dickinson took such portions of them as he required for microscopical examination.

Remarks.—Dr. Thorowgood from the first, was disposed to take an unfavourable view of Ada C——'s case, owing to the fact of the disease having somewhat rapidly developed to a high degree in one who was quite young. Having observed more than once, that when a patient with diabetes can be caused to perspire freely, there is nearly always amendment, efforts were made in the present case, to bring about sweating by the frequent use of the hot bath, and when first admitted, she had a mixture of nitrous ether with nitric acid, which after a week or so was changed to the bromide of potassium, with citrate of potash. The heavy semi-typhoid look of the patient, might have been perhaps improved by this mixture, but it cannot be said that from any of the means employed, any marked results towards cure were obtained.

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Transactions of Societies.

DUBLIN PATHOLOGICAL SOCIETY.

[SPECIALLY REPORTED FOR THE MEDICAL PRESS AND CIRCULAR.]

The usual meeting of this Society took place on Saturday, February 15th, 1878.

The President, Dr. KIDD, in the Chair.

Dr. HAYDEN said the specimen he wished to bring under the notice of the Society was an example of

CANCER OF THE OVARIES.

The woman was aged 53, married a few years, but never had children. Menstruation had ceased for some years. Six months previously to her admission into hospital, which took place on the 26th of January, she told him that she for the

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(*a*) This temperature was taken twice to make sure there was no error. It would have been interesting to have taken the temperature again shortly before death, when I have no doubt a much lower temperature would have been registered, but the friends were constantly with the patient, and did not like having her disturbed.

first time noticed a swelling of what corresponded to the anatomical region known as right iliac. It grew rapidly, and six months afterwards the abdomen had attained the dimensions which are exhibited at the full period of pregnancy; it was attended from the first with rather a severe pain. The woman was weak in the last degree—so much so that death was evidently impending. She had scarcely a pulse, her face was congested, and the lower extremities œdematous. She complained of constant aching pain in the abdomen. By means of an opiate he succeeded in obtaining for her a short sleep in the course of that night, and on the following day, in the evening, she died of asthenia. There were certain circumstances connected with the case which were worthy of notice, and which induced him to diagnose malignant disease of the ovaries. The rapid growth within six months, the occurrence of continuous pain from the first appearance of the swelling to the termination of life of the patient. The tumour was irregular in outline, and unequal in consistence, the lower portion being firm but elastic, and the other composed of a number of distinct fluctuating cysts. Both lumbar regions were resonant on percussion as the patient lay upon her back, whilst the anterior portion of the abdomen was universally dull. The tumour when removed was three or four times as large as they then saw it; they would observe that it was connected with both ovaries, but more especially with the right, and the patient very properly had described the tumour as having commenced on the right side. The uterus was of the ordinary size of a woman who had never borne children. The Fallopian tubes on both sides were normal, but the ovaries had entirely disappeared, or rather were converted into groups of distinct cysts of great magnitude. On the right side several of these would have contained a quart of liquid, and were filled with a honey-like substance of the consistence of jelly. Under the microscope this substance was seen to consist of a fine fibrous stroma, in the meshes of which the proper colloid substance, composed of nucleated cells, escaped nuclei, and fat granules, was deposited. The upper portion of the tumour contained several large sero-cysts containing a clear and thin fluid. The cyst-walls throughout were composed of dense white fibrous tissue. The mesenteric glands were infiltrated with medullary cancer, mottled here and there with melanoid pigment. On suction they yielded a cream-like juice, which presented the ordinary histological elements of medullary cancer. The left one was also affected, but in a less degree. There were certain masses connected with the left ovary. The case was of interest therefore both diagnostically and pathologically. The diagnosis of malignant disease of the ovaries was made, as already stated, from the two-fold circumstance of the rapid growth of the tumour and the early occurrence of pain. The pathological interest of the case had reference to the union of colloid and medullary cancer, with the addition of dark pigment, formerly regarded as a distinct form of cancer under the name of mellanoid, in the same subject; and the further existence of serous in conjunction with these.

Mr. **Frank T. Porter** exhibited two

STYLOID PROCESSES, UNUSUALLY ELONGATED.

They had been removed from a female subject over thirty years of age. Each process was united to the temporal bone by cartilage—a rare occurrence, as bony union generally existed between those parts. The stylo-hyoid ligaments and muscles were absent. In the same subject the right occipital artery came off from the pharyngia ascendens, and not external carotid, which was usually the case.

Dr. **Robert Smith** made a communication on a peculiar operation for amputation through the Tarsus, adopted in a case of gangrene of the foot.

Dr. **Quinlan** also exhibited a specimen taken from a patient suffering from stricture.

We hope to publish both these communications in our next.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 31st January.

The President, Dr. Kirkpatrick, in the Chair.

Dr. Jacob read a paper

ON THE ACCIDENTS IN FLAP EXTRACTION OF CATARACT, AND THE METHODS OF AVOIDING THEM,

which will be found *in extenso* at p. 153.

Mr. **Swanzy** said it appeared to him that Dr. Jacob had not established satisfactorily the equal success of the linear extraction and the flap extraction. With the exception of the dictum of Mr. Loring he had not brought forward any fact which could bear him out, and he (Mr. Swanzy) was not sure that implicit faith was to be placed in Mr. Loring, although he was a very distinguished and clever ophthalmologist, but when it was remembered that the whole of Europe and America had forsaken the flap extraction and had adopted Von Graefe's operation or some one very closely allied to it, that was sufficient to justify them in doubting the accuracy of Mr. Loring's statement. Dr. Jacob placed the highest importance on the ripeness of the cataract for flap extraction, because if not mature, some of the cortical substance might remain behind and produce secondary iritis. He (Mr. Swanzy) had no doubt of this, but one of the greatest advantages which Von Graefe put forward for his own operation was, that it was not necessary to wait for the cataract to become ripe. They all knew the length of time it took for the cataract to arrive at maturity, and it was therefore a great advantage that they should be able to extract cataracts without any danger to the eyes of the patient and without any fear of secondary iritis, instead of keeping the patient in misery for months before the operation could be attempted. And they could do this although some portion of the cortical substance remained; for they were able to get this out by the motion of the lids without the use of instruments. Even if portions of the cortical substance were left behind in linear extraction there would be no danger of secondary iritis, but they were able to remove them from the portion of the wound, and in fact, the iris was out of the way. No doubt, the flap extraction was the queen of all cataract operations. When successful there was nothing to approach it; but the point to think of was the percentage of successful cases. Dr. Jacob did not expect to reach anything higher than 70 per cent. That was not to be compared with 95 or 97 per cent. of succesful cases in linear extraction, although the latter was rather an inferior operation to flap extraction; and that was the success attained by Professor Arldt, of Vienna. Of these, 4 per cent. were not complete, the people saw very well, but it was called an imperfect success, but on the whole his successful operations were between 95 and 97 per cent. That was higher than Von Graefe reached himself. When he (Mr. Swanzy) was in Vienna in 1857 Professor Arlt was only commencing to adopt Von Graefe's operation. He had been most distinguished as an operator in the flap extraction, and had made his reputation by that operation; but although such a very distinguished flap extractor he had entirely given it up, he never thought now of performing it; he had tried other operations but he had given all up for Von Graefe's linear extraction, and it was with that he got 97 per cent. of successful cases. With regard to anæsthetics in eye operations and especially in cataract operations, he (Mr. Swanzy) never used any anæsthetic, not even ether in the extraction of cataract. He did not think there was any benefit gained by it. With proper fixation the operator could get the eye perfectly quiet, and by talking to the patient he could acquire such a moral influence over him as to retain the eye in the one position. Immediately the operation was over it was desirable that the patient should have all his senses about him to make use of certain tests of vision, which restored confidence to him and eased his mind so much that the healing of the wound went on much better. It was a great thing also that the patient's friends should see him counting his fingers for instance, whereas, before he was perfectly blind. There was nothing, in his opinion, to be gained by anæsthetics, whereas, there was something to be gained by not using them. Fixation was one of the greatest modern improvements in cataract operation, but no doubt to be beneficial, the fixation forceps must be a good one and must be properly managed. Dr. Jacob brought two operations together that ought to be kept perfectly separate. He spoke of the scooping extraction and Von Graefe's modified linear operation. These, however were quite different. In the scoop operation an instrument was introduced into the eye to remove the cataract; whereas, in the linear extraction there was nothing of the kind, it might be accompanied by iridectomy, but there was no such thing as the introduction of an instrument, and the cataract was removed altogether by pressure on the eyelid. These two things should be kept perfectly distinct; and it seemed to him that seven cases of Graefe's extraction were hardly sufficient to enable one to form an opinion as to the advantage of the operation. It would be fair to perform 100 of these operations and 100 of the flap operations and then draw a comparison between the two.

Dr. Stewart said he looked back with great pleasure to his experience of Dr. Jacob's father's practice when he (Dr. Stewart) was a student in the years 1825, 1826, and 1827. The ease and certainty with which he performed the operation for the removal of cataract were remarkable. There were no anæsthetics in those days, but such was the confidence felt in Dr. Jacob that the patients would remain as quiet under the operation as if they were merely going to be bled.

Prof. Morgan would like to have some information as to the relative tests by which the success or non-success of the different operations referred to was measured. It would be quite a different thing if one test were applied to the linear and another to the flap operation, and as there had been some doubt thrown out on this point, he should be glad to have it explained. As to the ripeness of the cataract the importance of which, in the flap operation, was so strongly dwelt upon, he would suggest whether it might not be a good thing to pass a needle through the lens, make it a traumatic cataract, and then, without waiting for several months, proceed to perform the operation? He should like to know whether there were any statistics of the results of iridectomy in combination with the linear operation in cataract, in order that they might judge whether it deserved the laudation it had got and was of that favourable nature which its advocates alleged. He would also like to hear from Dr. Swanzy if he had seen the linear extraction performed as frequently here as abroad? They were aware that ovariotomy which had been so successful abroad was not equally successful in Dublin, owing possibly to some peculiarity of diathesis; and therefore he should like to know whether the operation introduced by Von Graefe had been as successful under Dr. Swanzy's hand here as it was abroad.

Mr. Swanzy did not think he had been long enough in this country to form an opinion from his own practice. The operation had been frequently performed in London and in Dublin also it had been extensively performed, and as far as he was aware the operation gave as much satisfaction as any other operation for cataract. Of course each practitioner had a way of his own of performing the operation, but these were only the slight differences to be met with in every operation.

Dr. Walsh said that the statistics in the able paper read by Dr. Jacob startled him a little. He was quite convinced that the most careful and elaborate reports gave very different results; according to his recollection there not being 5 per cent. of failures in the linear and as many as 25 in the flap extraction. Dr. Jacob appeared to him not to have attached sufficient importance to a more recent method than either of the above. He alluded to one originally performed by Warlomont, which he briefly stated consisted in an incision through about the centre of either the upper or lower section of the cornea through which the lens is extracted, the pupil being dilated as widely as possible with atropia. In this operation the liability of suppuration of the cornea is lessened considerably, an important point, as suppuration was a fertile source of failure in flap extraction. It moreover got rid of the necessity of incising any portion of the iris which was one of the principal objections made by Dr. Jacob to the linear operation. He had had some experience of Warlomont's operation, and he thought it had some other decided advantages, not the least of which was its simplicity and facility of execution even by comparatively unskilled operators, a fact of great importance to those in remote districts or abroad.

Mr. Kelly said he would not discuss the relative merits of the linear and flap operations further than to remark the opposite views the followers of the two methods attached to incisions of the iris. In flap operations one of the most rigid injunctions was to avoid implication of the iris in making the incision, while Von Graefe's operation includes as an essential step its free division. Pathology, experience, and analogy indicate the excessive stringency of the interdiction. Ambi-dexterity, he thought, could be acquired easily and without risk. Experience would quickly demonstrate the interesting fact that the left, or least used hand, when guided by concentrated thought and will, readily acquired a facility of motion nearly equal to the right or more serviceable member when under the same surveillance. In other words, should the right hand be placed under critical observation it lost that freedom and precision which was acquired by the experienced operator who was unconscious of the independent movements necessary for the accomplishment of any act of manual dexterity. To a similar condition the left hand could be raised. Except with one of Nature's operators surgeons were vividly conscious of the steps of any given procedure. Hence, if the experiment be made with an unprejudiced mind, most men would be pleased with their progress in ambi-dexterity. A point on which Dr. Jacob did not dwell was the laceration of the capsule in the flap operation. It might be regarded as a theoretical nicety to attach importance to the shape of the laceration, but the prescribed form was crucial. He (Mr. Kelly) had no doubt that this could be adhered to readily. A modification of this laceration, based on mechanical principles, was to tear the capsule transversely first a little below the equator and then to confine the vertical laceration to the upper segment of the capsule, By this means the lens, instead of entering the anterior chamber *en masse*, was necessarily tilted forwards and upwards towards the corneal incision. Any additional measures to extract the lens were facilitated and even regulated by this inverted T laceration. The expediency of directing the point of the triangular knife towards the centre of the imaginary globe of the cornea increased as the cornea flattened, and the neglect of this precaution in many instances would cause a most perplexing inequality between the external and the internal lips of the corneal incision. In considering the exhibition of anæsthetics they were not justified in excluding chloroform. Every surgeon was aware of the troublesome emesis sometimes occurring during its administration. Exemption from this phenomenon was claimed for ether, but until its absence was fully established he (Mr. Kelly) did not think (unless in very exceptional cases) an oculist was justified in incurring the additional danger of the escape of the vitreous humour.

Dr. Jacob in reply said he was much pleased that a communication of his on a subject which could not be supposed to interest very much a Surgical Society had elicited so valuable a discussion, particularly as they had had the opportunity of hearing the views of Dr. Morgan and Mr. Kelly who did not apply themselves exclusively to that branch of surgical practice. As to what Dr. Walsh had said relative to further modifications of the linear extraction, he was well aware of them, but he did not think it necessary to enter into details. If it turned out by experience that these operations could be performed with more certainty of success, he thought they would supersede flap extraction, because they possessed the advantage of not necessitating iridectomy. He looked upon the removal of a portion of the iris as a blemish.. An eye never had the same appearance afterwards as before, and the acuteness of vision obtained in the best circumstances with an iridectomy operation was not equal to that obtained by a successful suction operation, or a successful flap extraction. He did not, however, attach too much importance to that point, and if it could be shown that there was a distinct and unequivocal balance of success on the side of the iridectomy operation he would yield to the stress of numbers and abandon flap extraction. He was doubtful on that point. If Arlt had achieved 97 successes he was afraid it proved too much. It was hard to believe they were measured by the same standard as was applied to the flap extraction. That was the very point to which Dr. Loring had applied himself. He took Prof. Von. Graefe's statistics and showed that when in one instance a vision of one-fourth was considered a success, in another instance a vision of one-sixth was considered successful: and the very same result which in one class of cases was regarded as failing was regarded in another class as success. Therefore it was that Mr. Loring said the alleged superior success of modified linear extraction was derived from the garbling of statistics not borne out when rigidly tested. Mr. Swanzy that said all Europe had abandoned flap extraction for iridectomy; but that statement must be modified a little. He found in the work of Mr. Wolfe, of Aberdeen, a statement which was exactly the reverse. In the records of the Ophthalmic Congress of 1868, M. Otto Becker, of Vienna, stated that he found 217 operations for cataract mentioned, 150 of which were performed by Prof. Arlt, and 117 were successful, and 45 accompanied by more or less serious accidents. Prof. Quagliano, of Pavia, denounced the modified linear operation as in no respect superior to that of flap extraction. Prof. Hansen and Dr. Bell Taylor had done the same thing, and in the *Annales d'Oculistique* of July last M. Warlomont states distinctly that, on inquiry from all the leading English oculists, he ascertains that the modified linear operation was no longer performed in its entirety, but that the peripheric incision was being universally abandoned. He (Dr. Jacob) was of opinion therefore that the verdict of "all Europe" was not in favour of Von Graefe's linear extraction. He could not form an opinion on linear extraction from his own experience in only seven cases, but he was not disposed to try it in one hundred as Mr. Swanzy suggested. He was disposed to hold to the operation in which he had met with success, rather than purchase experience by sacrificing more eyes. As to ambi-dexterity he confessed he had not acquired that, and he knew no reason why the left eye could not be well operated on from before. He was sure he could not make a good flap section with his left hand, and he saw no reason why he should not operate with the other. Therefore, he should not like to earn experience in that way and train his left hand at the expense of his patient. As to the laceration of the capsule of which Mr. Kelly spoke his theory was ingenious, but the laceration of the capsule, as a rule, was not a difficult matter. He continued the act of laceration until he observed that the lens had pressed a little forward and then he knew it had burst the capsule. He did not proceed in any particular direction with his incision into the capsule, though, perhaps, he might be more successful if he adopted Mr. Kelly's suggestion. As to the danger of which Mr. Kelly had spoken of getting the knife between the layers of the cornea, he said he made his incision as close as he could to the iris without touching it, and so entered the anterior chamber, almost perpendicularly to the cornea, and he had never seen his knife pass through any greater section of the cornea than was desirable. Having latterly been engaged in looking up the literature of this subject, and having been impressed with the value of the old operation and believing that it ought not to be cried down without good grounds, he had thought it right to put forward his views in the paper he had read that evening.

Dr. **Mapother** read a paper on

THE NATURE AND TREATMENT OF THE CONSTITUTIONAL FORMS OF ECZEMA,

Which will be found *in extenso* at page 156.

Dr. **Eames** said that he thought Dr. Mapother gave too great prominence to the connection between general eczema and gout. No doubt these two diseases were frequently found combined; but on the other hand he (Dr. Eames) had met with very many cases in which no such alliance of eczema could be traced. Indeed, he was inclined to believe that struma had much more to do with the causation of eczema in young subjects, and in those of the lower ranks of society who presented themselves at our dispensaries than gout had. When the relation of cause and effect could be clearly traced between eczema and gout it was questionable how far the physician was justified in healing the eruption by means of topical remedies.

Dr. **Benson** considered there was an intimate connection between gout and eczema. A few years ago he had to treat a gentleman dreadfully afflicted by gout, manifesting itself in dyspepsia and a derangement of every part of his system, not showing itself very much in the joints but rather in general constitutional disturbances, and in some few instances the joints did show it. He was so terribly afflicted by the disease that his life was made miserable by it, and in some instances endangered by attacks in the head and stomach. At length eczema began to show itself in various places; it covered the greater part of his body, his face and hands excepted, and from that moment he never had any symptoms of gout for two years until the eczema disappeared, and then some few symptoms of the gout returned. That case, with the recollection of others of a somewhat similar kind, convinced him that there was an intimate connection between the two diseases; that eczema was the outward manifestation of gouty poison, and he found that eczema was much benefitted by the remedies he used under the impression that it was a gouty affection.

Dr. **Mapother** in reply said the experience of every hospital surgeon would contradict the assumption that gout was a disease to be found exclusively among the aristocracy. Gout was due to a great many other causes than luxurious living. Want of exercise and a damp climate, and many other circumstances contributed to produce it; and it had been remarked that within the last ten or fifteen years since the people of this country had taken to drink ale and porter largely they had become more afflicted with gout than formerly. Rheumatic gout, which was due to uric acid in the blood was the great disease of this country; and he found on looking over the work of Garrod, the great authority on gout, that a good many of his patients were Irishmen. As to eczema being frequently scrofulous he did not think the general eruptions on the surface of the body were so; and the only form of eczema he had seen in scrofulous patients was that localised one caused by the scalding tears from scrofulous ophthalmia. In no instance which had come under his observation when there was glandular enlargement in connection with eczema did the glands suppurate. He was glad to be borne out in his view by Dr. Benson. The case mentioned by that gentleman showed there was an eliminative effort to throw out the gout by eruption on the surface.

The Society adjourned.

THE MEDICAL SOCIETY OF LONDON.

Monday, January 27th, 1873.

Thomas Bryant, Esq., F.R.C.S., President, in the Chair.

Mr. **Thomas Henry Hill** asked leave to make some remarks with reference to Dr. Thorowgood's treatment of obstruction of the bowels; since the last meeting he had suggested the use of acetate of lead in combination with belladonna, in a case of obstruction, and in twelve hours there was a profuse action of the bowel, with complete relief.

Dr. **Sansom** showed

A PATIENT WHO HAD BEEN THE SUBJECT OF EXTRA-THORACIC SUPPURATION, WITH DISCHARGE INTO THE LUNG.

R. B., æt. 37, applied at the Royal Hospital for Diseases of the Chest, as an out-patient, on Nov. 1, 1872, suffering from debility and cough, with expectoration of much thick phlegm. Four years ago she had a miscarriage, and had never been well since, extreme languor and shortness of breath succeeded any exertion, and six weeks before her admission she noticed a swelling above the right collar-bone, recurring after a violent cough. Auscultation and percussion failed to elicit any evidence of general pulmonary lesion; but above the right clavicle there were obscure cavity sounds; close to their situation was a limited oval swelling, evidently glandular; and below the clavicle a diffuse fulness was noted. The patient was admitted on the 4th. The glandular swelling was now tender and painful, and throbbings were experienced in the infra-clavicle fulness. Dr. Sansom did not consider the cavity (which was evidently of very small extent) in the right apex, tubercular. The patient presented no phthisical sign; the cough was violently paroxysmal, and it was quite clear that for long periods it had remained in complete abeyance. He was disposed to think the occasional large *râles*, and amphoric sounds heard above the clavicle, due to a dilated bronchus or ruptured air cells. He considered that suppuration was taking place in or around the inflamed gland. Under rest and emulcents and expectorants the cough and expectoration entirely ceased after four days, but the local tenderness increased and became exquisite. Liniment of iodine was applied, but could not be borne.

Nov. 22nd.—Deep fluctuation was noticed over the swelling. Poultices were adopted, and iron and quinine administered.

On the 6th Dec. suddenly occurred the expectoration of half a pint of pus, the cough being accompanied by a peculiar rattling felt, as well as heard, in the supra-clavicular region. Swelling had, to a great extent subsided. Auscultation revealed gurgling with a crackling sound on coughing, and pressure of the finger produced a feeling of large crepitation.

On Dec. 21 all swelling had subsided as well as all the signs and sounds; and tenderness had almost gone.

On the 10th January, 1873, fluctuation and tenderness were again manifested as previously, and on the 17th occurred a second copious expectoration of pus. The patient, who is still under care, suffers yet from severe cough, with occasional expectoration of rather fœtid purulent phlegm, the supra-clavicular prominence has largely subsided, but the finger still readily detects the crackling sensation produced by a cough, and gurgling is still heard. Over all the rest of the thorax the sounds are quite normal.

Dr. **Semple** thought there was a large gland pressing upon the subclavian artery.

Dr. **C. T. Williams** would have said there was a suppurating cavity, had he not heard the history of the case; probably there was an abscess which had broken into the lung tissue.

Dr. Sansom said that against the hypothesis of phthisis, the facts of absence of phthisical prodromata, the persistence of fair weight and menorrhagia were important; physically, the signs were those of cavities.

Mr. Royes Bell asked if there were rigors, and whether the temperature was high?

Dr. J. Milner Fothergill remembered a case in which a fluctuating tumour appeared over a man's loins. Soon after, violent coughing ensued, and expectoration of enormous quantities of pus. It was evident that the lumbar abscess communicated with the lung. The man recovered after a like occurrence on the other side of the loins.

Dr. Habershon then read three instances of

AORTIC DISEASE

which had recently come under his care, and showed the pathological specimens. The first was that of a man, æt. 39, who had suffered from repeated attacks of rheumatism. When admitted into Guy's Hospital in August, 1872, he was suffering from urgent dyspnœa and cardiac distress, with œdema of the lower extremities; a loud double bruit was audible over the aortic valves, and in the course of the aorta, but after a few days the bruit changed in character, and became a continuous sound. He died on the 10th September, and on inspection the aortic valves were found to be extremely diseased, one was contracted and everted, the valve nearest the pulmonary artery was thickened, ulcerated, and covered with fibrinous vegetation; an ulcerated opening immediately above the valve extended into the pulmonary artery, the edges were irregular, and the opening was partially blocked up by fibrine. The mitral was thickened, but other structures were healthy. Dr. Habershon referred the changed character of the sound to the ulcerative communication between the aorta and the pulmonary artery. The second case was that of a man, æt. 56, who was brought to the hospital in a dying state in December, 1872, he had been engaged in labourer's work, and dated his last illness to a cold taken at Christmas, 1871; dysphagia came on two months before death, and gradually increased in severity. The patient suffered from dyspnœa and severe pain between the shoulders; there was now a short systolic bruit audible at the apex of the heart. The prostration was extreme when he was admitted. The aorta was found to be much diseased, especially in the ascending and transverse portion of the aorta, the vessel was enormously dilated so as to admit a man's fist, on the right side, immediately above the valves, a pouch extended to the right, and the lung in contact with it was sloughing. Other lobules of the lung were in a similar state. At the commencement of the ascending aorta an angle was formed by the contraction of the pouch, and at this part pressure had been made upon the left bronchus and upon the œsophagus; an oval communication, an inch in length, existed between the two canals, and the ends of the bronchial cartilages projected into the œsophagus. The third instance was a very remarkable one, in which multilocular aneurism of the ascending portion of the arch of the aorta existed. The sac extended behind the sternum, and occupied the normal position of the heart; it perforated the ribs, and a third false sac formed, a pulsating tumour existing from the left side of the sternum below the left nipple in the direction of the axilla. Death resulted from the perforation of the post-sternal sac into the left pleura. The patient was 55 years of age, he dates his illness to a blow on the chest, and afterwards he suffered from pain about the left breast especially on exertion. The attacks became more frequent during the last year of his life, and three weeks before admission into the hospital, at the end of October, 1872, he noticed a swelling in the precordial region. This swelling rapidly increased in size, and became as large as both fists and pulsatile in character. Darting pains came on with dyspnœa and distress, and when hæmorrhage into the pleura occurred, he speedily sank. The aorta was found to be dilated and atheromatous, and two inches above the valves was an opening three inches in circumference which passed into an aneurismal sac, and then into the subcutaneous sac, the latter opening being between the third and fourth ribs. Forty ounces of clot and much serum were found in the left pleura. The question of differential diagnosis between aneurismal and vascular malignant growth was briefly dwelt on, but the result showed the original opinion of aneurismal disease to have been correct.

The President asked whether, in the third case, a mistake might not have arisen between it and pulsating tumour of bone, could Dr. Habershon give any means of diagnosis between such cases?

Dr. Habershon thought the question of differential diagnosis of aneurismal disease, one of great importance, and it had specially arisen in the second case. In the third case the dulness was more defined than in most tumours of the chest.

Dr. Broadbent thought that thanks were due to Dr. Habershon for his excellent cases, and would ask whether in the first case the opening into the pulmonary artery was congenital. The right ventricle was very small, and gave rise to the thought—then, again, there was ulcerative endo-carditis, it was ill-marked. The pulmonary artery was small also, he thought the opening was congenital, and that the left ventricle had supplied both general system and lungs for a great part of the patient's life.

Dr. Routh asked whether Dr. Habershon attributed the change in sounds to sudden disease, if so, it did away with Dr. Broadbent's hypothesis.

Dr. Semple thought Dr. Broadbent's a very reasonable explanation, ulcerative endo-carditis was extremely rare.

Dr. C. T. Williams asked Dr. Habershon what was the cause of death in the third case? The aneurism did not seem to have given way anywhere.

Dr. Habershon thought Dr. Broadbent's explanation was very interesting, but the case was supposed not to be congenital because a systolic and diastolic bruit was heard, which afterwards changed to a continuous blowing murmur. He thought ulcerative endo-carditis was not very uncommon.

Dr. Williams then showed

A PATIENT ILLUSTRATING TAPPING FOR EMPYEMA.

The patient, a man, æt. 29, was admitted into the hospital at Brompton, on the 4th of July, 1871, with a history of pleurisy of four and a-half months standing, and with signs of extensive effusion into the right pleura. The right side measured one and a-half inches through the mammary region, more than the left. The dyspnœa was great, and the pulse rapid.

On the 10th of July he was tapped by Sir Wm. Fergusson, and four pints of purulent fluid were taken away with temporary relief, but fresh accumulation took place, and an abscess formed in the mammary region, which was opened by Mr. Bartlett, and found to communicate with the pleura, through a channel passing between the two layers of the intercostal muscles which acted as a valve preventing the entry of air. In spite of this mode of exit, the matter rapidly accumulated, the valve was rendered insufficient, air was admitted and the discharge became offensive. The patient became much worse and began to show symptoms of pyæmia.

On the 21st of Aug., Mr. Henry Smith made a second opening in the posterior wall of the chest and passed a seton through; this greatly increased the discharge and also its offensive odour. On the 24th, at the request of Dr. Williams, Mr. Henry Smith introduced a drainage tube, and injected a solution of carbolic acid into the pleura. The effect of this was that the discharge became serous, small in amount, and free from smell, the pyæmia immediately disappeared and the man made a rapid recovery. Dr. Williams strongly recommended the use of the drainage tube in cases of pyæmia, and especially if rapid formation of pus took place.

Dr. Douglas Powell, Dr. Sansom, Dr. Wiltshire and Mr. Royes Bell, took part in the discussion which followed, to which Dr. Williams briefly replied.

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STUDENTS' COLUMN.

SYNOPTICAL REVIEW OF THE OFFICINAL PREPARATION OF THE BRITISH PHARMACOPŒIA.—(*Concluded.*)

By W. Handsel Griffiths, Ph.D., L.R.C.P.E.,

Assistant-Librarian Royal College of Surgeons in Ireland.

ABSTRACT OF THE PROCESSES DIRECTED FOR THE PREPARATION OF THE ALKALOIDS, &c.

ACONITIA.

1.—Digest the root with rectified spirit to exhaust it of the aconitate of aconitia and resinous matter, and then recover the spirit by distillation and evaporation.

2.—Dissolve the alkaloidal salt in water, by which means it is separated from the resinous matter.

3.—Add ammonia to the aqueous solution of the aconitate of aconitia; aconitia and some colouring matter are thus precipitated while aconitate of ammonia is formed and remains in solution.

4.—Dissolve the precipitated aconitia by ether which is afterwards recovered by distillation.

5.—Add sulphuric acid to form sulphate of aconitia, and decompose this subsequently by solution of ammonia, aconitia is thus precipitated while sulphate of ammonia remains in solution.

6.—Wash the aconitia so obtained with cold water, and, finally, dry between the folds of blotting-paper.

ATROPIA.

1.—Digest the root with rectified spirit to exhaust it of the malate of atropia.

2.—By the addition of lime malate of lime is formed, and atropia set free.

3.—Add sulphuric acid to form sulphate of atropia.

4.—Separate any resinous matter which may be present by the addition of carbonate of potash in quantity sufficient to produce neutralisation; remove the resinous matter so precipitated by filtration.

5.—Again add carbonate of potash, but in sufficient quantity to produce alkalinity; sulphate of potash is thus formed and atropia is set free and removed by chloroform.

6.—Distil off the chloroform, and purify the atropia by solution in spirit, digestion with animal charcoal, filtration and evaporation.

ATROPIÆ SULPHAS.

Prepared by the action of sulphuric acid on atropia.

BEBERIÆ SULPHAS.

1.—Exhaust the bark by sulphuric acid.

2.—Concentrate the liquor, and add sufficient lime to precipitate the colouring and vegetable matter, which remove by filtration.

3.—Add solution of ammonia to the filtrate, by which means sulphate of ammonia is formed and the beberia is precipitated.

4.—Dissolve out the beberia by spirit which is to be recovered by distillation.

5.—Again add sulphuric acid to form sulphate of beberia.

6.—The sulphate of beberia so obtained is evaporated to dryness, powdered, dissolved in water, and the aqueous solution is reduced to a syrupy consistence by evaporation, and finally dried in thin layers on glass plates.

DIGITALINUM.

1.—Exhaust the leaves of the digitalinum with rectified spirit, which also takes up colouring matter and extractive.

2.—Recover the spirit by distillation and treat the extract with water, charcoal, and acetic acid; the charcoal being used to decolourise the digitalinum which is dissolved by the acetic acid.

3—Add ammonia to set free the digitalinum from the acetic acid and then precipitate it by tannic acid.

4.—Add oxide of lead by which means tannate of lead is formed and digitalinum again set free, and dissolved in spirit.

5.—Again decolourize with animal charcoal, filter to remove the tannate of lead and charcoal, and again recover the spirit by distillation.

6.—Finally wash with ether to remove impurities.

MORPHIÆ HYDROCHLORAS.

1.—Digest opium in water, which dissolves out the meconate and sulphate of morphia and some codeia.

2.—Add chloride of calcium, to form meconate and sulphate of lime, which are precipitated, and hydrochlorate of morphia, which is held in solution.

3. Evaporate to form a solid mass, and then dissolve out the hydrochlorate of morphia with water. Repeat this process several times, using powerful pressure each time to get rid of the colouring matter, and decolourizing also with animal charcoal.

4.—Add ammonia, by which means morphia is precipitated and separated from any codeia which may be present.

5.—Treat the morphia with hydrochloric acid to form hydrochlorate of morphia which is allowed to crystallise out.

MORPHIÆ ACETAS.

1.—Decompose hydrochlorate of morphia by ammonia.

2.—Treat the morphia so precipitated with acetic acid to form acetate of morphia, which is obtained as a dry powder by evaporation and drying with a gentle heat.

QUINIÆ SULPHAS.

1.—Exhaust the bark of its alkaloids by hydrochloric acid.

2.—Precipitate the alkaloids by adding soda, chloride of sodium being formed and remaining in solution.

3.—Add sulphuric acid to the precipitate to form sulphate of quinia and of cinchona.

4.—Set aside to crystallise. The sulphate of quinia separates first.

SANTONINUM.

1.—Boil bruised santonica with lime and water to form santonate of lime.

2.—Precipitate the santoninum by the action of hydrochloric acid, chloride of lime is thus formed which is held in solution.

3.—Skim off the oily matter and decant the fluid from the precipitate.

4.—Wash the precipitate with water and with ammonia to free it from acid.

5.—Decolourize by animal charcoal and then dissolve out the santonin by boiling spirit.

6.—Set aside to crystallise in the dark and preserve in bottles protected from the light, lest the crystals should become yellow-coloured.

STRYCHNIA.

1.—Exhaust the seeds, by digestion in alcohol and water, of the igasurates of strychnia and brucia.

2.— Add acetate of lead to form acetates of strychnia and brucia, igasurate of lead being precipitated.

3.—Add ammonia to precipitate the alkaloids, acetate of ammonia being formed and held in solution.

4.—Dissolve the precipitated alkaloids in spirit and evaporate the spirituous solution to deposit the strychnia, which separates first, brucia remaining in solution.

5.—Wash the strychnia thus obtained until the washings no longer become red with nitric acid, showing the absence of brucia.

6.—Dissolve finally in boiling water and crystallise.

VERATRIA.

1.—Exhaust the ground seeds (separated from the capsules by a preliminary process) with rectified spirit to dissolve out the veratria together with gallic acid and resinous matter.

2.—Concentrate the solution and pour it into water to precipitate the resin, which is removed by filtration.

3.—Add ammonia by which means the impure veratria is precipitated which the gallic acid unites with the ammonia.

4.—Wash the precipitated veratria with water on a filter, add hydrochloric acid to it to form hydrochlorate of veratria, and decolourize this with animal charcoal.

5.—Add ammonia again by which means the hydrochlorate of veratria is decomposed, the veratria is precipitated, and hydrochlorate of ammonia formed and held in solution.

6.—The precipitated veratria is washed until the washings cease to give a white precipitate on adding nitrate of silver acidulated with nitric acid showing perfect freedom from hydrochlorate of ammonia.

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Treatment of Strychnia Poisoning.

In the *Pacific Medical and Surgical Journal*, we find that cases of poisoning by strychnia have been most successfully treated by combination of hydrate of chloral and bromide of potass. It has been suggested, in a communication to the French Academy, that the subject requires further experiment before a definite opinion can be found as to the real therapeutic effects of the compound as the absolute toxic minimum of strychnia is not yet decided.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 19, 1873.

UNIVERSITIES AND THE PROFESSION.

DR. LYON PLAYFAIR has adroitly availed himself of an opportunity afforded him by the St. Andrew's Graduates to deliver a philippic against some of their chief tenets, and to read them an indictment against the "one-portal" system. His address abounds with so many things that we might accept, mingled with so many others that we repudiate, that we shall lay before our readers a few of his points assured that they will prove interesting at a time when University Education is being everywhere debated. At the same time we utter a distinct warning that his views cannot fail grievously to disappoint his Medical constituents.

Dr. Playfair denies that the success of colleges should be measured by the number of students who pass through the curriculum of the Faculty of Arts, and thinks those who put this test do so in total ignorance of the origin of Universities, and of their duties as instructors of all who have occasion for learning, and not merely of the wealthier classes. The older Universities, says Dr. Playfair, did not spring from Kings or Popes, but had their origin deep down among the professional classes. The latter wished to glorify their professions by raising them above mere empiricisim. At first they were mere schools, which slowly developed into an academical form; it was not till the 12th or 13th centuries that they assumed their present University state. In support of this view, Dr. Playfair cites the history of Salerno, of the Universities of Paris, of St. Andrew's, Bologna, &c. The Roman Emperor claimed a sort of *veto* over the graduates of Salerno and Naples, and this practice is identical in theory with the *Staats Examen.* of the German States. But both are declared by Dr. Playfair to be radically different from the "one-portal" system which has been advocated in this country. We may admit that it was only after Universities had grown into importance that Popes or Kings threw the mantles of church or state over them; but they did not attempt to lessen their position as places for professional training. Ultimately, professional teaching at Oxford and Cambridge became subordinate to teaching in Arts, which is now looked on as the end instead of as the beginning of University life. This, argues Dr. Playfair, is a peculiarity confined to the English Universities, which, he says, have almost wholly let slip the main object for which Universities were founded—to liberalize the professions—while instruction in arts has become their chief end. Hence, also, they lost their hold on the people, as a whole, and became the Universities of the rich. But the power of liberalizing the professions should distinguish them more than anything else from mere technical schools. The importance of infusing liberal culture into medicine has never been lost sight of; and our Medical legislators have within the last few years insisted on a preliminary examination of Medical students. In Dublin University an M.D. must be a graduate in Arts, but in the Queen's University and in the Scotch Universities this is not the case. Dr. Playfair, however, did not give as much credit as is due in this respect, and glad shonld we be could more still be claimed.

It is nevertheless strange for an ex-professor to [illegible] against classics as we find him doing thus: "Our Latin and Greek education still goes on, though for its practical uses, it is as much a survival as the two buttons behind our coats are survivals of the time when the slits and flaps of our ancestral coats had to be buttoned away. Their existence survives their utility. I look in vain for a single representative man among our Telfords, Watts, Stephensons, Arkwrights, Wedgwoods, whose intellect was nurtured on ancient classical learning, or who could find anything in school life to aid the development of their genius. I look in vain among our scientific heroes—among our Newtons, Daltons, Youngs, Davys, Brewsters, Faradays—for one who owed the cultivation of his intellect to classical education, or did not push aside the school learning afforded to him, as a heavy weight on his mental development. I turn to our Medical discoverers, who were obliged to take a classical education, and how difficult do we find it to select one with even a respectable knowledge of classics. Harvey was a B.A., but among our Jenners, Hunters, Cullens, and Bells, I do not recollect another instance. And yet Mr. Gladstone and Mr. Bruce tell us that old classical system is that which is best fitted for mental culture under all conditions."

Really here we are entitled to express amazement that anyone pretending to speak on such a point should absolutely ignore the chief facts of Medical history. He might, at least, have remembered that the father of English medicine wrote in Latin, and in a style that the first scholars have held to be classical. If Sydenham be thus ignored, it is tolerably clear that we need hardly exp the other early Medical worthies to have been heard Such historical blundering as this only shows the w gulph that separates Dr. Playfair from the Medical P fession. He is more tolerable when he puts forward notion.

The fact is, that all professions have reached a st when a single curriculum for an Arts Degree is no lon possible, if Universities intend to maintain their ch function of liberalizing the professions. It is true th

Universities, which still give prominence to professional degrees, have a poor out-come of graduates in Arts. In the Irish Universities there is one degree in Arts to every six students; in Scotland only one to thirty; and in the London University there is one to twenty-four. Professional training begins at eighteen years of age, before an Arts Degree is attainable. Though society refuses to adapt itself to the ancient liberal curriculum of a University, is it, he asks, unreasonable to expect that the latter should adapt itself to society? We feel that Universities cannot accomplish this by simply adding their subjects to an overloaded curriculum, for in this way, study in Arts, and the requirements of an active profession, ever developing by discoveries in science, can never be made compatible.

The remedy proposed by Dr. Playfair is for the curriculum not to be uniform for all professions, but made to adjust itself to their several requirements. The demand for such a change has resulted from three main causes:— The rapid advance of science, and its numerous applications to industrial life; the free and constant intercommunication of peoples; and the liberalization of political institutions. In the active competition of the world, men cannot afford to spend their life, up to 21 or 22 years of age, in the study of a preparatory degree, which is to be the mere foundation stone of their professional edifice, and Dr. Playfair thinks the difficulty might be met by making the M.A. degree a real step only attainable by a high educational standard; while the lower degree of bachelor, the *bas chevalier* or inferior knight, ought to be reached not by one road only, but by various converging roads suitable to the varying kinds of knowledge required by various professions. At present, clergymen, lawyers, and doctors, as well as men of other professions, struggle to get some sort of literary culture apart from the Universities. Now, few will doubt that a curriculum might be made specially suitable for Medical men, and if this idea were fairly worked out, all graduates in medicine might be required to take the preliminary degree. This is the most practical notion of Dr. Playfair's elaborate address.

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THE IRISH UNIVERSITY QUESTION IN ITS RELATION TO MEDICAL EDUCATION.

Neither the speech of Mr. Gladstone nor the Bill which has followed the announcement of his policy, have afforded us any information as to his intentions in regard to the Medical Faculty of the New University, or the medico-educational arrangements of Ireland. The Bill makes no provision whatever for the Medical arrangements of the University, and we must therefore, assume that it is intended that these will be the subject either of amendments and additions when the Bill is in committee—if it ever reaches that stage—or of a supplementary Bill which will be introduced next year, in case the principle of educational legislation on Mr. Gladstone's plan shall be adopted.

It is possible, but not likely, that the Government may choose to confine its attention, for the present, to the Medical Faculty of the New University, and not to interfere in any way with the existing examinational arrangements of the Colleges of Physicians and Surgeons, thus postponing the question of a Conjoint Examining Board for Ireland, until such time as it may be dealt with by the Medical Council, or Mr. Forster, as a part of the coming scheme for medico-educational reform throughout the kingdom. Even in this case the University Bill will exercise an important influence on Irish Medical education and qualification, for it will sweep away the separate licensing function of the Queen's University, and will abolish for ever the £5 Doctorate in Medicine of that Institution, and will thus concentrate in the Royal Colleges of Surgeons and Physicians, the whole extra-academic licensing practitioners in Ireland.

We are, however, as we have said, aware that the Government has contemplated the possibility and propriety of dealing—in this Bill—with the whole Medical system in Ireland, and have had under their consideration the Irish Conjoint scheme, which has been adopted at the conferences of Licensing Bodies held last year, and which will be submitted to the Medical Council at its meeting next month. Before that time comes, the fate of the Bill and of the Government will, probably, have been decided, and if they shall have overcome the difficulty, it may be in condition to give some attention either to the erection of a comprehensive Conjoint Examination and uniform qualification for Ireland, or to the reform of the entire system throughout the Empire.

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Notes on Current Topics.

Dublin Obstetrical Society.

We omit publication of the abstract of the communication made by Dr. Kidd to the society at its last meeting, which we had intended publishing in continuation of the report of proceedings which appeared in our last. Dr. Kidd omitted to supply our reporter with the *résumé* of his observations which he had promised, and we object to adopt the alternative suggested by him of copying his remarks from another periodical.

Tracheotomy by the Galvano-Cautery.

La France Medicale mentions the operation of tracheotomy as successfully performed by the galvano-cautery on a boy, æt. 13, who had a little pebble in the trachea for upwards of a month. The operation was thus performed by M. Amusat—a strongly curved needle was introduced through the tracheal tissue, comprising part of the windpipe itself, this needle was furnished with a stout double thread of platinum. When the needle had been passed through, the two ends of the thread were joined by being seized in a forceps which was in connection with a galvanic pile, and the section was performed by the heated wire without the loss of any blood. The trachea was thus opened, and directly the foreign body was forcibly expelled by an excess of coughing. Since this occasion the operation has been performed frequently, viz., five times by M. Verneuil, once by Prof. Voltolini, once by M. E. Bourdon. The *modus faciendi* however of M. Verneuil is somewhat different—he divides the operation into three stages, and proceeds from without inwards. 1st. He divides the skin and soft parts; 2nd. The trachea; the 3rd stage is the introduction of the canula, the precaution chiefly to be taken being that of not injuring the posterior wall of the trachea by too hastily or too deeply entering the tube itself with the galvano-cautery.

Hospital Charity.

The munificence displayed by Englishmen in the support of their hospitals and public institutions, cannot be too highly admired. No doubt in Ireland we have not the numerous merchant princes and others, who can afford large sums, yet, if we could but adapt a system or a conjoint method in the collection of our charities, something might be done worthy of us. Thus, we find that at Sheffield, Hospital Sunday produced £1,443 as collections; at Preston, it produced £329; at Manchester the amount of the collections made last Sunday is not definitely known, but it is tolerably certain that we shall by no means reach the splendid sum of £8,000, which was the result of Hospital Sunday in Liverpool. The largest single collection was made in the Unitarian Chapel in Cross Street, where £216 were subscribed, while they only collected £153 at the Cathedral; but the Unitarians of Manchester are proverbially rich and proverbially liberal.

There is no end, indeed, to the munificence of the Manchester merchant princes and princesses; for last week Mrs. Linchay, in a gift of £200 to the Royal Eye Hospital, added another to the long list of benefactions made by ladies to our Medical charities. Mr. J. G. Frost also presented £1,000, and the late Alderman Rumsey £100 to the funds of the same institution; this long list of donations being crowned by the magnificent bequest of £5,000 made by Mr. James Hatton to the income of the Royal Infirmary.

Such results should encourage us to adopt a harmonious action. What shall we say to such an unostentatious donation as this: that on Tuesday a gentleman called at St. Peter's Hospital for Stone, Berners Street, and left with the Secretary an anonymous donation of the sum of ten thousand pounds, in ten notes of one thousand pounds each.

Self-Mutilation.

The immunity from pain which may be obtained by maniacal excitement, or intense pre-occupation of mind, is remarkably illustrated by the recent case of Mr. March, late curate of Melton Mowbray, who, while residing at a friend's house, besought his host one morning to take out his right eye. That gentleman, on going to him, found he had cut off his right hand, and was in the act of injuring his right eye. Medical assistance was obtained, and the arm amputated, Mr. March remaining quite calm during the operation, and complimenting the surgeons on their skill. Beside him on a table he had a Prayer-book and Bible, the latter open at the passage, "If thy right hand offend thee, cut it off."

Dr. Browne, some time Commissioner in Lunacy for Scotland, in an able lecture on the exemption enjoyed by certain lunatics from pain, mentions that one of his own patients got up out of bed, "and, with a broken chip of his night-vase, cut off his genital organs, and thought it a capital joke!"

During the past Session a somewhat similar case of self-mutilation was brought before the Surgical Society of Ireland, the entire genitals having been self-ablated. We have seen a maniac put his finger into the fire to light his pipe with it, and witnessed the *post-mortem* on a maniacal patient who introduced a chisel up the rectum, and divided the large arteries, no pain was apparently felt by these demented people. The complete anæsthesia during the subsequent completion of the operation on Mr. March, when the intensity of the religious fervour might be assumed to have passed, is remarkable.

Extension of Provident Dispensaries.

We hear that the Committee of the Farringdon General Dispensary has held a sub-committee to examine the question of converting that institution into a Provident Dispensary. The result is that the sub-committee has recommended that the Dispensary be partially altered into a Provident Institution.

Medical Society of Dublin.

On Wednesday last the usual monthly meeting of the Medical Society of the College of Physicians was held at the College in Kildare Street, when Dr. Henry Kennedy read a paper entitled "Remarks on the Etiology of Enteric Fever." A full report of the paper and the discussion on it will appear in our next impression.

Decimation of France by the War.

Baron Charles Dupin laid, on the 6th of January, a statement before the Paris Academy of Sciences in which he sums up the loss of population which France has sustained by the late war. In 1866 he said the population was a little over 38,000,000 and the increase under ordinary circumstances would since then have raised the number to very nearly 39,000,000. It appears, however, from the latest calculations that the country only now contains 36,102,000, which shows a decrease of 2,900,000. Of this number more than a million and a half have been lost by the cession of Alsace and Lorraine, leaving still nearly 1,300,000 lives, the loss of which can only be accounted for, as Baron Dupin says, by the double war of enemies without and within, slain or dead, of misery, suffering or epidemics.

State of the Liver during Lactation.

M. Claude Bernard recently presented to the Paris Academy of Sciences a note by M. Sinéty on this subject. The conclusions arrived at were as follows:—

1. That there is a fatty state of the liver, independent of gestation which is developed at the same time as the function of lactation, continues through all its duration and finishes with it.

2. That the situation of the fat in the lobule is completely different from that which we observe in all other fatty conditions of the liver, infiltration, degeneration, or artificial fattening.

The Prophylaxis of Venereal Diseases.

A recent number of the *Bordeaux Médical*, contains some important observations regarding venereal diseases, and their general prophylaxis, of which we give the most important. They emanate from the Bureau des Mœurs:—

1. The annual number attacked by venereal disease at Bordeaux, is about 2 per cent. of the population.

2. This number does not tend to increase, which constitutes a real improvement in the sanitary state of the city as the population does increase.

3. The sudden increase which occurs temporarily in the number attacked, is due to movements of the floating popu-

lation, such as fairs, political events, changes of garrison, &c., but the duration is brief, and the average is soon re-established.

4. Prostitution is the chief cause of the propagation of venereal disease.

5. Legalised (*tolérée*), prostitution is much less dangerous than clandestine, both in a sanitary and moral aspect.

6. Among the registered prostitutes, those who live in one house, under the charge of a *matrone*, are less dangerous than the isolated ones (*filles en carte*).

7. The private (non-registered) prostitutes are attacked much oftener, and much more severely than the registered.

8. Hence registration is a sanitary measure of the highest importance, and ought to be as widely extended as possible, as it constitutes the best of all preservatives against venereal infection.

The following measures are recommended as most likely to be successful:—

1. Registration of every woman convicted of habitual immorality, and absolutely impenitent, of whatever age, who has no one responsible for her.

2. Abolition of all severe regulations relative to registered prostitutes, because their effect is to make registration objectionable.

3. Special legislation for prostitutes is unnecessary, as their conduct as affecting others is alone affected by these regulations.

4. Careful observance of the only effectual obligation, viz., their inspection, and their treatment until complete recovery.

It is also urged "in the interests of morality and health," that charitable associations should not refuse their assistance to persons affected with venereal disease. Attention is drawn to the necessity for suitable hospital accommodation, both special and in the ordinary hospitals, which it is urged should receive those affected with venereal, as well as with other diseases.

Gonorrhœal Ophthalmia.

The *France Médicale* reports a case of gonorrhœal ophthalmia, under the care of M. Richet, in the Hotel Dieu Paris. Both eyes were simultaneously and severely attacked, and the pain was excruciating, and accompanied by a notable increase in the size of the eyeballs. Ordinary means having failed to alleviate the pain, M. Richet made an incision to diminish the intra-ocular pressure. He made it so as to affect at the same time the cornea, sclerotic and ciliary circle, incising to the extent of nearly five lines. The left eye, which was the worst, was the one operated on. The aqueous humour escaped through the opening, and a small portion of the vitreous. The results were immediate diminution of the pain, and at the end of three weeks, a much greater improvement in the functional and general state of the eye, than was observable in the right one. A scarcely visible cicatrix united the divided tissues.

Transfusion.

The Committee appointed to investigate this subject, by the Obstetrical Society of London, has adopted the following programme of its aims and objects:—

1. To collect evidence from gentlemen who have had experience in cases of transfusion.

2. To obtain the particulars of all recorded cases (performed on the human subject), with the view of finding out, as far as possible, to what extent the so-called successful cases were due to transfusion.

3. To examine the various kinds of instruments used in both the *mediate* and *immediate* forms of the operation.

4. If considered necessary, to institute further experiments for the purpose of determining how far transfusion may be relied upon as a means of saving life, and also the best mode of performing the operation.

We would suggest that those gentlemen who have performed transfusion should take the opportunity of adding such information as they possess to the general stock. They may address the honorary secretary of the committee, Dr. Madge, at the Society's library.

Biliary and Pancreatic Secretions.

The following conclusions arrived at from a series of experiments by M. Defresne were recently communicated by M. Claude Bernard to the French Academy of Sciences:—

1. Bile, in virtue of its alkalinity, plays an important part in pancreatic digestion which, without such alkalinity would be retarded.

2. Bile forms an emulsion with fatty bodies by the help of a special organic acid which only acts when it is in the free state, but any acid can set it at liberty, and such agent is always met with in the entire length of the small intestine.

3. The fat thus emulsed remains neutral and is not modified.

4. The pancreatic sugar causes the most diverse forms of albumen to be converted into an albuminoid which is incoagulable by heat. Starch by its action is transformed into glucose, and fatty bodies are decomposed into glycerine and fatty acids.

The Lettsomian Lectures.

Mr. Henry Lee delivered the third and last of these lectures on the 3rd inst. He gave a very interesting and instructive opinion upon the action of the different striped and non-striped muscles during connection, especially referring to the accelerator urinæ and the non-striped muscular fibres, in the corpora cavernosa; he considered that paralysis of these muscles produces impotence, and that the seminal fluid is poured out into the bulbous portion of the urethra and from thence ejected. The lecturer mentioned a condition, which he had noticed chiefly in women, in which there is an excitement of the generative organs, perhaps three or four times in the twenty-four hours, coming on without any mental or physical cause on the part of the individual, and terminating in paralysis of the organs and dislike for the opposite sex. The experiments of M. Ricord were related, showing that urethral discharges were cured by copaiba, only by the contact of the urine, during its administration. The lecturer considered the balsam of little use as a local application, and also that it should not be given internally, for long at a time, as this drug, like the turpentines, threw extra work on the kidneys and might lay the foundation for disease in those important organs; he generally prescribed it, in combination with sulphuric acid, and continued its use only a week. He had observed that if a syphilitic patient suffered from stricture of the urethra, the malady often required constitutional treatment; and in referring to the calomel bath said, that when unpleasant symptoms occurred, from the irritating quality of the vapour, it was from the presence of impurities (hydrochloric acid), and advised resublimation of the calomel.

Mr. Henry Lee concluded his lectures as follows :—

"We have now considered the principal forms of urethral discharges as they occur in men, and the catalogue is by no means exhausted. Most of these discharges may be communicated in kind to women. A pus-globule, from whatever source derived, will grow, subdivide, and multiply for a time when translated to another part, and may there produce an action of the same nature as that which originally produced it. Some of these actions have a specific character, but many of them have no specific origin.

"In women the mucous lining of the urethra and vagina form one continuous membrane, and the diseases of one part by continuity of action are readily transmitted to any other part. This membrane, taken as a whole, is much more extensive, much more vascular, and therefore subject to a much greater variety of constitutional influences, than the mucous membrane of the urethra in men.

"Any general disturbance of the health will produce a vaginal discharge in women; and these are so numerous that I will not attempt to enumerate them. If, then, the exact nature of a discharge in a man may prove of difficult diagnosis, the difficulty in women is increased tenfold. Hunter, we have seen, did not distinguish between an ordinary gonorrhœa and a syphilitic discharge from the urethra in men; and Babington says, 'the distinction between venereal gonorrhœas and simple purulent discharges which are not derived from infection is to be found less in the severity of the symptoms than in their obstinacy.' The urethra is often attacked with inflammation as violent as that of a gonorrhœa in cases where there has been no possibility of infection. This discharge may be as copious, and exactly similar both in colour and appearance. If this be the case in men, what shall we say with regard to the diagnosis of these causes in women, when we consider the great variety of causes which may give rise to discharges in them, the difficulty there may be in making an examination, and the possible motives for deception? As patients present themselves at the hospital, the diagnosis is sufficiently easy. In fact, they have already diagnosed their own cases, and come ready to mention their symptoms. But the case would be very different if the surgeon had to decide upon his own responsibility, especially if the patient were an unwilling witness. Not long ago I saw a patient who had purulent discharge sufficiently abundant, the whole mucous membrane was red and inflamed, and I thought it must be a case of gonorrhæa, although I was prudent enough not to say so. A week after I saw this patient again. The inflammation had all disappeared. The mucous membrane was of its usual colour, and the discharge not more than natural. I reversed my diagnosis and congratulated myself that I had not unjustly accused the patient. On the other hand, it has not unfrequently happened that patients have assured me that they had had the persons from whom they had been infected examined by their own Medical men, and that they were reported free from all disease; and in some cases the Medical men themselves have called upon me and given the same account. Hunter's opinion upon this subject is thoroughly practical and trustworthy. 'The appearance of the parts,' he says, 'often gives us little information, for I have frequently examined the parts of those who confessed all the symptoms, such as increase of discharge, pain in making water, soreness in walking, or when they were touched; yet I could see no difference between these and sound parts. I know of no other way of judging, in cases where there are no symptoms sensible to the person herself, or where the patient has a mind to deny having any uncommon symptoms, but from the circumstances preceding the discharge; a woman may have this species of venereal disease without knowing it herself, or without the surgeon being able to discover it even on inspection.'

"Surely there is matter here for the serious consideration of any Medical man who undertakes to advise H Majesty's ministers on the working of the Contagious D eases Acts; and especially with regard to the exten of those Acts to the civil population.

"It is not my intention or wish in any way to offer opinion here on the propriety or the operation of the A referred to. But as the responsibility of the princip upon which those Acts are framed will be thrown mately upon the Medical profession, and the practi application of those Acts will involve the personal respon bilitly of Medical men, I am somewhat jealous for the futu honour of our profession, and anxious that any opinio and advice given by us to the Legislature should stand t test of time, and, in order that they may do so, that th should be established upon a really scientific basis."

At the close of the lecture the President (Mr. Bryan in thanking Mr. Lee, said, that he had put the treatmen of those diseases upon a scientific basis, which were befo often treated empirically. The address was received wit loud applause.

The St. Andrew's Medical Graduates' Association.

An extra General Session of this Society was held the Freemason's Tavern, Great Queen Street, Linco Inn, under the able Presidency of Dr. Lockhart Robe who also filled the chair at the dinner which follo with his usual geniality and grace. The event of t evening was Dr. Lyon Playfair's address on "Univer as Places of Professional Education." This address, w was received with applause, was an able argument, rather series of arguments, against the "one portal syste which Dr. Playfair considered would be a sure means degrading the Profession. The evening passed off ver pleasantly and nicely, the warmth within compensating fo the cold without,

The London and Dover Female Convalesce Home.

This useful institution has been three years in existenc In the first, 172 invalids, chiefly from London, were rece in it, in the second, 458, and in that, the report of wh has just been published, 568, thus, under the energ management of Mrs. Marshman, its benefits are bei rapidly extended. The classes of women who, during t past year, have been received into the Home are t following, namely :—71 governesses, 28 reduced lad 166 needle-women, 23 matrons, 7 telegraphists, 34 bil women, 36 shopwomen, 72 in domestic employ, and children. All these have been relieved at an expense to funds of the Home of £945 8s., leaving a sum in hand £132 17s. 5d.. It is right to add that T. C. Parsons, Dover, is honorary surgeon to the institution,

The Royal Zoological Society of Ireland

Sometime since the Council of the Royal Zoolog Society of Ireland decided on raising the price of adn sion to their gardens from 6d. to 1s., a resolution wh was much disapproved of by the citizens of *Dublin*. T step seemed, however, to have been justified when it v stated by the Council that it had been attended with t best results, as regards the finances of the Society wi out any commensurate decrease in the number of perso who availed themselves of the advantages of the Socie We find, however, by the Annual Report for 1872 ju issued, that this latter statement is perfectly erroneous, and that the effect of the increased price of admission has been only an insensible increase in the funds, while it has caused the number of visitors to the gardens to fall away to nearly one half what it was.

In 1871 the visitors at 6d. each numbered 30,603. In 1872 only 14,400, and the gross number of visitors was less by 20,000 in 1872 than in 1871. That this falling off was not, as stated in the Report, due principally to the inclemancy of the weather is proved by the fact that the Sunday penny admissions were only about 6 per cent. less than in 1871. The exclusion of these 15,000 visitors has been purchased by an increase of income of barely £150, which surplus may be more justly credited to the smallness of the stock of animals maintained by the Society. The Council has 10 per cent. less animals to show than it had in 1871. We suggest to the administrators of the Society the propriety of retracing their steps.

A French View of American Sham Degrees.

To-day, says the *Bordeaux Médicale*, we find in the pages of a Berlin Medical journal information which proves the danger of absolute freedom in teaching and the necessity of state intervention in the matter of degrees and diplomas. It appears that the illegal distribution of degrees in medicine by some American institutions has made the legislature of Pennsylvania nominate a commission to inquire into the facts. The institutions complained of were the University of Pennsylvania, the Jefferson Medical College, the University of Medicine and Surgery of Philadelphia, and the Eclectic College of Medicine, all of which are in existence in Philadelphia. There is no charge brought against the two first of these bodies, which is not the case with the others. It has been ascertained by the declarations of witnesses that the University of Medicine and Surgery of Philadelphia has made a traffic in the sale of diplomas to persons who had not even followed the courses, and who had received no Medical or scientific instruction. It appears that the director had conferred for the sum of 200 dols., the degree of doctor on a person whose name was totally unknown to him, and who was found to be a child of two years of age. The registers of the institutions prove that many diplomas were thus bartered for money; and the names and indication of the persons who were thus adorned have been ascertained.

At the Eclectic College of Medicine the traffic in diplomas took place publicly and systematically. Thus it is that diplomas, regular in form and signed by the Faculty, had been granted to women who could not even say where the college was situated.

The commission, therefore, has proposed to withdraw from the above-mentioned institutions the rights granted them, and this was unanimously passed by the Legislative Assembly.

"It appears from these facts that in the American Republic, where honest men do not combine to put an end to put an end to abuses, legislators are forced to act; what better argument can we have in favour of Government interference. Whilst we demand, however, State intervention, it must be clearly understood that this should only be in order to watch the delivery of degrees and put a curb on the facilities which certain universities may grant in order to attract to themselves a great number of pupils. We do not desire in any way to put a stop to the liberty of teaching, for in this we demand liberty for all, and that private persons, associations, corporations, and municipalies should have full liberty of creating schools."

The Mrs. Day Fund

The Executive Committee have appointed Dr. Paul, Dr. Lockhart Robertson, and Dr. Sieveking, trustees of this fund, with power to invest the money, and with instructions to pay the interest thereof, as it accrues, to Mrs. Day, and at her death to divide the principal sum between her two daughters.

The subscriptions already received amount to £724 17s. in addition to a widow's grant by the Royal Literary Fund of the sum of £100. The expenses, including postage, printing, and the necessary trust deed, will amount to about £45.

The committee is very anxious to raise the fund to £1,000, in order that a position of permanent, even if very moderate, comfort may be secured to Mrs. Day. The list of subscribers is already a long one, and includes many influential names.

New Books.

The last month has been, as it usually is, somewhat meagre in its book produce, most of the works issued to the Profession being new editions. Of these we have the second issue of Adams on Gout and Rheumatism, with a handsome atlas of plates, which is in the hands of our Reviewer. In addition, the following have been published:—Chavasse's Advice to a Wife, 10th edition; Tilbury Fox on Skin Diseases, 3rd edition.

Berkeley Hill's Essentials of Bandaging, 2nd edition. More Madden on Change of Climate, 2nd edition; and the 8th edition of Watts's pamphlet on Inhalation for Lung Diseases. Of new books we have only G. Herbert Morell's Student's Manual of Comparative Anatomy, part 2. *Aves.* Paskin's Epidemiology, part 1.; Paton on the Action and Sounds of the Heart, and a pamphlet by Mr. Dyke on the Work of a Medical Officer of Health.

For the coming month, Messrs. Longmans announce the first volume of Budd on Typhoid Fever; Messrs. Smith Elder will issue a manual of Public Medicine, edited by Mr. Ernest Hart; and Messrs. Bailliere, Tindall, and Cox, Inspector-General Dr. Gordon's work on Hygiene and Military Surgery.

We note also the issue of the following additions to scientific literature:—

Bell (Robert) Biogenesis, as Exhibited in Decomposition, and Putrefaction, 8vo, pp. 28.

Fox (Cornelius B.) Ozone and Antozone; with nine lithographs, 8vo, pp. 346.

Lees (William) Elements of Acoustics, Light, and Heat, 8vo, pp. 140.

Thomson (Sir William) Papers on Electrostatics and Magnetism. 8vo, pp. 592.

The following are announced for the coming month:—

Text-Book of Botany for the use of Students, by Robert Brown, M.A.

The Æreal World, by Dr. George Hartwig, 1. vol. 8vo,

Popular Lectures on Scientific Subjects, by H. Helmholtz 8vo.

Illustrations of the Power of Speech in Persons said to have been Deprived of their Tongues, with Special Reference to the African Confessors, by the Hon. Ed. Twisleton, 8vo.

M. **Jungfleisch** has succeeded in preparing tartaric acid, by complete synthesis, from artificial succinic acid obtained from bromide of ethylene.

The deaths from cholera in the army in the Bengal Presidency during the past year was 562, more than 50 per cent. of the seizures.

Injections of arsenical solutions in the form of Fowler's solution, have been used by M. Eulenburg, for the cure of psoriasis, paralysis agitans, and other affections; the irritability of stomach, sometimes consequent on arsenical administration, being thus avoided.

When we hear so much of deaths by furious driving, and the dangers of the road, the statistics of accidents in Paris show an alarming ratio. There are 1,200 omnibuses, 8,000 private carriages, 10,000 carriages on hire, 25,000 vehichles for transport of goods. These various vehicles in Paris during the year killed 135 persons and injured 1,200. As the population is about two millions, the proportion is considerable.

In a recent meeting of the Medical Society Mr. Carter called attention to Dr. Bell Taylor's (of Nottingham) operation for cataract as being the best operation among the three or four recently proposed. There seems to be some difficulty as to the steps of this operation, which perhaps its inventor may some day give an explanation of in the form of a diagram.

The results of a series of experiments made by M. Duquesnel, on the injurious effects of iodine, pure and dilute, on vulcanised india-rubber, are briefly summed up in the *Bordeaux Médical*. These effects are stated to be due to the sulphur, and non-vulcanised india-rubber is recommended.

Correspondence.

THE IMMEDIATE CAUSE OF NAPOLEON'S DEATH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The sudden and unexpected death of the Emperor Napoleon III. has created such an amount of sensation and speculation as to its *immediate cause*, that amidst the diversity of opinions no solution sufficiently satisfactory to scientific or public inquiries appears to have been given. Some have endeavoured to account for it by the effects of the operation of "lithotrity," acting severely on an impaired constitution; notwithstanding that, on an average calculation, the mortality in such cases does not exceed more than 4 per cent.; others attribute it to poisoning by retention of urea, though it looks rather strange that that agent should not have manifested that *particular effect* previously to that occasion, which would not be at all surprising; others again ascribe it in no small degree to exhaustion, consequent on the want of an adequate supply of nutriment and too low a regimen; and so forth,—all which attempts at explanation seem to me not to be founded on the knowledge of the truth. Accordingly, curiosity has led me to investigate the various circumstances and bearings of the question, and I have been at length induced to arrive at the conclusion that the *unforeseen changes* which took place in the Emperor's condition at the hour of dissolution, are traceable in a great measure to the depressing influences and effects of chloroform, combined with those of that "powerful narcotic draught," which, as reports state, it was deemed advisable to administer to him the night preceding "*his last long sleep*."

The *post-mortem* examination revealed an advanced varied, disorganised state of the kidneys, with which is frequently associated cardiac disease in some form or other, as well as atheromatous degeneration, and anæmia. Even when the former lesions are absent, there is, for the most part, a strong tendency to the development of the latter, as the richest constituents of the blood are apt to be impoverished, owing, among other reasons to depuration; and hence, it often occurs that the appearance of persons so affected is characterised by a sickly pallor, or other varying hues, modified to some extent by the natural complexion, as well illustrated in certain forms of Bright's and Addison's diseases. The "*vesical calculus*," it seems, consisted mainly of the "amorphous phosphate of lime," incrusted with layers of the "triple phosphate." The researches of Dr. Prout, and other eminent pathologists, would lead to the conclusion that the generality of "calculi" are chiefly formed in the pelves of the kidneys, whence, in their descent into the bladder, they are wont to irritate and dilate the "ureters," but exceptions to this rule arise, and there are not wanting authors of distinction, who maintain that the "phosphate of lime" description usually takes its rise from abnormal secretions of the bladder itself, acting on some *nucleus*, from which a sympathetic irritation propagates its influence upwards through the ureters to the substance of the kidneys, thereby causing occasionally serious mischief. Be that as it may, it has been confirmed by the authority of several great surgeons of experience, including Sir B. Brodie, that when any of the "*triple phosphates*" are deposited, the general condition of the constitution, which leads to the secretion of alkaline fluids in excess, is mostly attended with a peculiar morbid sensibility of the nerves, which cannot fail to exercise a deteriorating power over the digestive functions, the assimilative, and the normal physiological transformations of the *chylopoietic materials*. Under such diseased conditions the blood itself cannot retain its natural amount of chemical consistency, and richness in hæmatine particularly, hence, a state of anæmia will often ensue, varying in results in different individuals.

Without dilating, however, on the various causes, that would predispose to, even lead to the above species of anæmia, either directly or indirectly, the force of analogy coupled with other circumstances, induces me to believe that not only did an anæmic condition of the system prevail for some time, but also that it acted as a serious complication during the last illness of the Emperor Napoleon. The foregoing inferences are also confirmed by deductions from the descriptions given of him occasionally by several acute observers of "men and things," who had opportunities of *interviewing* him closely in latter days; and it is not unworthy of note that, according to reliable information furnished by the Paris correspondent of the *Irish Times*, marks of incipient decomposition of the body were curiously observable before interment, notwithstanding the conservative process of embalming. That the administration of *chloroform* as an anæsthetic is often a perilous and deadly agent, experience teaches from the numerous fatalities that have been from time to time witnessed and recorded. That it even ordinarily exercises a powerful depressing influence over the action of the heart and the circulatory fluid, is a fact, in confirmation of which innumerable testimonies might be adduced. One remarkable proof can be drawn from the circumstances that, after amputations of the limbs, the blood that may flow from divided vessels is wont to be attended with a feeble force, and dark venous-like colour, as contrasted with the strong energy, and bright scarlet complexion, with which it sets forth, after the inhalation of the stimulating properties of *ether*. Again, the effects of chloroform have often been so startling and unexpected in their character, that many Medical men of extensive experience have been obliged candidly to admit that, in the long run, they would shudder at the idea of its application.

During the terrible battles which raged during the great American campaign, chloroform appears to have fallen into considerable disuse and distrust; while, on the other hand, ether was held in great vogue, and employed with confidence and satisfaction. The same practice prevails at the present day, in the vast majority of the chief hospitals of that vast Continent, as well as in other no less enlightened countries. In a learned article which appeared last December, in the *British Medical Journal*, on the dangers liable to arise from chloroform, in one part it arrives at the conclusion that the proportion of fatalities ascribable to the effects of chloroform, as compared with ether, may be estimated at seven to one, on calculations derived from "reliable statistics." If then, under its administration, accidents occur in instances which at first seem to afford no grounds for serious apprehensions, how much more likely are they to take place when the constitution is impaired and debilitated from general and local morbid humours, intensified by prostration of the nervous centres, as well as a deterioration in the normal standard of "red globules," all which more or less conspire to diminish the power of the muscular tissue of the organ of circulation and its concomitants.

What wonder then is it that in some cases characteristic of this kind, chloroform in its effects, as well as a few other particular narcotic substances, should even *paralyse* the motions of the heart itself, and produce *syncope!*

There may be some, however, who would imagine that because no fatal consequences would manifest themselves within a certain period after anæsthesia, it would be unfair to trace them subsequently to that source, but that line of reasoning would be illogical, and contrary to the spirit of the laws of *induction*. The heart, like the brain, may be subjected to severe shocks from various injurious agencies, and though no fatal signs may appear immediately, reaction being feebly established for awhile, still experience shows that more remotely they often are developed with dangerous results. Examples illustrative of this doctrine are best shown in several concussions of the brain and spinal cord. Among the special narcotic drugs, most employed of late, "chloral hydrate" holds a conspicuous place, and though as a soporific agent it is entitled to high repute, still, in certain states of the system, most particularly when anæmia exists to any extent, it is fraught with serious danger, as it also has a tendency to paralyse the heart's action, especially if either fatty degeneration or atrophy may happen to exist. Two cases illustrating its perilous influence have been recorded, not long since, in the *New York Medical Journal*, in which sudden and unexpected death took place, and the conclusion drawn from the *post-mortem* examination, was that death occurred from its paralysing action on the energy of the heart, though there was no morbid lesion discovered, except traces of anæmia in the brain, to the presence of which the weak condition of the vascular organ was chiefly attributed. That some preparations of opium also occasionally exercise a deleterious comatose influence on the system, primarily on the nervous, though secondarily mostly on the sanguiferous, is a fact to expatiate on, the details of which might take up too much of your valuable space at present.

What was the particular composition of the "powerful narcotic draught" that was given in the case of Napoleon, I have not seen specified, but that its influence played no inconsiderable part in hastening on the unexpected sad event, (*quidquid accelerat causat*), several are induced to entertain no reasonable doubt, though other predisposing causes existed. Some profound thinkers may be disposed to cavil at its plausibility, or to question the whole circumstances after the style of the famous disputation about "who killed Cock Robin."

To be brief, having duly pondered on the different aspects of this apparently mysterious business, I am actuated with a strong persuasion, participated in by several physicians and surgeons of eminence, that it is to a great extent due to the combined effects of *chloroform* and the *narcotic draught*, acting conjointly, varying in degrees, both directly and indirectly, that the span of the varied career of that extraordinary personage, Napoleon III., had so soon, and so unexpectedly reached that "bourne whence no traveller returns."

Yours,
William Hegarty, M.D.

Kinsale, February 1st, 1873.

ANEURISM OF THE AORTA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Perhaps the following imperfect statement of a case of aneurism of the aorta, is of interest enough for a place in your columns, if so, I hope you will do me the favour to insert it at your convenience.

Several Medical men now in Belfast, and some now abroad, all of whom I believe read your Journal, have seen the case at various periods, and would, I have no doubt, like to know when, and how, it terminated.

Charles Adair, æt. 44 years, died on the 14th inst., from hæmorrhage from an aneurism extruded from a little above the centre of the sternum. He had left the army twelve years ago. He had served fourteen years in the 6th Infantry, he had been with his regiment in Africa and India. While with his regiment, he had been occasionally in hospital, first for pain and distress in his chest, and afterwards for a tumour projecting through the sternum. He left the army of his own accord and got no pension, and the reason he gave me for leaving, was that he feared the surgeons would operate on the tumour—would remove it. Up to the last, indeed, he had no correct notion of the nature of his disease. On coming home he became a dispensary patient of mine, and I recollect sending him to a meeting of the Clinical and Pathological Society of Belfast, at which he showed his aneurism about twelve years ago. He married eleven years ago, and at the time of his death, his wife had borne him six children, three of whom are living and healthy, and three dead. He supported his wife and family by weaving, and from the time of his marriage to the 23rd of the last month, I believe he had not been one day off work from bad health. He was always temperate since he left the army. He occasionally showed himself to me during the past twelve years; the aneurism had slowly and gradually increased in size, remaining firm up to the 7th instant, when he came to the dispensary with a black ticket, and shocked me by exhibiting the changed state of the tumour. The highest part of it was projecting very much, was quite soft, and was pulsating violently, the skin over it was much stretched, and two spots were black and sloughing. He had walked two miles to the dispensary. I urged him to go into the hospital but he would not. Lint adhesive straps and a bandage were applied, he was told how to dress the place, and was given digitalis and aromatic sulphuric acid; was advised to go to bed and keep as quiet as possible. I heard no more of him until the 14th inst., when I got a ticket to visit him, but before I arrived, he had died of hæmorrhage. Several small bleedings had for twelve hours before, preceded the profuse discharge which killed him. I got leave to lift the sternum, but no satisfactory examination could be made in the circumstances, I merely ascertained that the heart appeared sound, that the aneurism originated about two inches from the pericardium, that the whole breadth of the sternum was occupied by it, that the bony opening was circular with ragged edges, and that it was somewhat funnel shaped, the ribs at the margin projecting outwards. It is well that my patient was not an anatomist or physiologist. His "ignorance was bliss," it gave him the courage to marry, and it prevented the solicitude and mental disquiet a true knowledge of his disease would have caused. His case is a contrast to that of the Italian Student, who, after learning anatomy, feared to take any active exercise, lest he should rupture some of the delicate vital tissues of his organisation. No surgeon in Great Britain, with an aneurism of the aorta the size of an orange protruding through the sternum, would even, at the mature age of thirty-three, have the pluck to venture on matrimony as my patient Adair did. A short time ago, I saw another case just like Adair's in a discharged soldier, also a weaver. He died in hospital of fever, and up to the time of taking fever, he had wrought at his trade. Both men attributed their diseases to the weight they were obliged to carry when marching with their regiments.

I had frequently prescribed digitalis and morphine to Adair for pain in his chest with relief, but I had not seen him for a year previous to the 7th inst. Of course he was always cautioned to abstain from intoxicating drink, from severe exercise and excitement of any kind. He was a thin pale person, but rather muscular. Depletion could not have been borne by him at any time.

David Jamieson, M.D.

Newtownards, 29th January, 1873.

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THE LATE MR. BAKER BROWN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Every independent and thoughtful mind in the Profession will rejoice and second your remarks on the unmeaning, ignorant, and purposeless attack on the late Mr. Baker Brown. America and Europe generally bear witness to the vigorous work done by men like Morton or Baker Brown. One, the great pioneer in anæsthetics, the other, on ovariotomy in this country, both crushed by a miserable faction, both brave men who dared to take a great step that no other had taken previously.

Let the quiet observant surgeon read Peaslee on ovariotomy, and a paper by Marion Sims in the leading New York journal just arrived from America, in both of which due honour is given to the late victim of all this small bitterness and obstructiveness. The moral propriety of another operation for relief of that terrible disease epilepsy, was called in question by persons who admitted they had never seen it or the cures effected—peculiar people who would wish for no cure, no relief, if not in accordance with religious precedent. This operation, carefully misrepresented, was made the subterfuge or pretext for an unmanly attack on this surgeon.

How fine is Robert Burns on the rigidly righteous and rigidly wise "counsel for poor mortals," these "peculiar people" who will only do good as a secondary matter to indulging private pique in the first instance.

> "Discount what scant occasion gave,
> That purity ye pride in ;
> And (what's aft mair than a' the cave)
> Your better art of hiding."

One point must still be greatly dark, the motive of all this sanctimonious but illogical yet orthodox surgery.

Yes ! scripture precedent ; who does not look back with shame and remorse at these old scenes, "fantastic tricks at which the angels weep, of a few men dressed in brief authority."

As one who, during twenty years visiting of hospitals, had watched Baker Brown's first ovariotomy down to his last, I think it would be pusillanimous not to say these few words : Persecution has marked his career from his earliest efforts at St. Mary's Hospital down to his latest at the "Home"—the men who talk in libraries who never witnessed his anxieties, gossip and repeat their condemnation of what obviously they never saw. He is now beyond our praise or blame, but the shame and Tartuffe "bosh" remain ; we can no "farther drag his frailties from their dread above." All honour to you and Dr. Forbes Winslow ; but it is a pity to let such folk as those who organised an attack on this hapless surgeon sail off with flying colours ; such proceedings paralyze all intelligent efforts at original researches. We have had enough of such obstructiveness in resection of joints, compression of aneurism, &c. The *Lancet*, now he is dead, admits "that the intention of this man was honest in suggesting this cure for epilepsy."

A word that, as usual, comes too late ; the independent men know it was honest ; the mere time servers are afraid to say so much. Those persons who watched those epileptic cases to the end know that many of them were benefited or cured, not one injured. America will set him right.

REQUIESCAT IN PACE.

London, Feb. 8.

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THE PROPOSED NEW CHARITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been called to some letters recently appearing in your columns, signed respectively "A. W.," "M. D.," &c., writen in a rather inflated style, and advocating the claims of a so-called "new charity." I was a little astonished that you should have allowed the unhappy authors to make so painful an exhibition of their ignorance of everything relating to the laws of political economy, such a strange deficiency in the power of forecasting events as is displayed in these letters. Are we to look to the future hoping to level upwards or downwards, to instil into the multitude some portion of self-respect, or to continue our efforts to reduce them all to a state of pauperism, cheap law, free law, certainly let us have it by all means, let us go on till everything is free, and nobody pays anything for anything, but seriously, Sir, is not all this the wildest nonsense ? Because one profession in its mad silly competition is impoverishing, degrading itself, and pauperizing the people, is that any reason why another body of men should do the same. Because "A. W." chooses to spend thousands of his money, and years of his time for the privilege of working for nothing at the end, is that any reason why I, or any sane man, should do the same ? The profession of law, as now conducted, is purer, fairer, and certainly cheaper, in this country, than in any other, its professors are harder worked and less paid than the great bulk of the community, and if they are to proceed a step farther and work for nothing, I would suggest that the colliers, the iron workers, the gas stokers, &c., should follow their example and work for nothing also. Let "A. W." look at home, is it possible that he cannot see how his profession is injuring itself and others ! The tendency of human nature is to value any given person or persons at very much about the valuation they place on themselves, and at what valuation can the advice be rated of any one who, after a long, tedious consultation, hesitates to accept the very small fee tendered ? What are the heads of such a profession about ! To take the case of some celebrated physician in the west, possibly a court physician, and spoken of by the papers as "a distinguished light of a learned profession," now on what terms can his advice be obtained ? why, I believe, for a solitary guinea, a fee so small that the youngest M.D., one who has only just got on to the staff of his hospital, would decline to take less ; now clearly there must be something wrong here, either the junior receives a sum far exceeding the value of his services, or the senior is as ridiculously under-paid, for his, truly to this it could be said that while the juniors fees are few and far between, those of the senior crowd on him in overwhelming numbers, but this is an argument entirely in my favour. Doubtless the junior spends his time chiefly either in unprofitable work or in looking out of the window, wondering how he shall pay his tailor's bill, while the senior is besieged with a crush of material which he lacks the time, the power, and possibly the inclination to do justice to, but to what, Sir, ought such a state of things lead ? not, I should say, to pulling others down to the same level, but to a rational attempt to level upwards, let a senior physician charge something more according to what is or ought to be the value of his advice. Suppose that a few of the heads of the Medical Profession were to expect on a first visit a fee of twenty-five guineas, with a refresher of five or ten guineas on every subsequent occasion, what would be the result. I think a gain in every way. They would have far more leisure, and, I fancy, more money, the junior physicians would be at work at proportionately less fees, while the richer members of the community who, as a rule, would insist on having the best advice, no matter how much they had to pay for it, would really get what they paid for, in the attention of a physician at leisure to go into their cases, instead of the limited number of minutes they are now allowed by the impatient and overworked doctor who hardly conceals his glances at the timepiece, wondering how soon they will pass out and leave him to obtain another hardly earned guinea.

If "A. W.," and others, would turn their attention to their own profession with its ruinous degrading competitions, and petty jealousies, they would cease in the endeavour to reduce a profession already almost as poverty stricken as their own, and would probably be too well busied in more profitable matters, to find time for letters which do as little credit to their common sense as to their powers of English composition.

I have the honour to be, Sir,
Your obedient servant,
A LAW STUDENT.

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THE DEATH FROM NITROUS OXIDE AT EXETER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—"Salus populi suprema lex." Such is your motto. Does the occurrence at Exeter illustrate the application of science for good or for evil ? I assume your report of the paper read at the Odontological Society is correct. No doubt it is. What then does it show ? Was the case one of surgery, or merely dentistry ? It would be profanation to call the treatment surgical. Of *true* surgery it is an axiom not to do more than is necessary. The case in question, then, was one of dentistry—*Exeter dentistry*—and must stand on record, by the evidence of its own report, as an example of what *Exeter dentistry* is. As I understand the case from your report, it was simply one of extraction of a tooth, under the influence of nitrous oxide. What could be more simple ? The manipulator—operator, if you please—having given the gas, proceeded "to cut off the crown of the tooth," an act utterly unnecessary ; he could just as well have extracted the tooth entire as to cut off the crown, there was no apparent reason why he should not ; but, having cut off the crown of the tooth under the influence of the gas, he proceeded "to *thrust* a spear-pointed instrument into the pulp cavity," another unnecessary act, and with a *twist*, purposely made, he split the fangs—a third unnecessary act. From this splitting, so much pain was produced that the action of the gas was neutralised, and the ient declared "she could not bear any further operation bout more gas." Up to this time the gas had not produced poisonous action, but just three times as much "operat-" had been done as would have sufficed for the extraction the tooth itself.

he pain, we are told, was caused by the periosteum of the being inflamed. Very likely. But why not the peri- m of the sockets as well? Yet, into the exquisitely itive pulp cavity of the tooth and inflamed periosteum the -pointed instrument was *thrust*, and the fangs broken up a twist whilst the fangs were in the socket. Such is dentistry to a delicate lady! Again, it is perfectly om the operator's own showing in his paper, that up to of cutting off the crown of the tooth sufficient gas given to extinguish pain without any poisonous ing produced. If then, as it ought, the tooth had tracted instead of cut off, the terrible pain from the *of the spear-pointed instrument*" would not have been d, no more gas would have been given, and the poor ould have been alive.

after the second exhibition of gas another scene oc- d. The stumps from which the crown of the tooth had ut had to be extracted. After one failure this was ac- lished. At this stage the symptoms became "alarming." her words, the operator was frightened. "An old atten- ," seemingly the only cool and sensible person present, imed—"Take out the gag, she is choking." This was *ably*" done, for it needed "*great force*" to separate the Yet we are immediately told that between these jaws, required so much "force" to separate them, the careful tor put his finger to press forward the tongue. Happily, aped without amputation of his finger, and was able to way for some one to help him! What an exhibition! a "surgeon" with a patient *in extremis* running after Where was the good, faithful, sensible "old atten- ?" Surely he, *the best man* of the lot, or a servant might gone. The circumstance reminds me of what occurred to myself whilst operating for hernia. I had just raised teguments between finger and thumb, and passed the through, when a professional friend who had promised present perspired very much, and suddenly exclaimed—dear, don't, I cannot stand it." I advised my friend to own, and went on with the operation, and was glad to see my friend recovered, and so did the patient. Better far under such circumstances, the patient should die in a 's hands than that he should leave the post of duty for ent. Imagine a case of hæmorrhage, from whatever and whilst life was oozing a doctor running away for "Of course, no one imputes wilful wrong. All was done best," no doubt. But the case carries our thoughts another subject, and induces us to ask,—What od are *Medical Colleges* and *Corporations*, or that worst imposture, a *Medical Council*, if they cannot something better than the practice in the Exeter case? US POPULI SUPREMA LEX."

I am, Sir, your obedient Servant,
W. HEMPSON DENHAM, M.R.C.S.
outhsea, Portsmouth.

DEATH FROM NITROUS OXIDE GAS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Every professional man will join with you in deprecating the discussion of subjects like the above in the newspapers. Such discussions can have no other tendency than to cause confusion in the minds of the public, who are quite incapable of forming a judgment upon the points at issue. It is difficult to see what good Dr. Chas. Kidd could expect from the letters which he has recently addressed to the *Daily News*. The first of these letters appeared on Jan. 25th, and in it he stated, that not one but four deaths had taken place from the inhalation of nitrous oxide; that chloroform was, on the whole, as safe as any anæsthetic; that chloroform was safer than nitrous oxide; for that under the former the patient might be compared to a ship in troubled waters "with a pilot on board," but under nitrous oxide he was like a ship in the same situation without a pilot. Everyone of these statements was opposed to the truth, and Dr. Kidd, having discovered his mistake, and having found that he could not prove the assertions which he had boldly put forth, set to work to show with his own hand how worthless they really were. To the *British Journal of Dental Science* for February he sent a communication dwelling upon the comparative safety of nitrous oxide. This the editor printed, appending Dr. Kidd's *Daily News*' letter, and remarking upon the singular inconsistency of the views expressed. Next, in the *Daily News* of the 11th instant, Dr. Kidd writes that his "impression" remains unchanged that nitrous oxide is the safest anæsthetic; forgetting that his "impression" had changed within a few days, and not recognising the improbability that "impressions" on matters of Medical science, which vary from day to day, can have no weight with the Profession or with the public. The four deaths he did not attempt to authenticate, and I would remark that they are unknown to those who have been engaged in carefully collecting statistics, and to say the least are questionable. Although the vague assertions which Dr. Kidd put forward could have no value to scientific readers, they have had the effect of alarming nervous patients, and of preventing, in many suitable cases the use of the gas, which in qualified hands is, I venture to say, not only the safest anæsthetic, but almost absolutely safe. This is proved by the unvarying results of experiments upon the lower animals. It is found that when the gas kills, death always commences at the lungs, and that so long as the heart's action continues, the creature recovers (as a rule, spontaneously) on admission of atmospheric air, or aided by artificial respiration. The gas has not, like chloroform, an accumulative poisonous action, and it never kills suddenly by direct action upon the nervous centres. The statistics of chloroform show one death in every 3,000 cases; the statistics of nitrous oxide show one death in several hundred thousand cases. Chloroform has been rarely employed except by well qualified Medical men; nitrous oxide has been given extensively and indiscriminately by large numbers of unskilled practitioners. I must not be understood to imply that because statistics and our knowledge of the physiology of the gas show it to be a safe agent it is therefore one which can be used without damage by the ignorant. The condition of insensibility from an anæsthetic it is probable will never be free from some small danger, either from direct action or intercurrent causes; and in the case of operations in the mouth there is always the risk of foreign bodies being drawn into the larynx. In the event of an accident, the administrator ought to be able to recognise the symptoms, and to act instantly. It is not enough to render the patient insensible, and to trust in every case to an unaided recovery. The Exeter fatality shows that under some circumstances a death may follow the inhalation of the gas in the hands of qualified practitioners. Can those who have a mere knowledge of the physical signs of anæsthesia, who cannot, for instance, distinguish between syncope and apnœa, continue to employ nitrous oxide, and if they do is it uncharitable to hope that on the occurrence of an accident, after the unmistakable warning which they have now received, they may not escape the legal penalties which such temerity will certainly call for?

Your obedient servant,
HENRY SEWILL, M.R.C.S.
6 Wimpole Street, London, W.

THE USE OF ETHER IN OPHTHALMIC SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have not desired, in my previous letter to you, to imply that the administration of ether by your correspondent Mr. Morgan, of Moorfields, or by Mr. Wilson was unskilfully carried out. I am sure that the admixture of air and ether which was employed by these gentlemen received every fair play at their hands, but I nevertheless consider that they would avoid all the *desagremens* of which they complain if they would exclude the air as much as possible, and administer the agent with an inhaler, the principle of which is such exclusion.

I am not so hasty in my inferences as to assume that undiluted ether vapour is harmless because it has not killed any of my own fifty cases. Since Dr. Morgan perfected his inhaler he has given ether with it in more than 350 cases, and since it has been brought under the notice of the Surgical Society of Ireland it has been used by others in about 100 more.

In not one case, as far as I have heard, have symptoms in the least alarming been developed. It is, however, from study of the effect of the ether on the heart that I form an opinion favourable to its safety, for it seems to me to be conclusively established from sphygmographic and other observations that its effect on the circulation is decidedly stimulant, and I, therefore, entertain no apprehension of the occurrence of the heart paralysis which is said to be the usual cause of death by chloroform.

I do not feel able to discuss the superiority of bichloride of methylene with your correspondent, whose experience of it is very large, while mine is very small, but as he admits that he has been the next thing to "seriously alarmed" by its action, and that he does "not think it absolutely safe," I am not disposed to exchange my confidence in ether for a trial of the new anæsthetic.

While I concur with your correspondent that we cannot, as yet, jump to the conclusion that undiluted ether vapour is absolutely free from danger, I think we may take it as proved that our experience, so far as it goes, and the observed physiological effect of the agent, support such conclusion, and that, by its use, all the inconveniences which attend the use of diluted vapour or the administration of the sponge may be obviated.

Yours, &c.,
A. H. Jacob, M.D. Dub., F.R.C.S.
79 Harcourt St., Dublin.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It seems to me from my experience in watching operations at Moorfields Ophthalmic Hospital, which I have recently done, in order to make up my mind on the question of anæsthetics, that there is every probability that ether will ere long take the place of chloroform. There can be no doubt that statistics are in favour of ether, and, as far as I can see, it is administered with facility and safety.

I am, Sir, yours faithfully,
Charles R. Drysdale, M.D.
London, Feb. 17, 1873.

THE IRISH COLLEGE OF SURGEONS AND ITS REPRESENTATIVE IN THE MEDICAL COUNCIL.

The Council of the College at its last meeting did not arrive at any determination as to the course which should be pursued in regard to Mr. Hargrave's continued assumption of the office of Representative of the College.

The Council is, indeed, placed in a position by Mr. Hargrave's persistence in over holding, from which it is difficult to suggest means of escape or to blame it for want of energy and decision.

At the last meeting a resolution was proposed which would have declared peremptorily and officially the want of confidence of the Council in Mr. Hargrave's competency, but it was not adopted, having been thrown out by the negative vote of Mr. Hargrave himself.

Without doubt the Fellows of the College would readily and unanimously give expression to a similar opinion if it were thought right that they should be called together by requisition for the purpose, but we hesitate to advise an assembly of the College because Mr. Hargrave's attitude towards the Council in presence of an unanimous demand for his resignation affords no hope that he would yield the discreditable position which he occupies even to a decisive and unanimous vote of the Fellows.

If it appears to the Council, that no further means is open to them to secure a proper, effective, and creditable representation of the College at the coming meeting of the Medical Council, at least it will be proper for them to relieve themselves of the responsibility of Mr. Hargrave's proceedings. They cannot be considered to have done all that in them lies, to protect the College from misrepresentation, until they have, by a decisive and unmistakeable vote, put it out of any one's power to say, that when Mr. Hargrave has expressed himself the College has spoken, and has said all that might be said as to the critical question on which a Representative would be called upon to speak. If the Council cannot send forward a spokesman in whom they have confidence, at least they should repudiate liability for what may be spoken without authority in their behalf.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 [illegible] 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Degrees in Absentia.—A correspondent has clipped a paragraph from a Shrewsbury paper, about which he asks whether the Fellowship of the Faculty of Physicians and Surgeons, Glasgow, is granted *in absentia?* Our correspondent will have noticed that the recipient in question was already a Licentiate; the Fellowship being an honorary distinction, and not a license to practise, he is entitled thereto without visiting Glasgow, if duly elected. Our correspondent is quite in error in supposing that it can be purchased for £21, or at any price.

Dr. L.—So soon as space permits.

Quack Prosecution Fund.—Subscriptions are much needed to carry on the prosecutions already initiated, they may be sent to the care of Mr. Berkeley Hill, 55 Wimpole Street, W., or to the Secretary to the Society for the Suppression of Vice, 28 Lincoln's-inn-Fields, London. We are happy to again give space in our columns on behalf of this excellent cause, which should be supported by the Profession of all large towns.

The Cancer Quack.—This individual, whom we exposed some few months ago, has again cropped up with letters from "grateful patients" (!) which are now being sent round to the editors of the general press. We hope none will be weak enough to give him the publicity he desires.

Abernethy and the Candidate.—A very good story is told of Abernethy in the last number of the *Students' Journal*. Dr. Abernethy, at the examination of the College of Surgeons, questioned one of the candidates as follows:—"Supposing that a man was blown up by gunpowder, what would be the first steps you would take?" *Candidate:* (*very cool*) "Wait till he came down again." *Doctor:* "Just so! and suppose I was to kick you for that impertinent reply, what muscles should I put in action?" *Candidate:* "The flexors and extensors of my right arm, for I should floor you instantly." *Doctor:* "Stand down."

Mr. W. H. D.—The portion excised is somewhat contradictory to the first part of your letter, it would, moreover, raise discussion upon points which have been frequently before our readers, and for which we cannot now afford space.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Transactions of the Obstetrical Society of London. Vol. XIV.

The Temperature in Phthisis. By L. Ringen, M.D. London: Lewis.

Diseases of the Urinary Organs. By Sir Henry Thompson, F.R.C.S. Third Edition. London: J. and A. Churchill.

Ebrictatis Encomium. New York Medical Journal. Le Mouvement Médical. The Medical Record. La France Médicale. La Independencia Médica. Boston Medical Journal. The Clinic. Memorabilien Monatshefte fur Rationelle Aerzte. The Practitioner. Students' Journal, &c.

Communications, Enclosures, &c., received from Dr. Forbes Winslow, London. Dr. Hermann, Vienna. Dr. Palasciano, Napoli. Dr. Nathan Allen, Lowell, America. Mr. Brown, London. Dr. Corfield, London. Dr. Walshe, Manchester. Mr. G. M. Dickinson, Rugby. Dr. Kennedy, Dublin. Dr. Balton, Leicester. The Secretary of the Royal Institution. Dr. Handsel Griffiths, Dublin. Dr. Langley, London. Dr. Madge, London. Dr. Cross, London. Mr. Fleming, London. Dr. Woodward, Worcester. Mr. Kingdon, London. Mr. Fielder, Abergavenny. Dr. Drysdale, Liverpool. Dr. Meadows, London. Dr. Pennefather, London. Dr. Lane, Boston. Dr. Lane, Ludlow. Dr. Hodson, Brighton. Dr. Butler, Philadelphia. Dr. Smith, Bishops Lydeard. Dr. Pomeroy, New York. Mr. Hyslop, Stretton. Dr. Murphy, Bowness. Dr. Fryer, Manchester. Dr. Agar, Ponder's End. Mr. Wotherspoon, Paisley. Dr. Kidd, London. Dr. Vinen, London. Dr. Nixon, Dublin. Dr. Madden, Dublin. Dr. Mapother, Dublin. Dr. Mitchell, Aspatria. Dr. Hall, Sheffield. Dr. T. T. Gray. Dr. Hime, Sheffield. Deputy-Inspector Gordon, C.B., Dover. Mr. T. C. Morgan, Royal London Ophthalmic Hospital. Dr. Martin, Portlaw. Dr. Bathurst Woodman, London. The Director-General of the Naval Medical Department. Dr. Brown, Morland. Dr. Morell Mackenzie, London. Mr. Savory, London. Surgeon-Major Atchinson, London. Mr. Reginald Harrison, Liverpool. Mr. Morris, Deddington. Mr. Clarke, London. Dr. Adams. Dr. Cableton, Crossakeel. Dr. Fleming, Omagh. Dr Madden, Ballycastle. Dr. Fryer, Fenagh. Dr. Colles, Dublin. Mr. W. H. Denham, Southsea. Dr. Dudley, Dublin. Dr. O'Reilly, Dunshaughlin. Mr. Grace, Bristol. Dr. Huston, Carlow. Dr. Alcock, Innishannon. Mr. Sewill, London. Dr. Berry, Mallow. Dr. Kilgariff, Dublin. Dr. Gavin, Boston, America. Dr. Armstrong, Berehaven. Dr. Donaldson. Dr. Hegarty, Ballinspittle, &c.

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APPOINTMENTS.

Ackland, W. H., M.D., Medical Officer of Health for the Bideford Urban Sanitary District.

Anderson, R. J., M.D., M.R.C.S.E., Medical Officer for the Newry and Crobane Dispensary District of the Newry Union, co. Down.

Baylis, C. O., M.D., Medical Officer of Health for the Birkenhead Urban Sanitary District.

Beeby, W. T., M.D., Medical Officer of Health for the Bromley Urban Sanitary District, Kent.

Bennett, R., M.D., Medical Officer of Health for the Buxton Urban Sanitary District.

Beresford, R. de la P., M.D., Medical Officer of Health for the Oswestry Rural Sanitary District.

Bluett, J., Medical Officer of Health for the Borough of Chesterfield.

Bott, T. B., M.D., Medical Officer of Health for the Bury Urban Sanitary District, Lancashire.

Bromfield, J., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District, Whitchurch, Salop.

Buckby, R. G., L.R.C.S.I., Medical Officer of Health for the Bulwell Urban Sanitary District.

Cole, G., M.R.C.S.E., Medical Officer of Health for the Ely Urban Sanitary District.

Daniel, R. S., M.R.C.S.E., Medical Officer of Health for the Oxton Urban Sanitary District.

Daniell, G. W., M.R.C.S.E., Medical Officer of Health for the Blandford Forum Urban Sanitary District.

Drinkwater, J. P., M.R.C.S.E., Sanitary Medical Officer for the Western Rural District of the Corwen Union, North Wales.

Gairdner, Dr. M. W., House-Physician to the Hospital for Women, Soho Square.

Gill, J., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Wem Rural Sanitary District.

Goddard, S., M.R.C.S.E., Medical Officer of Health for the Burslem Urban Sanitary District.

Green, G., M.D., Medical Officer of Health for the Hartlepool Urban Sanitary District.

Healy, J. K., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Cragaknock Dispensary District of the Kilrush Union, co. Clare.

Highmore, N. J., M.D., Medical Officer of Health for the Bradford-on-Avon Urban Sanitary District.

Hurd, J., L.R.C.P.Ed., Medical Officer of Health for District No. 6 of the Bedminster Rural Sanitary District.

Jobson, J., F.R.C.S.E., Medical Officer of Health for the Bishop Auckland Urban Sanitary District.

Jones, R. A., M.R.C.S.E., Medical Officer of Health for the Carnarvon Urban Sanitary District.

Kemmis, H. M., L.K.Q.C.P.I., Medical Officer, &c., for the Stillorgan Division of the Rathdown Union.

Lloyd, E. S., M.R.C.S.E., Medical Officer of Health for District No. 8 of the Bedminster Rural Sanitary District.

O'Connor, J. R. H., A.B., M.B., Resident Medical Officer for the Lock Wards of the Royal Portsmouth, Portsea, and Gosport Hospital.

Paine, H. J., M.D., Medical Officer of Health for the Cardiff Urban Sanitary District.

Pegum, T., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Carrigaholt Dispensary District of the Kilrush Union, co. Clare.

Phelps, W. H. G., M.D., Medical Officer of Health for the Burnham Urban Sanitary District.

Pizey, G., M.R.C.S.E., Medical Officer of Health for District No. 9 of the Bedminster Rural Sanitary District.

Roe, J. W., M.D., Medical Officer of Health for the Ellesmere Rural Sanitary District.

Simpson, J. H., M.R.C.P.L., Medical Officer of Health for the Castleford Urban Sanitary District.

Stoker, W., F.R.C.S.E., Medical Officer of Health for the Durham Urban Sanitary District.

Thomas, R., L.R.C.P.Ed., Medical Officer of Health for the Llanelly Rural Sanitary District.

Tuxford, A.; M.D., Medical Officer of Health for the Boston Urban Sanitary District.

Wadd, F. J., M.B., Medical Officer of Health for the Beaconsfield Urban Sanitary District, Bucks.

Walker, J., M.R.C.S.E., Rural Sanitary Medical Officer for the Eastern Division of the Corwen Union.

Weatherly, F., M.R.C.S.E., Medical Officer of Health for District No. 7 of the Bedminster Rural Sanitary District.

Weaver, J., L.R.C.P.Ed., Medical Officer of Health for the Longton and Fenton Urban Sanitary Districts.

Winkfield, W. B., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District of Shirley, Southampton.

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VACANCIES.

Liverpool Dispensaries. Assistant Surgeon. Salary £106 per annum. Applications to the Secretary, Moorfields, Liverpool.

Leeds General Infirmary. House-Physician. Salary £100 per annum, with board and residence. Also House-Surgeon, same emoluments. Address Mr. A. F. McGill, at the Infirmary.

Medical Officer of Health under the Public Health Act, for the Peterborough Rural Sanitary District. The salary attached is £500 per annum, to include all extras.

County of Oxford. Medical Officer of Health, under the Sanitary Act, 1872. The salary attached is £750 per annum. Candidates must address C. E. Thornhills, Esq., Woodleys, Woodstock, Oxon, on or before the 20th inst.

Dundee Royal Infirmary. Medical Superintendent. Salary £200 per annum, with board and residence. Medical Assistant is also required at the same Institution, at a salary of £50, with board.

York Royal Sanitary Authority. Medical Officer of Health. Salary £200 per annum. Applications to H. Breary, Esq., York, before the 28th instant.

Devon Hospital, Buxton. House-Surgeon. Salary £100 per annum, with board and residence. Address Mr. J. Taylor, at the Hospital.

Banbury Union. Medical Officer. Salary £125, to include all extras. Applications to be addressed to the Clerk of the Guardians.

Nottingham General Hospital. House-Surgeon. Salory £80, with board.

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MEETINGS OF THE LONDON SOCIETIES.

Wednesday, February 19.

Royal College of Surgeons of England, 4 p.m.—Professor Flower, "On the Osteology and Dentition of Extinct Mammalia."

Thursday, February 20.

Royal Institution, 3 p.m.—Dr. Armstrong, "On the Formation of Organic Substances."

Harveian Society of London, 8 p.m.—Mr. Cripps Lawrence, "Remarks on some forms of Infantile Diarrhœa."

Friday, February 21.

Royal College of Surgeons of England, 4 p.m.—Prof. Flower, "On the Osteology and Dentition of Extinct Mammalia."

Medical Microscopical Society, 8 p.m.—Mr. E. A. Schäfer, "On the Structure of Voluntary Muscular Fibre."—Dr. V. Pritchard, "On the Cochlea."

Royal Institution, 9 p.m.—Prof. Clerk Maxwell, "Action at a Distance."

Monday, February 24.

Medical Society, 8 p.m.—Ordinary Meeting.

Tuesday, February 25.

Royal Medico-Chirurgical, 8.30 p.m.—Ordinary.

Royal Institution, 3 p.m.—Professor Rutherford "On the Forces and Motions of the Human Body."

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Marriages.

Bredin—Chambers.—On Feb. 6, at St. Michael's, Chart, Sutton, J. N. Bredin, Esq., L.R.C.S.I., of Chart, Sutton, to Margaret Eliza, eldest daughter of T. Chambers, of Chart, Sutton, Kent.

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Deaths.

Elliot.—On the 29th of January, John Elliot, F.R.C.S.E., of Kingsbridge, Devon, aged 65.

Long.—On the 12th of February, at Arthurstown, County Wexford, Richard Long, M.D., aged 77.

Macanliffe.—On the 5th of February, of typhus fever, contracted in the discharge of his duties, T. B. Macanliffe, M.D., Abbeyfeale, County Limerick.

Payne.—On the 31st of January, G. B. Payne, M.D., of Charlwood Street, Warwick Square, aged 50.

Richardson.—On the 7th of February, at Bedford Terrace, Plumstead Common, Dr. W. Richardson, late of the Royal Artillery, aged 63.

Stewart.—On the 4th January, S. A. Stewart, L.R.C.P.Ed., of Manchester, aged 25.

Walker.—On the 14th of January, at the Royal Hospital, Chelsea, Benjamin, eldest and only surviving son of B. Walker, M.R.C.S., in the 27th year of his age.

Watkins.—On the 2nd February, D. R. Watkins, M.R.C.S.E., of Gellingham House, Carmarthen.

Advertisements.

THE MIDLAND RETREAT

(Near Maryborough, on the Great Southern and Western Railway,)

FOR THE RECEPTION AND TREATMENT OF THE INSANE, and of persons suffering from a disturbed state of the Nervous System, under the direction of Dr. JACOB, Physician to the Maryborough District Lunatic Asylum (260 patients), Surgeon to the Queen's Co. Infirmary, &c.

THE ESTABLISHMENT consists of separate and commodious residences for the reception of Ladies and Gentlemen. Each situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished country residences, where the patients enjoy the comforts and indulgences of a private house. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patient.

APOTHECARY ESTABLISHMENT FOR SALE.

TO be SOLD by PRIVATE CONTRACT, the INTEREST of the REPRESENTATIVES of the late H. P. SMITH, Esq., L.A.H., in that Shop and Premises in the main street of the town of Strabane, in which the business of an apothecary has been successfully and extensively carried on for a great many years. The business has been conducted since the death of Mr. SMITH by his Representative, and is at present in a flourishing condition. The receipts and sales of the business for several years past have averaged a sum exceeding £600 each year.

This is the only apothecary establishment in Strabane, a town of 5,000 inhabitants, 13 miles distant from Derry, and surrounded by a populous and rich district of country.

The stock of medicines at present on hand is large, and the shop fixtures are excellent, being almost as good as new.

The premises are held by lease for 30 years from the 1st November, 1866.

Proposals by intending purchasers will be received by the undersigned up to the 1st of March next.

Strabane, 28th Jan., 1873. THOMAS LYLE, J.P.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by TWO o'Clock.

Established 1848.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OFFICE.

50 LINCOLN'S INN FIELDS, W.C.

J. BAXTER LANGLEY LL.D., M.R.C.S., F.L.S., &c. (KING'S COLL.), and Author of VIA MEDICA,

Has always upon his books a large number of desirable Investments and available Appointments for negociation.

The business of the Professional Agency is based upon the general principle that no charge is made unless work has been done and services rendered.

No Commission charged to Purchasers.

Full information as to terms, &c., sent free on application.

Office hours, from 11 till 4; Saturdays excepted.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

PRACTICES AND PARTNERSHIPS NOW OPEN for Negociation (in addition to those advertised in Dr. Langley's List (which is sent post free on application).

Y 629. In one of the best towns in the Midland Counties, the Leading PRACTICE for TRANSFER. The connection is old-established, and twelve months' introduction might be relied on to secure its transfer to a suitable gentleman. Average receipts, £1,600 a year. Midwifery fees, chiefly £5 5s. A few cases of old patients at lower rates. Visits, 3s. 6d. to 5s. without medicine. Patients of the best class. Terms, 1½ years' purchase, of which £1,200 would be required to be paid down.

Y 628. MIDLAND. In a prosperous manufacturing town, an old-established PRACTICE, producing £600 a-year, and capable of immense increase. Patients middle-class. Convenient house in a suitable situation. Rent, £70. Midwifery, £1 1s. and upwards. One horse does the work. To a young professional man the Practice affords a safe investment.

Y 627. SUBURBAN NUCLEUS. LONDON. A gentleman having a branch Practice in a pleasant Suburb, at a considerable distance from his own residence, desires to transfer it. £200 income might be safely relied upon in the first year. Two appointments yield £60. All expenses, small premium, £100, of which part may be left on security.

Y 639. LONDON SUBURBS. Good CLASS PRACTICE with Residence. The connection has been established nearly two years, and is wholly transferable to a suitable gentleman. The receipts from Practice are at the rate of about £430 a year; from residents in the house, £195 a year. The house is large, well situate, and can be taken furnished, with Surgery, &c., as it stands. The Midwifery fees are chiefly £2 2s. The Practice is in a good and improving neighbourhood with Railway Station, and Tramroads close to the residence. The Incumbent having been elected to a valuable public appointment is retiring in consequence.

Y 638. PARTNERSHIP in a PROVINCIAL PRACTICE, realizing £1,700 a year exclusive of appointments. The population of the town is 10,000, and there is very little opposition. The district is thriving and prosperous. One-third share for disposal, with succession to the whole in five years if desired. The junior must be well educated in his profession, and accustomed to good society.

Y 637. In a large Town in the West of England. A well-established PRACTICE, which, in consequence of ill-health, has recently realized only about £400 a year, but which is capable of almost unlimited extension. As the patients reside within a narrow area, no Assistant or horse need be employed. Midwifery fees from £1 1s. to £3 3s.; appointments, £100 a year. The residence is pleasantly situated; contains ten rooms. Rent, £33 a year. An effective introduction can be given, and a moderate premium would be accepted.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE stated annual meeting of the supporters of this local branch of the above excellent and invaluable Society was held last week in the Chambers, 33 High Street. The day being very inclement, the attendance was limited. Amongst those present were—Dr. T. H. Purdon, the permanent President, who occupied the chair; Dr. H. S. Ferguson, Dr. James Moore, Dr. M. M'Gee, Surgeon H. M. Johnston, and Dr. Stewart.

The proceedings of the last annual meeting having been read, were confirmed, and signed by the chairman.

According to the financial statement of the past year, it appeared that the total sum transmitted to the parent Society was £113 13s. 9d., of which amount the subscriptions were £63 13s. 9d., and the donations £50, the difference in the disposal of these respective collections being that the donations are placed out at interest, and the subscriptions allocated for the immediate purposes of the Society. Some discussion took place on the comparatively small aggregate amount of the above collection, when proportioned amongst the practitioners of the entire of the County of Antrim, including Belfast, and a large portion of the County of Down, the Newry branch being a separate one. It was pointedly observed with regard to several of the large towns in the County Down, that the friends of the Society were "few and far between;" and that especially as regarded Downpatrick not a single subscription was received from it; that in Ballymena, out of nine Members of the Profession there, but one was a subscriber. Lisburn, however, it was stated, showed a different spirit in the way of benevolence towards those needing the same—four out of six of its Medical men being regular and good subscribers, besides several of the respectable laity in that thriving town, which so greatly redounded to their credit, and which also spoke so well for the efficient services there of Surgeon Musgrave, so long a warm friend of the Society. Belfast itself, it was remarked by Dr. M'Gee and others, had nearly 100 resident practitioners, but of this number little more than a third held in remembrance the claims on them of their poorer and afflicted brethren, but which was attributed in no small measure to deficient house-to-house visitation, and, accordingly, the meeting to-day resolved on adopting a new system of collection, by taking the town in its Poor-law division of wards—Dock Ward being allocated to Dr. M'Gee and Surgeon H. M. Johnston; St. George's Ward to Dr. T. H. Purdon and Dr. H. S. Ferguson; Cromac Ward to Dr. James Moore and Surgeon Martin; Smithfield Ward to Dr. Harkin, J.P., and Dr. Brice Smyth —which new system of collection, it was hoped, would be productive of the best results, the several collectors not being limited to calling upon the professions alone, but upon others also who, being blessed with this world's goods in abundance, it was considered would only need to be asked to give a measure of that aid which would only be a fair return for the disinterestedness and liberality in which the Medical Profession gave the benefit of their services to the public at large.

The meeting having heard a report from Dr. Jas. Moore of his mission to some unassenting country districts during the past year, which was not very encouraging in its results, he was requested to continue using his influence in obtaining the aid of those who had hitherto been oblivious of their duty in that respect.

The President and Surgeon Johnston were appointed a deputation to attend the ensuing annual meeting of the parent Society in Dublin.

The following subscriptions and donations for the ensuing year were now handed in, viz.:—Dr. T. H. Purdon, £25, donation; ditto annual subscription, £5; Mrs. Harrison, per ditto, £5, donation; Miss Lepper, Guernsey, per ditto, £1; Surgeon H. M. Johnston, annual subscription, £2 2s.; Dr. H. S. Ferguson, £1 1s. ditto; Dr. M. M'Gee, £1 1s., ditto; Dr. W. A. M'Keown, £1 1s., ditto; Dr. James Moore, £1 1s., ditto; Dr. R. Stewart, £5, donation; ditto annual subscription, £1 1s.

The meeting having pointedly referred to the munificent donation of £100 lately given to the Society by Surgeon Johnston, a vote of thanks was passed to him by acclamation for this practical evidence—one so worthy of imitation—which he had given of the warm interest he felt on behalf of the all-important objects of this Society.

MORTALITY OF DUBLIN AND THE SUBURBAN DISTRICTS.

THE deaths registered in the Dublin district during the last week represent an annual mortality of 43 in every 1,000. In London the death rate was 24, in Glasgow 35, and in Edinburgh 26.

In the Dublin district the births amounted to 158, the average being 186.

In respect to the very high death rate for the present week, it is necessary to state that this does not represent the true death rate, but refers to the registered deaths. Of these 78 took place in the South Dublin Union Workhouse—49 during the month of January,—and 29 during the present month. Such irregularity in furnishing the returns to the Registrar from large public institutions detracts very much from the value of the "Weekly Returns."

Six deaths were caused by scarlet fever, 7 by whooping-cough, 4 by diarrhœa, 2 each by measles and typhoid and 4 by croup.

The deaths of 11 children were referred to convulsions.

Fifty-four persons died from bronchitis.

Apoplexy was the cause of 4 deaths, and paralysis of 8.

Heart disease proved fatal in 13 instances.

Two deaths were ascribed to kidney disease, and 1 to Bright's disease.

Phthisis killed 28 persons, mesenteric disease 2, hydrocephalus 6, and scrofula 1.

Seven deaths were referred to cancer.

Two deaths were caused by fractures and contusions, and 1 death was suicidal.

The ages of three persons were stated to have been 90 years and upwards.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 8th February,* 1873; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 8TH FEBRUARY, 1873.														
								NUMBER OF DEATHS FROM									
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	43	158	260	24	93	...	2	6	...	7	2	4	4	3	112
BELFAST . . .	20,687	182,214	32	147	112	20	26	...	4	...	...	3	4	1	2	...	24
CORK . . .	13,816	90,851	27	48	48	9	14	1	2	...	...	2	...	3	2	2	14
LIMERICK . . .	8,509	44,547	30	17	26	6	6	...	...	...	...	1	...	1	...	...	7
LONDONDERRY . .	21,865	30,893	15	21	9	...	6	...	...	...	...	...	...	...	...	...	6
WATERFORD . .	17,209	30,838	47	15	28	7	6	...	...	2	...	...	3	...	...	...	15
GALWAY . . .	21,358	19,713	21	19	8	2	2	...	...	...	...	...	1	...	...	...	...
SLIGO . . .	30,835	17,175	42	8	14	1	7	...	...	...	...	...	...	...	...	...	9

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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Rathdown.. ..	Powerscourt ..	£110	£3 14s.	521	136	22,338	2,813	Feb. 20	D. W. Rail.
Rathdown.. ..	Dundrum	£110	£7 2s.	1,149	505	11,828	6,396	March 3	D. W. Rail.
Cahirciveen ..	Derrynane ..	£80	£0 19s.	386	177	24,731	3,946	March 4	Killarney, 39 m.

SLIGO DISPENSARY.

A SPECIAL meeting was held at the dispensary for the election of an apothecary. It will be remembered that the committee had advertised for an apothecary several times, and as no candidate presented himself, they were obliged to raise the salary. They then elected Dr. Johnston, who was objected to by the commissioners as being over age.

The Secretary read the minutes of the last day's proceedings, and the advertisement published in the MEDICAL PRESS and in the local papers.

He then read the applications, from Dr. King Nixon, of Ballyfarnon, from Dr. P. O. Devanny, of Dublin (formerly of Dr. Johnston's establishment in Sligo), and from Dr. Johnston.

Rev. Mr. Griffith—I propose Dr. Johnston.

Mr. Lyons proposed the appointment of Dr. Nixon. He was a young man coming with excellent testimonials, and was apparently an active man, having a good deal of work in him. This young man had already filled a similar position in Ballyfarnon, therefore he had some experience in the work, and his removal from Ballyfarnon was apparently regretted by the people of that place.

Mr. Rowlett seconded the appointment of Dr. Nixon. In applying for the present post for Dr. Nixon, Mr. Rowlett said he did so because he wished to open an apothecary's shop in Sligo. That was as much his object as to live by the situation of apothecary to the dispensary.

Mr. Tighe proposed the appointment of Dr. Devanny, and he said his reason for doing so was that he took the youthfulness of this candidate into consideration, as well as the high character and good testimonials he brought with him. It would be a wise thing to elect a young man like Mr. Devanny, as that put the prospect of paying any superannuation into the far distance.

There voted for Dr. Johnston—7.
For Dr. Devanny—5.
For Dr. Nixon—4.

The chairman then took away the name of Dr. Nixon, and took the votes as between the other two in the usual way. Dr. Johnston received 10 votes, and Dr. Devanny 6.

The chairman declared Dr. Johnston duly elected, and the meeting broke up.

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THE MEDICAL OFFICERS OF CAVAN UNION.

The guardians having declined to raise the salaries of their Medical officers, in compliance with a memorial from them, the Local Government Board have addressed the guardians on the subject, informing them that the salaries of the Medical officers in the Cavan Union are "considerably below the average salary of the dispensary Medical officers in Ireland; and they recommend the guardians to reconsider their resolution on the subject." The matter is to be reconsidered by the new board of guardians on its first meeting on the 1st of April next.

FANNING'S INSTITUTE, WATERFORD.

A letter was read forwarding extract from the will of the late Dr. Connolly, of Tramore. The extract was to the effect that the testator bequeathed £1,100 to the Fanning Institute, under the following conditions:—The amount to be invested in Government securities, and the interest to be applied to the support in the houses of six respectable poor people, to be selected, if possible, from those afflicted with total or partial blindness, and that the fund shall be called "The Anna Maria Fund," in commemoration of his beloved daughter.

DEATH OF DR. T. B. MACAULIFFE, OF ABBEYFEALE.

We are pained to hear of the death of this popular Medical gentleman, after a brief illness, of typhus fever, which is said to be epidemic in the district at present. As dispensary and visiting physician of a large tract of country, his duties during and after the wet weather at Christmas period brought on a sharp attack, culminating in the malady which was the immediate cause of his lamented death. For some time Dr. MacAuliffe bore up against the disease, and hopes were entertained that the crisis was over. His constitution had, however, been undermined by overwork; he was not able to battle with the malignant disorder, and he succumbed at his post, in the height of his professional and private usefulness, on the afternoon of the 5th inst. Few death in this county could cause such sorrow as this will excite under the circumstances. He was able and successful as a doctor, amiable and upright as a friend, of irreproachable moral character, and beloved by the people. The old Greek proverb, "They whom the Gods love die young," is in this case painfully illustrated. Those who knew Dr. Macauliffe said, during his illness, that he was to good to live, and it is melancholy when virtue and worth meet such a fate, but in duty in this, as in all things, we must bow before the will of God, and await from him the "exceeding great reward," sometimes denied with length of life and enjoyment in this world.

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The Board of Management of the Belfast General Hospital report E. Benn, Esq., of Glenravel House, Ballymena, has generously presented to the Hospital a sum of £1,000 to be applied to the funds for the building of the Convalescent Hospital.

The Board further report several other munificent donations promised to these funds, as they are anxious to proceed with the building as speedily as possible by reason of the engagement they entered into with the late generous donor of the ground that the building should be erected in two years from March, 1872.

They have accordingly made arrangements with a view to proceed with the building early in the ensuing Spring.

The Board also acknowledge a donation and bequest to the funds of the Hospital by the late Dr. McWilliams of £100.

MEDICAL FEES.

The following tariff has been adopted by the Ulster Medical Society and is intended to indicate the minimum of remuneration to which any Practitioner is entitled, whatever be his professional rank, or the extent of his practice. It is expected to be especially valuable for the guidance of junior Practitioners, and as a reference in disputed charges. Those members of the Profession whose extensive practices make their time specially valuable, are individually best able to estimate the higher amount of remuneration to which their Professional qualifications entitle them. We publish this tariff for the information of our subscribers, but desire that it will not be inferred that we think it possible or desirable to fix any minimum scale, or that we consider the fees named in it as adequate remuneration for any practitioner, or for any part of Ireland. We rather doubt the advantages of fixing such a "commercial treaty."

In the following table patients are divided into three classes, the basis of division being the rent of their residences:—

	RENTAL.
Class I.	£10—£25.
II.	£25—£50.
III.	£50—£100.

TABLE OF FEES.

	Class I. s. d. s. d.	Class II. s. d. s.	Class III. s. s. d.
Single Visit, ...	2 6—3 6	3 6—5	5—7 6
Special Visit, ... That is, on an urgent message, or when the visit has been requested after the practitioner has commenced his daily rounds,	A visit and half.		
Night Visit, that is, from 11 p.m. till 7 a.m.	Two visits.		
Seaside Visits, according to time and distance, but not less than	10/6.		
Detention of more than half an hour at patient's desire or from urgency of case, ...	2/6—3/6	3/6—5/	5/—7/6
Advice at Practitioner's Residence, ...	Same as visit.		
Letters of Advice, ...	Same as visit.		
Attendance on Servants, if employer be responsible, ...	2/6—3/6	3/6—5/	5/—7/6.
If Servants pay for themselves, ...	Charge according to class I. or II.		
Visit or Advice, of ordinary attendant with a Consultant,	Two visits.		
Consultant's Fee, ...	Not less than 21s. unless with the consent of the Practitioner previously in attendance.		
More than one Patient in a House, if head of family be responsible, ...	Half visit for each additional patient.		
If not	Full charge.		
Simple Certificate, ...	One visit.		
Lunacy Certificate, ...	10/6—42/.		
Certificate of Death, if Person insured, to be paid by persons interested in policy, ...	21/.		
Ordinary Midwifery Case (attendance beyond nine days to be charged for extra) ...	21/	21/—63/	42/—105/.
Difficult or Protracted Labours, ...	An extra charge.		
Midwifery Consultant, ...	Same for as first attendant.		
Vaccination by regular attendant, ...	By number of visits.		
Vaccination by other than the regular attendant, ...	One and a-half the visits.		
Mileage outside the Borough Boundary, ...	1/6	2/	2/6 per mile

PAYMENT OF CORONER'S WITNESSES.

C. D., a legally qualified Medical practitioner in Dublin, was called hastily to see a man who had fallen from a height and was killed. Next day he was called on by the police and requested to attend the inquest which he did, though he did not receive a regular summons. He was there examined and gave his evidence. A few days afterwards he received an order from the Coroner on Town Clerk of the Dublin City Corporation for £1 1s. On application for that sum he was, after several ineffectual requests for its payment, informed that "the Committee did not consider his evidence necessary at the inquest and would not pay." At his request we obtained the following advice :—

C. D. having been noticed by the police, and examined by the Coroner, is certainly entitled to his fee—it has been decided over and over again by the judges—that the Coroner has the sole discretion of holding an inquest, and of examining a Medical witness, and where grand juries have refused to present a fee for the Medical man the court has ordered them to do so, so that unless there is some special clause in the Corporation Act, empowerring them to refuse payment, there can be no question, once the Coroner gives his order for payment, C. D. can compel them to pay.

Acting on our advice C. D. informed the Committee that if his fee were not paid he would proceed to recover it at law. The Committee discovered their error and paid at once.

DEATH OF DR. GORE, OF WATERFORD.

THIS gentleman died on the 10th inst., at his residence, Newtown, after a protracted illness. For a number of years past he held the position of Coroner for this district, and since the resignation of Dr. Carroll, he was Surgeon-Major of the Waterford Artillery Militia.

WE regret to have to report the very dangerous illness of Dr. Wm. Irwin, Medical officer of the Belleek dispensary, caused by a dissecting wound.

CHEMISTRY OF THE URINE.

WITH the new year, the *Boston Medical and Surgical Reporter* begins in a new form and is printed on toned paper. The first number contains the beginning of a capital report on Medical chemistry. We extract a couple of paragraphs as specimens of the skill with which it is compiled by Dr. E. S. Wood.

Modified Pettenkofer's Test for detecting the presence of Biliary Acids in the Urine. (G. Strasburg, *Archiv. d. Physiol.*, Bd. iv., p. 461.) This test is applied in the following way: The urine to be tested is mixed with a dilute solution of cane sugar, and a piece of filter paper is moistened with the mixture and dried. After drying, a drop of pure concentrated sulphuric acid is allowed to flow over the paper, when a beautiful purple color will be produced if the slightest trace of biliary acids be present.

This is much more delicate than the ordinary method of performing Pettenkofer's test, in which the sulphuric acid is added directly to the mixture of urine and sugar. The author states that he has detected by this method the presence of biliary acids in a solution containing only 0.00003 gramme (0.00046 grain), and the writer has repeatedly detected them in a liquid by the modified test, when the ordinary test gave a negative result.

On the efficacy of the Methods used up to the present time for detecting small quantities of Sugar in the Urine.—J. Seegen *Fres. Zeit.*, x., p. 501) from many experiments draws the following conclusions in regard to the sugar tests:—1. That we have no re-agent which will with absolute certainty, and with the exclusion of other substances which act in an analogous manner and which may at the same time exist in the urine, detect very small amounts of sugar in the urine. 2. That therefore all statements as to the presence of very small quantities of sugar in the urine in many physiological and pathological circumstances, are somewhat doubtful. 3. That normal urine does not contain such an amount that its presence can be detected with certainty. 4. That normal urine contains a small quantity of reducing substances, but that a portion of these is sugar, is not surely determined.

Very careful experiments by Maly (*Fres. Zeit.*, x., p. 382) have been performed to test the delicacy of the best and most common of these tests, viz., Trommer's test, by adding to normal urine different amounts of pure grape sugar. He found that urine to which 1-10th per cent. of sugar was added underwent no change upon the addition of potassic hydrate sulphate of copper and heating the mixture, except a change to the normal yellow colour, and a precipitation of the earthy phosphates after the addition of the first re-agent. Urine to which 6-10ths per cent. of sugar was added, upon being subjected to the same treatment, changed to a brownish yellow colour, but no precipitation of the cuprous oxide took place. Upon the addition of 8-10ths to 1 per cent. of sugar, however, the precipitation of the yellow cuprous oxide (suboxide of copper) was produced. The delicacy of the test is shown by the fact that pure water containing 2-100ths per cent. of sugar, gave, when treated in the above manner, a precipitate of cuprous oxide. Hence there must be substances in normal urine which hold in solution the cuprous oxide formed. This action is due mainly to the presence of kreatinine, 28 milligrammes of which were found to be sufficient to retain in solution the cuprous oxide formed by the action of 10 milligrammes of sugar on sulphate of copper; it is also due partly to the presence of the colouring matters, since a smaller quantity of sugar could be detected after decolorizing the urine with animal charcoal than before.

If to the hot fluid which contains cuprous oxide in solution after the performance of Trommer's test, a little zinc oxide be added from the point of a knife, and the fluid be warmed again for a moment, a yellow layer consisting of a mixture of zinc and cuprous oxides will be deposited upon the white zinc oxide in the bottom of the test tube, the zinc oxide having displaced a portion of the cuprous oxide from the solution.

In conclusion, the advice is given, that in those cases in which there is a doubt as to the presence of sugar after the performance of Trommer's test, the urine should first be decolorized with animal charcoal, then made alkaline by the addition of an equal volume of sodic or potassic hydrate, and finally sulphate of copper added until a small quantity of the greenish blue hydrate of copper remains undissolved upon shaking. If after heating, no cuprous acid is precipitated, add zinc oxide as mentioned above, and then if no yellow layer is deposited after subsidence of the solids, the conclusion may safely be drawn, that no appreciable amount of sugar was present in the specimen under examination.

MR. LIDELL, of New York, strongly recommends a solution of one part carbolic acid, in from 500 to 600 parts of water, to be used for inhalation by means of a spray machine in chronic bronchitis.

Nomobromate of Camphor in Delirium Tremens

DR. A. MCLLEAN HAMILTON, gives in the *New York Medical Journal*, a case in which the foregoing remedy had been used to overcome obstinate wakefulness, in doses of five gr., with the most perfect success.

IN the *Nashville Journal of Medicine and Surgery*, a very interesting case of hepatic abscess is recorded by Dr. James F. Wads, Surgeon United States Army, from which in six months there had been removed by means of the respirator 418 oz. of pus, or three and a half gallons. The largest amount removed at one operation being 144 oz.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1873.

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ACCIDENTS IN FLAP EXTRACTION OF CATARACT, AND THE METHODS OF AVOIDING THEM (a).

By Archibald Hamilton Jacob, M.D.Dub., F.R.C.S.,

Chief Surgeon to the Dublin Eye and Ear Infirmary, Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

(Continued from p. 145.)

Fixation.

The ordinary fixation forceps I have found very ineffective. Its bite is very minute and very sharp, and it is liable to tear away from its hold on the conjunctiva just at the moment when its services are most wanted, I have, therefore, obtained from Paris a forceps—of which the points of seizure are depicted in Fig. 2—which takes a wider and more effective grip, and inflicts upon the conjunctiva, no injury of more moment than a contusion. Mr. Soelberg Wells, Mr. France, of Guy's hospital, and others, direct the eye to be seized a little below or above the cornea, according as the section is to be made above or below. Mr. Macnamara, on the other hand, advises the hold to be taken close to the equator of the eye, and internal to the cornea, I think the latter method of fixation is much the best, for I have found that if the hold be taken below or above, the position of the operator's hands is awkward, and the eye rotates more or less on its axis when the pressure of the puncturing knife is applied to it. My own rule is to seize the conjunctiva immediately above the spot where I mean to make the counter-puncture, and thus I not only keep my left hand out of the way, but I have my fixed point directly opposite to the point of entry of my knife, and the exact place for my counter-puncture is marked for me.

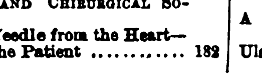

Fig. 2.

The Flap Incision.

All that I have said as to the use of the left hand, the placing of the patient under the influence of ether, and the fixation of the eyeball has had special reference to the making of a perfect flap incision. This is not only by far the most difficult manœuvre of the operation, but on the successful performance of it, the subsequent steps of the operation and the success of the result mainly depend. It is unnecessary for me to recapitulate the effect of making the flap too large or too small, or of wounding the iris.

The appended illustration (Fig. 3) depicts the two most usual malformations of the flap—one in which the puncture is made too much within the scleral junction of the cornea, and the other where the flap was not made large enough. In either case the examination of the lens would be difficult, and attended with danger of escape of vitreous.

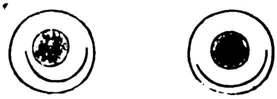

Fig. 3.

The movement of the knife in making this incision must be steady, even, and continuous, the plane in which it moves must not be altered, and the incision ought, if possible, be completed in a single stroke of the knife. To ensure its being so, there are several little details which are worthy of mention. In the first place, the point of the knife must be of extreme acuteness, so that it may pass through the cornea almost without pressure. Insignificant as this precaution may be, it is of much importance. If much force be required to make the puncture, the knife enters the anterior chamber with a sudden jerk, and being driven across *per saltum*, is again suddenly checked by impinging in the cornea at the opposite side, probably with loss of aqueous humour, and consequent embarrassment with the iris. A properly sharpened knife makes its entry almost imperceptibly, and being quietly and steadily advanced, blocks the incision which it makes, and gives time for the selection of a proper point for the counterpuncture.

(a) Read before the Surgical Society of Ireland.

I think it is very desirable that the whole section should, if possible, be made by one sweep of the knife, and that the sawing process which some authors recognise as a part of the operation should be avoided.

As long as the knife is pushed forwards it will, if rightly held, close the incision completely, and there will be no possibility of escape of the aqueous humour; but the moment it is slightly withdrawn, for the purpose of sawing through the remaining bridge of cornea, the aqueous chamber collapses, and the iris may probably fall forward on the blade. Therefore, if possible, the flap should be made by one single forward movement, and, if possible, it ought to be unnecessary to withdraw it until the full section be completed. The operator may be prevented from effecting this object, either by the point of the knife impinging against the patient's nose, or by the eye turning a little inwards, yielding before the pressure of the knife.

To prevent this, the eyeball must be held very firmly, looking straight forwards in the axis of the orbit, or even slightly everted, and a suitable knife must be used. The Beers knife, which I like best, and which is illustrated in Fig 4, is very short in the blade, and sufficiently wide at the base of the triangle to complete the flap, and it tapers from a very acute point to a rather thick heel. The angle of the edge with the back must not exceed a certain degree of obtuseness, or it will not cut through the cornea readily and easily. Many extraction knives are made so long and narrow that, although they enter the cornea and make the counterpuncture with facility, they cannot be passed sufficiently far to make the necessary section without drawing them and sawing out.

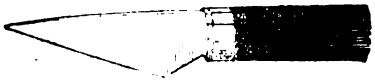

FIG. 4.

The flap should be made to occupy only a little less than half the cornea, for I think that the increased risk of its sloughing afterwards—if there be any such danger—is more than compensated for by the facility with which the lens escapes in its entirety without the use of scoops, and without the necessity for much pressure on the eyeball. The low vitality of the cornea has been much talked of lately, in connexion with Graefe's method of linear extraction, in which the incision is made, if possible, in the corneal margin of the sclerotic. If the incision in flap extraction be carefully made, the greater part of it will be in the same situation; but I very much doubt that a corneal incision is less likely to heal than one in the sclerotic, or that a large incision is less likely to heal than a small one. In two out of eight cases of scoop extraction, in which the incision was less than a third of the cornea, I have had sloughing, and I believe that when misfortune occurs in flap extraction, it is the result of impaired nutrition in the patient himself, and not specially in his cornea, and that a small flap would be almost as likely to slough as a large one. By making a sufficient flap in the first instance the operator is saved the use of a secondary knife, has no necessity to exercise a degree of pressure to extrude the lens which may extrude the vitreous also, and does not incur the danger of leaving scraps of cortical cataract behind—a matter to which, as I have said before, I attach much importance.

With a very large flap there is, however, some danger that the lens and a part of the vitreous may escape precipitately if the section is roughly completed, and if this be done at the time of making the flap, it is necessary the last bridge of conjunctiva shall be divided very fully and quietly, and the fixation forceps let go same instant or a second previously. A much safe better practice—one which is a comparatively suggestion—is that the operator shall not divide th bridge of the conjunctiva at the time of making th incision, but shall withdraw the knife and proce lacerate the capsule, and when that is effectively shall divide the remaining connexion of the flap Maunoir's probe-pointed scissors. This is an ex suggestion, and I have found it to add much to the and steadiness of the operation. In the first pl allows time to remove the fixation forceps; it enabl laceration of the capsule to be effected with less da injuring the iris, which cannot prolapse as it often when the section is suddenly completed; and, lastly, last connexion of the flap is severed by the scissors out any traction on the cornea, and escape of the le vitreous are less likely to take place. Furthermor operator is afforded time and opportunity to judge wh his flap is large enough, and to extend it if necessary can make sure that the capsule is thoroughly torn before he proceeds to evacuate the lens.

(To be continued.)

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MALIGNANT DISEASE OF THE OVARY UTERUS.

AT the usual weekly meeting of the Dublin Path Society on Saturday last, Dr. P. J. Hayes, Surgeon Mater Misericordiæ Hospital, laid before the Society man of malignant disease which attacked, he believed, first instance the left ovary of a patient, extended, the right and posterior aspect of the uterus, and which as he had been able to judge from a section already seemed to have obliterated the uterine cavity. The of the case was, that a woman named Forrester was ad to the Mater Misericordiæ Hospital on the 27th of J suffering from abdominal tumour, her size equalling th woman who was in the sixth or seventh month of preg She complained greatly of abdominal pain, and state she suffered a good deal from constipation, but otherw appeared in fairly good health. The statement was, th had been healthy up to three months prior to her ad to hospital, and about that time she suffered from consi pain in the lower portion of the abdomen or hypo region. Soon afterwards she noticed swelling; this s increased, and at last her sufferings became almost intole and seemed to be due to flatulent distention of the st and intestines. On examination, he detected a firm tu which might be readily moved from side to side, and wa noticed on the lower part of the abdomen. The upper p of the abdomen was clear on percussion, but some duln the lumbar regions existed. The opinion then formed that the woman was suffering from an ovarian tumour determined to watch the progress of the case, and incl the belief that it might be a case suitable for the oper ovariotomy. The sufferings of the woman increased no standing the treatment which was employed, and so opinion changed, and he came to the conclusion th suffered from malignant disease. That opinion was the partly of the rapid growth of the tumour and the appe of the woman, which altered very much for the worse short period of time, and that opinion was confirmed in s measure when the operation of tapping was performed. W the view of relieving the distress the patient suffered from, determined to try if the tumour could be reduced in bulk paracentesis; but owing to the tense, indistinctly-fluctuat feel of the tumour, he concluded that tapping with the tro would not be productive of much result, and he reques Dr. Hayden to allow him the use of an improved form aspirator. He (Dr. Hayes) on the 15th February punctu the cyst with the largest tubular needle, and though aspirator was very thoroughly exhausted of air, yet not m than about an ounce of thick tenacious fluid escaped.

consequently withdrew the needle, not having succeeded in reducing the size of the tumour. He decided that it was of a malignant character, and on the 20th the patient died. The *post-mortem* examination revealed that the tumour was attached to the parietal peritoneum laterally, but the anterior surface was free, save below where the uterus was incorporated in the wall of the cyst. The peritoneal sac contained about two gallons of fluid, but the tumour itself was the chief point of interest in the case. They would observe that within the tumour was a substance partly colloid in appearance, and also resembling medullary sarcoma. There were secondary cysts in connection with the wall of the principal mass. Posteriorly and on the left side a mass of medullary matter connected the tumour with part of the small intestine. The mesentery was to a considerable extent, infiltrated with this medullary substance, and melanoid spots existed on portions of the intestinal wall. The lower portion of the large intestine, especially the sigmoid flexus, was intimately adherent to the tumour, so that it was rather difficult during the *post-mortem* examination to pass a long tube through it. This condition explained the fact that constipation was so obstinate, and flatulent distension of the intestines so distressing. An examination of the vagina was made during life, but the os uteri could not be felt; the upper portion of the vagina was dilated towards the left side, forming a *cul de sac*, into which the finger passed beyond the os.

The uterus was adherent to the anterior part of the cyst, and though a longitudinal incision failed to show any uterine cavity, yet a transverse division of the uterus made before the Society revealed a small cavity in the posterior part, which was intimately related to the wall of the cyst. The uterine appendages of the left side seemed to be incorporated with the tumour. The right ovary also seemed to have been engaged in the great diseased mass. The patient died, exhibiting symptoms of exhaustion and slightly delirious. She expressed herself as being relieved after the operation, but that must have been more or less imaginary on her part, as there was no reduction in the bulk of the tumour. She was about forty years of age, and married. About two years after marriage she gave birth to a son, and eight years subsequently had a miscarriage. She menstruated regularly, even during the period of her illness.

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PECULIAR *POST-MORTEM* APPEARANCES OF THE HEART AND BRAIN IN A CASE OF PARALYSIS AGITANS FOLLOWING NERVOUS SHOCK.

Dr. Nixon, at the last meeting of the Dublin Pathological Society, exhibited specimens taken from the body of a woman, aged about forty-five, admitted into the Mater Misericordiæ Hospital on the 25th ult., under the care of Dr. Cruise, suffering from a slight ulceration of the leg. Nothing unusual presented itself in the case, and it progressed favourably under treatment. About the 9th inst. one of the fever wardmaids suddenly told her that her daughter had been admitted into hospital suffering from severe typhus fever. She immediately commenced to tremble, and the tremor continued until the time of her death. It did not cease during sleep; it was occasionally accompanied by marked subsultus. About the eighth day following the first appearance of the tremor, she appeared particularly stupid; when given a drink, she carried the vessel to her lips, and then, as if forgetting the intent, put it down again. Her speech was hesitating. On the day following she could not protrude her tongue; she was unable to speak; the sphincters were relaxed unconsciously; there was profound muscular debility. About twelve o'clock on the next day she became suddenly convulsed. The convulsions continued with slight and decreasing intervals of cessation until the time of her death, which took place about two hours afterwards.

At Dr. Cruise's request he made the *post-mortem* examination, and, with his kind permission, he was enabled to lay the morbid specimens before the Society. On examining the heart, the left ventricle felt remarkably solid; it was distorted in appearance, the apex being considerably retroverted; its cavity was found much diminished in size; it would seem as if the ventricle had been surprised by death in the energy of its contraction; the curtains of the mitral valves were thickened and somewhat corrugated; the mitral orifice was slightly contracted, not admitting with ease the tips of two fingers. The aorta presented traces of atheromatous deposition and, on tracing the coronary arteries, patches of atheroma were discovered in their coats. The muscular wall of the left ventricle presented evidences of both fatty degeneration and interstitian fatty deposition. He remarked that these degenerative changes were most apparent in the muscular fibres contiguous to the parts of the coronary artery, which had undergone most change in structure. For instance, the wall of the right auricle lying in close proximity to the most diseased portion of the right coronary artery presented no traces whatever of transverse striation, and numbers of free oil globules could be seen scattered over the field of the microscope. On removing the spinal cord the meningo-Rachidian plexus of veins was found distended with black fluid blood. When taking off the calvarium, the dura mater was found more than usually adherent; it required his utmost force to separate it from the bony arch. When he slit up the dura mater, the surface of the brain presented an œdematous appearance. The sub-arachnoidean spaces were distended by serous effusion. The dura mater was intimately adherent to the cerebrum corresponding to the longitudinal fissure, and where it was joined by the falx-cerebri distinct plates of calcareous material were visible. The same changes in structure were found in the attached margins of the tentorium. The veins of the cerebrum and the sinuses were congested. No marked alteration in appearance was found in the interior of the brain or in its ganglia. He presented for examination the greater portion of the circle of Willis. They could see that the trunk of both internal carotids showed the same marks of calcareous deposition found in the dura mater, and at the point where the right internal carotid gives off the anterior and middle cerebrals a small saccular dilatation, evidently aneurismal, could be observed. The spinal cord presented nothing unusual in appearance, so far as external observation went; both lungs were found congested, the liver was enlarged, fatty and partially cirrhosed. The spleen was enlarged and soft; in its interior he found a large cyst, filled with serous fluid; there was also a small cyst found in the right kidney. He believed that in most of those cases of cystic disease of the spleen which were recorded a similar condition of the kidney or liver was present. There was some apparent atrophy of the cortical substance of the kidneys, but he could not say that they were otherwise diseased.

The points of interest connected with the case, he thought, were,—firstly, the existence of such an amount of disease affecting such vital organs without the development of any constitutional symptoms, and secondly, the relation which the symptoms preceding death had to the nervous shock. He would hazard the opinion that the case was one of senile paralysis agitans, which had been shown to arise sometimes from sudden nervous influences. This sudden shock must moreover have affected the already embarrassed circulation through the brain, disturbing its equilibrium, producing arterial anæmia, with concurrent venous congestion, which resulted in convulsions and death.

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NOVEL METHOD OF AMPUTATION OF THE FOOT FOR GANGRENE.

At the meeting of the Dublin Pathological Society on the 15th inst., Dr. R. W. Smith, Professor of Surgery in the University of Dublin, exhibited the leg and foot of a man who had been admitted into the Richmond Hospital about ten years ago. He had been working in the country, and a large block of stone had fallen on the anterior part of his foot, injuring the soft parts so severely that gangrene rapidly ensued.

The man came to hospital a week after the occurrence, and when gangrene had ceased to spread, and a line of separation had formed, the dead portion was removed by cutting in front of the cuboid and navicular bones, and making a long flap from the sole of the foot. Great difficulty was experienced in healing the stump, and a very long period of time elapsed before the man was able to return home, the cicatrix and the ulcer ulcerating and healing frequently.

Four years ago he was again admitted into the hospital, suffering from very extensive ulceration on the dorsum of the foot. At length, after several months he went to the country, and soon afterwards the core healed, and there was no subsequent attack of ulceration.

Last year he again appeared at the hospital, suffering from idiopathic, or Pott's gangrene of the other foot, which terminated fatally after several months' intense and unceasing agony.

The *post-mortem* examination showed that the ankle joint was perfectly sound. There was no anchylosis between the os calcis and astragalus. The cuboid and navicular bones had been joined to each other, and deeply excavated at their posterior aspects. With regard to the line of amputation he had followed, any one who looked at the specimen would see that it was neither Hey's operation, nor Chopart's.

The incision was carried through the median-tarsal range, detaching the fourth and fifth metatarsal bones from the cuboid and the cuneiform bones from the navicular, leaving behind four bones of the tarsus, viz., the os calcis, the astragalus, the cuboid, and navicular. A much longer stump was thus left than after Chopart's operation.

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Hospital Reports.

MERCER'S HOSPITAL, DUBLIN.

Some interesting cases of recent operation are at present under treatment in Mr. O'Grady's service. On February 10th, the right testicle of a delicate looking lad of 18 was removed for extensive tubercular disease, consequent on a kick received some eight months previously; a diseased state of the cord rendered it necessary to open up the tissues to the canal. A stout needle was passed through the cord previous to its division, the three vessels were tied separately with carbolised cat-gut ligature, the cords being cut off short. During the afternoon, in consequence of troublesome bleeding, it was necessary to reopen the wound and tie other vessels on the septum. The needle was removed after forty-eight hours, and in a week the patient was able to be up, and the wound is at present rapidly closing in, the patient walking out each day. In the adjoining bed is a man, aged over 50, from whom an extensive cancer of the lower lip of two years' duration, was removed on February 13th. The man had a large mouth with thick full lips, and as the disease extended almost from commissure to commissure a considerable bulk of morbid structure required removal. An H shaped incision was selected as allowing complete ablation of the disease without sacrifice of healthy tissue. The portion below the transverse bar of the H was carefully dissected from the chin and came nicely up for a new lip, being retained *in situ* by two hare-lip needles on either side and a few carbolised cat-gut sutures, the parts being also well supported by adhesive plaster and bandage to prevent too free motion of the lower jaw. The patient, a very feeble man, required stimulants freely for some days. The needles were removed on the fifth day, and the incisions found to be perfectly united, except the free border of the new lip which is slowly cicatrising. There was one enlarged gland beneath the left jaw which has become much reduced since the operation.

In the same ward is a case of very considerable interest, a healthy looking lad, eight years old, whose knee was severely wrenched two years ago. Till lately he has been treated by a bone-setter and farrier by various manipulatory processes and free severing with a knife of the integument on the inner side of the knee. The leg was much flexed, the joint being enlarged also very painful and tender, and obviously full of fluid which was pointing alongside the patella. A free incision made on Feb. 14th (the little boy being under chloroform) gave vent to about eight ounces of purulent matter with tubercular masses floating in it. That portion of the synovial membrane which comes into view was of a dirty slate colour und very unhealthy appearance. The limb having been straightened was placed on a carefully padded splint and warm water dressing applied. Since then the daily dressings have been scarcely tinged with pus and the circumference of the knee has reduced. The little fellow has been undoubtedly much relieved, but from the extent of local disease present, the issue of the case is questionable.

On February 19th, Mr. O'Grady operated for the radical cure of inguinal hernia and amputated the knee. The first case was a sickly looking lad of 13, who had a very large scrotal hernia on the right side. An incision having been made and the integument detached from the subjacent fascia, after the manner of Mr. Wood, the scrotal fascia was invaginated on the right forefinger and a curved needle with the eye near the point passed along the radial border of the finger and made to pierce the fascia and pass through the upper border of a very large external ring and then to perforate the integument. One end of a strong carbolised cat-gut ligature was now threaded into the needle's eye and the instrument withdrawn and unthreaded. The needle was now passed along the ulnar border of the finger and made to perforate the inferior border of the ring and come out through the original puncture in the integument, and having been threaded with the other end of the ligature was withdrawn. By traction on the ends of the ligature the loop disappeared through the perforation in the skin and became subcutaneous; the ends having been tied with a reef knot, held the invaginated fascia securely up. In consequence of the large size of the ring the same procedure was repeated at its lower part; a soft pad was placed in the groin and supported by the ordinary spica bandage. The progress of the case has been most satisfactory.

The second case was a man, over 50 years of age, who had cancer of the right leg for two years. The patient appeared to have been an intemperate man, he had large liver, bronchitis, and feeble circulation. The cancerous mass was firmly attached to the tibia and extended high up on the leg. Modified lateral skin flaps were made, their bifurcation corresponding to a little below the intercondyloid notch, behind and in front, to a couple of inches below the attachment at the ligamentum patellæ. The flap thus made covered the end of the femur admirably, the line of unison of the flaps being well behind in the space between the condyles. Several vessels required ligature and were all tied by carbolised cat-gut, the ends being cut off, the stump heads at the gastrocnemii were dissected out. Troublesome bleeding from the popliteal vein was arrested by the local pressure of a dossil of lint. Since the operation the patient has slept well and taken stimulants and food very freely. Altogether he seems to have held his own. Save for a small spot which has a dark and suspicious appearance, not so large as a shilling, on the free border of the outer segment, there has been no indication of loss of vitality in any part of the flap.

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NECKER HOSPITAL.

The following cases are reported at this hospital, which are of interest to the practical surgeon, with regard to the treatment of joints and synovial cavities :—

Case 1.—A woman, æt. 53, of good constitution, fell from a first-story window, and received a compound fracture of the patella with a penetrating wound of the joint. This wound was nearly the length of the patella, and gave exit to abundance of blood and synovial fluid.

The edges of the wound were drawn together and coated over carefully with collodion, the limb being adjusted in a splint. Cold irrigation was kept up continuously.

During the succeeding days there was not the least pain or inflammation; the joint became swollen without pain or redness. On the 22nd of June the wound was thought to be tolerably healed. On June 23rd some pain occurred, and finally, during the succeeding days, the wound opened and gave exit to synovial fluid, and considerable tume faction ensued. By rest and irrigation, the swelling gradually subsided, and on

Sept. 8th the patient was enabled to walk without a stick or support, though the motions of the joint were somewhat painful.

Case 2.—A patient, æt. 35, fell from a house and received a fracture of the olecranon, with a penetrating transverse wound of the joint.

The wound was immediately closed, and cold irrigation constantly applied. The limb was placed in a semi-flexed position. By a steady continuance in this treatment the wound healed and a useful joint was obtained. There were absolutely no bad symptoms.

Case 3.—A man, æt. 44, opened the wrist joint on the dorsal aspect by a fall on a sharp blade. The wound was a very severe one, and the lips were drawn together by three stitches of iron wire. For the next five days there was considerable tumefaction, and the wire sutures were removed; a few drops of pus escaped, the wound gradually healed kindly, and the joint recovered.

The results of these cases point to the great advantage of cold irrigation and rest, as succeeding the closure of the wound, and of avoiding the *nimia diligentia* of examining the condition of the parts too frequently.

Hydatid Cyst of the Spleen.

L'Union Médicale reports a case of an immense hydatid cyst of the spleen, under the care of M. Martineau. The tumour was punctured through the abdomen, and finally the opening was dilated with sea-tangle. Hooks of the ecchinococcus were detected in abundance in the fluid, and a large quantity of decayed hydatids were finally given exit to.

Treatment of Articular Rheumatism.

M. Dugardin Beaumetz has drawn attention to the treatment of acute rheumatism by the use of propylamine, which, he asserts, in 250 cases so treated was most successful.

The Reduction of Strangulated Hernia by the Use of the Aspirateur.

M. Dieulafoy, in drawing attention to this subject, quotes in its favour the success which has been already obtained, and that any danger is infinitesimal.

The wound of the intestine by the puncturing needle is so small that it cannot do mischief. This he confirms by 24 observations in various kinds of hernia—umbilical, crural, and inguinal. In none of these was there any inconvenience, and in those where subsequently an operation was had recourse to, it was hardly possible to find the point of opening. Puncture by the aspirateur is unquestionably the best aid to the taxis, and in 16 out of 24 cases of strangulated hernia, which had already resisted the taxis, together with chloroform, puncture by the aspirateur proved successful. This procedure has also proved advantageous in other hands.

Vicarious Menstruation.

M. Gayet, of Hôtel Dieu, records a curious case of vicarious menstruation in a young girl of 17, who had never regularly menstruated, yet every month she would lose for two or three days a considerable amount of blood from a fissure around either of the nipples. As soon as menstruation *per vias naturales* established itself this hæmorrhage ceased.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 10th, 1873.

Thomas Bryant Esq., F.R.C.S., President, in the Chair.

The President exhibited a drawing of a case of Periosteal Sarcoma of the Lower Jaw. The operation for removal was not difficult, but it was found necessary to disarticulate the jaw. The periosteum was separated, and the whole bone was taken out with great facility. At the end of five weeks the patient could masticate, and new bone was found to have been formed. The President also showed drawings of a case of Ivory Bone Growth of the Orbit. The patient was brought before the Society a few weeks ago. Mr. Bryant operated without difficulty, and removed a large mass of growth. The patient had done very well.

Mr. Jabez Hogg asked whether it would not have been best to let the orbit alone in this case?

Mr. Bryant agreed that, had he known the exact state of the parts before hand, he thought he would not have invaded the orbit. He thought the eye had been lost by not having stitched the eyelids, which he would do if another case offered.

Mr. Henry Smith then read a paper on the

TREATMENT OF HÆMORRHOIDS AND PROLAPSUS OF THE RECTUM BY THE CLAMP AND CAUTERY WITH THE RESULTS FURNISHED BY 300 CASES AND UPWARDS.

He commenced by referring to the first recorded cases of the treatment in question which were given to the Profession in the Lettsomian Lectures delivered before the Fellows in 1855. At that time the cases he had operated upon were only thirty-eight, but the results of these induced him to continue the treatment, as his experience increased, he gradually began to discard the use of the ligature, and he finally gave it up altogether, partly in consequence of some disastrous results in his hands, and partly from the excellent experience of the clamp and cautery. He now had operated on upwards of 300 cases and many of them of the most severe and formidable character both locally and generally, and he would lay fairly before the Society the results of his extensive experience. He would first refer to some of the objections which had been made against the treatment in question, some of which were quite frivolous, such an one for instance as had been urged against it by a well-known writer on diseases of the rectum, who affirmed that the operation was bad because more than an hour was consumed in performing it, the truth being that five, ten, or fifteen minutes were ample, as far as the actual operation was concerned according to the nature and magnitude of the disease. As regards the mortality which had occurred in his hands, he had already laid before the Profession two instances where death had taken place after the operation, and since that period a third fatal case has occurred in the instance of a gentleman in broken-down health, on whom he had performed a somewhat severe operation, severe vomiting set in and continued for thirty-six hours, and then intense jaundice followed, the patient dying on the fifth day. There was no *post-mortem* examination; and thus it was impossible to say whether death was caused by the chloroform or from some latent liver disease which had been aroused into activity by the operation. Only in two instances had anything like severe constitutional disturbance arisen after the operation with reference to hæmorrhage which was pronounced by some as a grave objection to the operation, he had not met with one single case where he had to plug the rectum, and only one instance where it was necessary to inject iced water. This immunity from bleeding he considered to be due to the great care with which he applied the cautery, using it very freely and with instruments of various shapes and sizes. He had never seen ulceration occur and persist for a length of time after the operation in any single case in his practice. The period of convalescence was short in the majority of his cases, the patients were walking about in a week. He had never known erysipelas or secondary abscess to occur after operation, a condition which occasionally gave great trouble after the use of the ligature, and the pain which ensued was generally at an end after two or three hours. The author then made some special observations regarding the mechanism of the instruments he used. Above all things it was most necessary that the blades of the clamp should have a perfect parallelism when they closed, and it was very important after the cautery had been applied, to unscrew the blades very gradually in case any vein should have escaped the influence of the cautery. There existed considerable difference of opinion as to the value of the non-conducting plates of ivory attached to the clamp, but he never thought of operating without them, and if the patient did not take chloroform they were absolutely necessary as they entirely prevented the pain of the cautery. In corroboration of his remarks as to the absence of bleeding and other points to which he had referred, Mr. Smith read letters from several of the old house surgeon of King's College Hospital, all of whom spoke as to the absence of bleeding in the cases they had attended.

In the discussion which followed,

Mr. Bond said, that when at King's he had seen both cautery and ligature used, and had left without any decided opinion on the subject. Subsequently, a case of a severe kind came under his notice, which had been treated by the cautery with great success. He had since then used the cautery in fifty cases very successfully and without hæmorrhage. He only used cautery in severe cases preferring ligature in simple cases. He never used the clamp without giving chloroform, and thought the ivory appendages were of no use. He preferred the clamp for prolapsus ani, and for some operations about the nymphæ.

Dr. Vine defended the ivory bars which he had invented. Ivory was a non-conductor, and prevented burning of adjacent tissues by conduction or from slipping of the cautery.

Mr. Allingham congratulated Mr. Smith on his success. He thought the clamp and cautery a good method of operation but that the ligature used as it ought to be was a better. In 3,000 cases operated on at St. Mark's Hospital by ligature not one case of pyæmia occurred, and tetanus in one case only. He had not had a single death in 500 cases operated on by ligature by himself. As regarded hæmorrhage perhaps he had not at first applied the cautery so freely as Mr. Smith had, but of late he had used the iron freely, and had had no hæmorrhage. If patients were sent out too soon after the use of the clamp and cautery, severe ulceration ensued inevitably. The susceptibilities of patients to pain differed greatly, but he thought there was no more pain after ligature than after the clamp. He thought the ivory wings of the clamp too broad and prevented the due removal of sufficient tissue. Free removal was absolutely necessary, and the pile should be removed down to the cellular tissue if a radical result was aimed at.

Mr. Alfred Cooper had had a great number of cases of hæmorrhoids under his care, and had used the ligature and the clamp about equally. He had never any reason to be dissatisfied with the ligature, but with the clamp he got severe secondary ulceration, and much greater pain was caused by the clamp than by the ligature. He had never seen hæmorrhage after the ligature; he could not understand how a patient could be cured effectually after three or four days. The plan of ligature introduced by Mr. Salmon, at St. Mark's, answered admirably.

Mr. Dunn corroborated Mr. Smith's statement as to the case they had seen together. The patient had been under the care of several eminent surgeons who declined to operate. He thought however the plan of ligature at St. Mark's was excellent.

Mr. Davy drew attention to Ambrose Pare's directions for avoiding the burning of skin. He thought the ivory was useful, the instrument often slipped when grasping the pile.

Mr. Wm. Adams asked whether with reference to the ulceration might it not be caused by using too hot an iron or by constitutional causes? The *écraseur* had given him satisfactory results in cases of disease of the rectum.

Mr. Wiblin (Southampton), as a provincial Fellow had listened to the paper and the subsequent discussion with much pleasure. In his earlier years he had used the ligature, but of late he had used the clamp which he much preferred, as causing less pain, and out of thirty-eight carefully recorded cases he got excellent results and had never had any hæmorrhage. He had not himself observed ulceration, and had been surprised at the rapidity of recovery.

The **President** for many years dealt with piles by means of ligature as taught at Guy's, but had not been quite satisfied. For the last eight or ten years he had used the clamp and cautery and had been well pleased with the results. He thought the iron should be freely used and that the ivory might facilitate this. The clamp was only a means to an end, and the treatment should be spoken of as by cautery than as by clamp. He always clamped each of the diseased portions before using the iron. The galvanic cautery answered admirably.

In replying, **Mr. Henry Smith** thanked the Fellows for the kind manner in which they had received and discussed his paper. He agreed with the President that the cautery was the principal part of the operation, it should be applied at a black heat. If there had been so much ulceration as had been spoken of, surely he would have heard of it, but as a matter of fact he had not heard of it. Mr. Allingham's remarks were valuable; as regarded pain, except in a very few cases he had not met with it, and this he attributed to the ivory plates for which suggestion he had to thank Dr. Vine.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Feb. 11th, 1873.

T. B. Curling, F.R.S., President, in the chair.

REMOVAL OF A NEEDLE FROM THE HEART — RECOVERY OF THE PATIENT.

By Geo. W. Callender, F.R.C.S.,

Surgeon to St. Bartholomew's Hospital.

This is the history of a man who for nine days followed his ordinary occupation, in pain and discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavourable symptom. With this history the exact position of the needle in the wall of the chest is given, as also is that of its probable position in the heart; the movements of the foreign body, caused by those of the heart, are figured, and their measurements are added. Some remarks are made upon recovery and duration of life after somewhat similar injuries, and an appendix of cases is given in the form of a table.

CASE OF EXCISION OF THE KNEE-JOINT FOR DISEASE IN A WOMAN, ÆT. 53, WITH SUCCESSFUL RESULT.

By Frederick J. Gant, F.R.C.S.,

Surgeon to the Royal Free Hospital.

The object of this paper is to lay before the society the particulars of a case which may be regarded as a notable exception to the typical conditions of disease that are appropriate for excision of the knee-joint or other joints. The chief peculiarities are these: — The disease, chronic rheumatic arthritis of twenty-three years' duration, resulting in imperfect anchylosis, with partial dislocation of the leg backwards, corresponding malposition of the limb, and increasing tendency to displacement; the age of the patient, fifty-three years; excision as performed in relation to the state of the joint; firm union in seven weeks; complication of after-treatment by accidental attack of erysipelas affecting the whole limb without destroying the union; permanent result, and measurement of the limb five and a half months after operation.

In commenting on these particulars, the author was led to suggest the applicability of excision to a condition of disease which had not, hitherto, he believed, been submitted to the operation, and at a more advanced period of life, thus comprising a larger class of cases, although of exceptional character; in the present instance the age of the patient being the most advanced in which excision of the knee had hitherto been practised, or at least recorded.

Since completing the history of this case, the author has found one other case in which excision of the knee-joint was performed by Mr. Curling for chronic rheumatic arthritis, and with a successful result, the patient's age, however, being twenty-three years.

SUCCESSFUL CASE OF GASTROTOMY IN EXTRA-UTERINE GESTATION.

By Lawson Tait, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women.

In the case of J. N——, æt. 27, retro-uterine pregnancy was diagnosed on September 23rd, the child having arrived at the term and died about the end of the July previous. The operation was performed on November 2nd, the section being much as in ovariotomy. After opening the sac the feet presented, and no difficulty was experienced in removing the child, except in extracting the head from the pelvis, in hich it was deeply packed, and where it had contracted adesions to the floor of its cavity. The edge of the wound in he sac was stitched to the edge of the peritoneal wound by a ontinuous suture, the peritoneal cavity being thus completely losed. The upper half of the parietal wound (its entire ngth being about seven inches) was closed by deep sutures. syphon drainage-tube was inserted deeply into the pelvic avity, and the whole was syringed out every eight hours ith a solution of sulphite of soda. A fœtid discharge issued om the cavity till about the eighth day after the operation, hen it became purulent, and was mixed occasionally with lacental *débris*. Pieces of detached placenta were removed ccasionally, together with fœtal hair which had become adherent to the internal surface of the cyst, and been detached from the scalp in removing the child, until November 29th, when the great mass of the placenta was removed. After this the cavity rapidly closed, the part in the pelvis being quite obliterated early in December, and the whole shut up by the end of the month, leaving only a small sinus. The patient had a severe struggle with hectic.

The chief peculiarities of the case are—the absence of any "false labour" previous to the death of the child; the leaving the placenta undisturbed; and the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly pen. To leave a communication between the cyst and the eritoneum is to run the gauntlet of pyæmia and peritonitis. losing the parietal wound entirely must lead to similar esults.

The operation, performed as in this case, would seem to ave no greater risks than ovariotomy, and it is certainly referable to leaving the cases to take their chance of discharging the misplaced fœtus by suppuration. If possible, he operation ought to be done near the term, and before the death of the child. If the latter condition cannot be obtained, the operation ought to be undertaken as soon after the death of the child as possible, to avoid the serious complications of adhesion between the fœtus and the cyst.

Mr. SPENCER WELLS thought the paper was of importance as showing that the placenta might be left and allowed to be discharged through the abdominal opening. This removed one of the great difficulties and dangers of the operation. From the account given, he thought that in this case the incision might have been made through the posterior wall of the vagina; it would have allowed more perfect drainage, and have imitated the natural process when the fœtus was spontaneously discharged, which was usually through the vagina or rectum.

Dr. HEYWOOD SMITH said there had recently been three such cases at the Hospital for Women, but all had proved fatal. In one case gastrotomy was performed and the placenta removed; the patient died from hæmorrhage and shock. In another, the placenta was left to be discharged through the abdominal opening—the patient died of peritonitis, which came on before the operation. He thought it was best to operate early during the life of the child.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,
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LARYNGOSCOPY.

Demonstration—Various Modes, with patients, with drawings, with models—Auto-Laryngoscopy: several plans of examining and exhibiting one's own larynx.

To teach the art of laryngoscopy the professor may employ various methods—some of which are within the reach of every pupil, and will serve for self tuition and practice.

Unquestionably, the most efficient, as well as the most interesting plan of instruction, is to demonstrate upon living persons the natural form and colour of the various parts reflected in the laryngoscope, and already described, and to follow this by a series of demonstrations upon patients of the various diseases affecting these parts. For this purpose, however, the professor requires a large clinique, and undoubtedly the student who can avail himself of such instruction will make much more rapid progress than those not within its reach. Still, no one need despair. It is quite possible to acquire the art without an extensive clinique, though it must be much more slowly. The mere manipulation of the instruments will be readily acquired by any one from careful study of what has preceded, though it is much easier to learn from seeing them used.

As "practice makes perfect," the pupil will naturally feel diffident in his early attempts to examine a patient for himself. In a large clinique he will find a number of patients who are thoroughly accustomed to the contact of instruments with the throat, and who display the laryngeal image to its full extent without effort. The physician will naturally assign such cases to beginners, who consequently become rapidly familiar with the appearances we have already described, and being told the nature of the cases, do not fall into the errors they otherwise might. They have, therefore, nothing to unlearn.

The beginner may obtain a fair view by looking over the shoulder of the teacher while he is examining a patient for the purpose of diagnosis, and this is the best way to commence the study. It has been objected that the two observers do not see at the same moment exactly the same point, and we may admit that there is some force in the statement, but it is to be remembered that the part to be brought into view is not a mere point, but the image reflected in the whole surface of the mirror—an inch or more in diameter. As a matter of fact, we demonstrate daily in this manner not only the vocal cords in action, but diseases confined to small portions of the larynx, the diagnosis of which is oftened rendered distinct to those who have never previously seen the laryngoscope in use. A few lessons of this description will therefore save beginners much weary work in uncertainty, besides giving them sufficient confidence to begin to examine patients for themselves, which is the next object to be accomplished. At the Hospital for Diseases of the Throat there is every opportunity of thus learning laryngoscopy, and ample material for studying the practical applications of the art to the diagnosis and treatment of disease.

In the absence of such opportunities of practical instruction the learner will do well to set himself to work with drawings and models, then to practise auto-laryngoscopy, and afterwards to examine with the laryngoscope such of his friends as may be willing to permit it. These plans may be separately discussed. As to drawings, it has been shown in speaking of the theory of laryngoscopy, that the anterior part of the larynx appears at the upper part of the image on the mirror; while the posterior commissure is at the base, the former thus seeming the nearer, and the latter the more distant from the observer. This, which is the only inversion that really takes place, can be demonstrated by an ordinary toilet mirror inclined at a suitable angle, or what is still better, a laryngoscopic mirror may be used. For this purpose any of the laryngeal images engraved in these reports will suffice. A still better plan is to obtain a well made wax model of the larynx, and practise upon it in the same way.

Another step may be taken when either drawings or models are used, and it is particularly desirable in the latter case. It is for the student, having accustomed himself to see the parts in an ordinary laryngeal mirror by diffused day-light, to darken his room, and to practise with artificial light, just as if his model were a living patient. He may thus become completely master of his light, able to throw it on any point with the utmost facility, while he is learning the usual appearances of the laryngeal image. And he should remember that dexterity is of the first importance in laryngoscopy. Let him also thus practise holding the mirror with each hand, for he must aim at being ambi-dexter. Anatomical specimens may be carefully examined in the same way, and in all positions, and should these be not easily obtained, the larynx and trachea of a sheep, calf, or other animal, can always be obtained from the butcher. These parts should be read up at the same time.

All these plans are, however, only preliminary, and the pupil must eventually proceed to examine the living human larynx. He should not trespass upon the good humour of his friends until he has perfect command of his instruments, and is able to feel sure he will not produce any unpleasant tickling. By a little variation in the arrangement of his apparatus he may look at his own larynx in a looking-glass. This practice has been dignified by a distinct name—auto-laryngoscopy. He should become quite *au fait* at it, and we therefore proceed to consider it at length.

Auto-laryngoscopy (αὐτός λάρυγξ σκοπέω) is the art of examining one's own larynx. The pupil should practise it for the sake of acquiring facility in the use of instruments, and also as the best way of studying the anatomy and the physiology of the larynx. The movements brought about in breathing, in sighing, in vocalising, in coughing, in retching, in swallowing, can all be best observed on oneself. Moreover, he who has acquired complete control over his pharyngeal and laryngeal muscles can always demonstrate to others some of the most important facts brought to light by the laryngoscope. There are other reasons why the pupil should aim at being a good auto-laryngoscopist, and we shall therefore proceed to describe the various plans of examining one's own larynx.

The simplest method of all, when sun light is available, is to sit with the back to the light, so as to allow the rays to fall directly upon a small mirror held in one hand, while with the other, one of my rectangular faucial mirrors is introduced. The engraving (Fig. 2) shows this plan, which was adopted by Garcia, the first person who conceived the idea of studying the movements of the organ of voice in action (*a*).

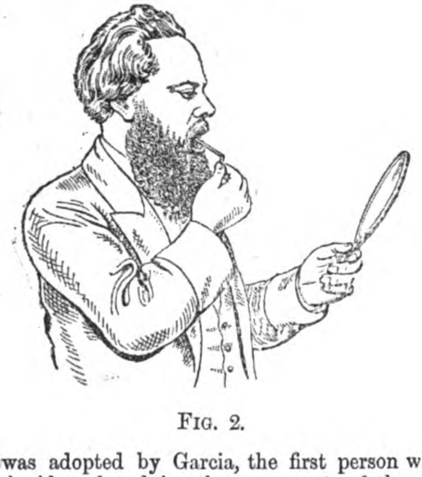

FIG. 2.

Artificial light may be employed in a similar manner. Another simple mode of illuminating the pharynx was suggested by Czermak, who placed a lamp as near as possible to the open mouth, and so held a small hand-mirror as to protect his eyes from the lamp, and permit him to see in it the image of the glottis reflected from the faucial mirror held in the other hand.

The pharyngoscope of M. Moura-Bourouillou (*b*) may be advantageously substituted for the simple lamp. In this instrument the rays of light pass through a perforation in the reflector, and fall directly on the faucial mirror. This instrument is also useful for other purposes. Those who employ my upright stand (Fig. 10) (*a*) as a support for the reflector, have only to supplement it with a common hand mirror to obtain the most convenient apparatus for auto-laryngoscopy by reflected light. Seated in the chair, which in simple laryngoscopy is occupied b the patient, the operator finds the lamp by his side, whil nearly opposite to him is the reflector. From this th rays of light fall upon his face, and with the hand mirro as a guide, opening his mouth, he easily takes the exac position to bring them to a focus in the fauces, where with the disengaged hand, he holds the laryngoscope Another person looking through the perforation in th reflector sees the laryngeal image. Indeed, two or thre can see it looking at the side of the reflector, and anothe person or two standing behind the operator can see th image at which he is looking in the hand-mirror.

An ordinary moderator lamp, with the reflector on stand, a faucial mirror and a hand-glass, thus furnish a simple and efficient apparatus for auto-laryngoscopy and demonstration on any convenient table.

This plan is so easy that I have heard of no difficultie The engraving (Fig. 24) taken from a photograph, show a demonstration to one person. It is obvious enough that others could also see, but it would be tiresome to photograph several, and the engraver has merely followed the original. On the lamp depicted a condensing lens is fixed, which, of course, increases the brilliancy of the light, as already explained.

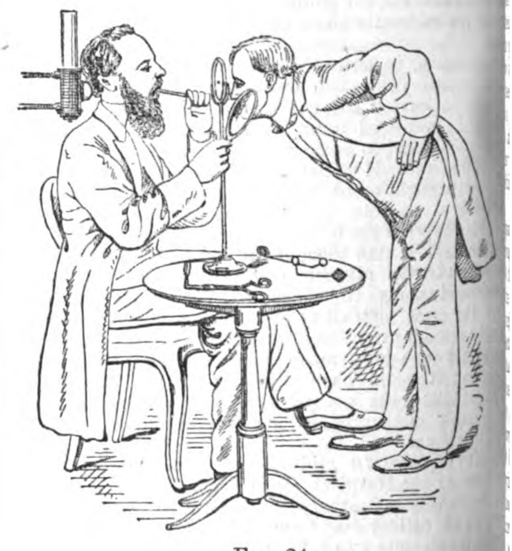

FIG. 24.

It may be thought by some that it is fatiguing to hold the hand-mirror steady. For prolonged demonstrations a little mirror can be supported on a jointed rod coming fro the stem of the stand. The beginner will, however, no regret the slight fatigue of a little practice by my method when he finds that it gives steadiness to his hands, an thus furnishes one of the best exercises in the manipu lations he will have to practise. He should therefor hold the looking-glass alternately with the left and righ hand, in order to acquire dexterity with each.

It has already been stated that Dr. Walker's globe con denser is furnished with a small plain mirror that make it available for demonstration. In fact, the addition of small plain mirror to any apparatus is all that is require Dr. Geo. Johnson has proposed another method, whic also has the merit of simplicity, but the image is perhap not quite so sharply defined as the light which falls o the faucial mirror is reflected from a plane mirror in fron of the operator instead of coming directly from th

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(*a*) Proceedings of the Royal Society, 1855.

(*b*) "Cours complet de Laryngoscopie." Paris, 1861.

(*a*) MEDICAL PRESS AND CIRCULAR, Aug. 28, 1872.

reflector. In his lectures already cited Dr. Johnson thus describes the plan :—

"Sitting at a table of a convenient height, I place a looking-glass at a distance of about eighteen inches in front of me, and a moderator or a gas lamp on one side of the glass, but two or three inches further back, so that the light may not pass directly from the lamp to the mirror. Now, with the reflector on my forehead, I direct the light as it were into the open mouth of my own image in the looking-glass; then, introducing the laryngeal mirror into my own mouth, I see the reflection of my larynx and trachea in the glass before me, and any one looking over my head or shoulder can see the image at the same time. This method therefore serves for auto-laryngoscopy and for demonstration ; in other words, the experimenter can, by this means, see his own larynx and show it to others."

"For beginners in the art of laryngoscopy this method affords a very useful means of training and practice. One of the chief difficulties at first is to keep a steady light in the patient's mouth while the laryngeal mirror is being introduced. Now, the student, after arranging his looking-glass and his lamp, may direct the light from the frontal reflector into his own open mouth in the looking-glass. This process differs scarcely at all from that which he will have to practice on his patients. Then, having learned to keep the light steady, he may practice the introduction of the faucial mirror, and he will soon see the interior of his own larynx and trachea. I have seen several of my Medical friends and pupils succeed in doing all this within less than half an hour of their first attempt.

"It is important to observe that in practising this method of auto-laryngoscopy both eyes may be protected from the glare of the lamp. The lamp is most conveniently placed by the side of the glass to the left of the operator. The right eye is then shaded by the lower margin of the reflector on the forehead, and the left eye may readily be shaded by one or two fingers of the left hand placed at the edge of the reflector. The fingers thus placed serve at once as a shade for the left eye, and a means of moving the reflector when the direction of the light has to be changed. If the experimenter desire to show his larynx to several persons at once, he can readily do this by having the mirror in front of him of small size, about three inches square, and fixed at a convenient height: the small flat mirror belonging to Czermak's auto-laryngoscopic apparatus may be used for this purpose. Thus, while two or three persons standing behind him can see the reflection of his larynx in the glass, two or three others standing in front of him, and looking over the top and by the sides of the glass into his mouth, may see the direct reflection of the larynx from the faucial mirror."

The only other method that need be mentioned here is that of Professor Czermak, which is well adapted for prolonged demonstrations. It requires, however, a special apparatus, and this has been improved by Weiss. It consists of a concave and plane mirror, supported on independent stems about a foot apart, in a manner to permit of motion in all directions, so that each mirror may be easily fixed at the necessary height and at any angle. The demonstrator sits before the plane mirror, into which he gazes. The concave mirror is about a foot further off, and so placed as to reflect the rays from the lamp into the mouth. The image in the laryngeal mirror can be seen by any one looking through or beside the reflector, and the image at which the demonstrator himself is looking in the plane glass can be seen behind him.

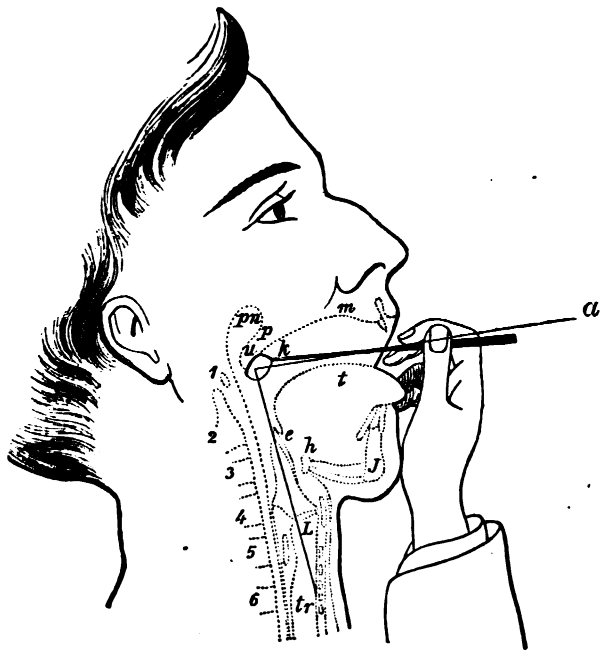

FIG. 25.

1 to 6, the cervical vertebræ; *u*, uvula: *L*, larynx; *e*, epiglottis; *tr*, trachea; *h*, hyoid bone; *t*, tongue; *j*, (lower) jaw; *m*, (upper) maxilla; *k*, laryngoscope; *p*, patella.

The theory of auto-laryngoscopy is, of course, the same as that of examining the larynx of another, and the practice consists in mere modifications of the position of the persons and the apparatus. The engraving (Fig. 25) may render the subject a little clearer. The laryngoscope being held *in situ* a ray of light represented as a straight line (*a*), is seen to fall upon it, and be reflected behind the epiglottis (*e*), and so down the larynx (*L*), impinging on the wall of the trachea (*tr.*).

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 26, 1873.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FOR a considerable period the Profession has evinced unusual interest in the Royal College of Physicians of

London, which is still looked up to by the public as the chief of our Medical corporations. Some time ago we entered fully upon the questions involved in the dissatisfaction often expressed respecting the mode of election to the fellowship of the College, and it is pleasant to know that the gentlemanly tone of the articles we published excited admiration in the highest collegiate circles. This, however, is no source of surprise since they proceeded from the pens of some of the most courteous of the Fellows. From that time attempts have been going on within the College to gain the full confidence of the Profession, and now under the able presidency of Dr. Burrows a scheme has been adopted that seems certainly a move in the right direction.

Without accepting it *in toto* we desire to express our approval of the spirit that seems to pervade the body of Fellows who, in the report of the Council which they last week endorsed, give utterance to their anxiety that, at the meeting or meetings held for nomination to the Fellowship, the claims of every member of the College should receive the most liberal consideration, and that no member should have the slightest reason for supposing that his claims to the Fellowship have been either overlooked or neglected. In order to effect so desirable an end, the following plan has been proposed and accepted :

1. That it be an instruction to the Council, in determining the fitness of members for nomination to the College for election to the Fellowship, to take into consideration—in accordance with bye-law, chap. xi, sec. 4—standing in the College ; academical honours ; distinction in literature or science ; professional eminence ; public appointments ; and social position.

2. That in each year, three months before the meeting of the Council for the nomination of members for election to the Fellowship, a notice to the following effect shall be sent to each Fellow.

> "It is the duty of every Fellow to assist in the nomination of fit and proper persons to the Fellowship. The duty thus devolving upon every Fellow has respect both to the College and to its members : to the College, since it is only by the election of fit and proper persons into the Fellowship that the College can be advantageously extended and perpetuated ; to the members, since every member ought to have full ground for believing that his claims to the Fellowship will not be overlooked or neglected. Your attention is, therefore, directed to the following regulation of the College.
>
> "Any Fellow of the College may propose, for the consideration of the Council for nomination for the Fellowship, any member of the College of at least four years' standing who has distinguished himself in the practice of medicine, or in the pursuit of Medical or general science or literature. The grounds of the recommendation must be fully stated in writing for the information of the Council, and be forwarded to the Registrar on or before the 24th June."

At the meeting of the Fellows last week the various points involved in the above report were discussed, but eventually it was adopted in the form we have printed it. In the original report two Fellows were required to nominate, or rather to recommend to the Council, but an amendment enabling one to do so was carried, and considering that after all the act is only formally mentioning to the Council the claims of a member it is certainly sufficient. The practice of naming a good man to individual councillors has never been quite in abeyance. No one can object to the propriety of any Fellow stating in writing to the Council as a body his view of the qualifications of any member.

We cannot, however, see that the Fellowship thus obtained will give full satisfaction to members. It is constantly objected that members are passed over, simply because no one thinks of them. They are doing good work in quiet, and as they would feel it a discredit to ask a Fellow to propose them they wait with such patience as they may, and often see their juniors pass before them.

It is difficult to see how this can be avoided without a radical change, and yet we hesitate to accept Dr. Williams's proposal for Fellows to propose, and the names to be suspended in the College for a time ; because a man so proposed but not elected on account of deficiency of votes might feel he had sustained a greater injury than if he had been passed by without publicity.

Still there is the objection to a small body like the Council discussing in secret the position of men they may not know or may not like, and the danger of mere gossip—so often untruthful—being acted on. This we may have occasion to return to ; but, meantime, it is aptly illustrated by the last paragraph of the Report, which is as follows.

> "The Council, in conclusion, begs leave to inform the College that, as an additional security against the claims of members being overlooked, it has adopted the following mode of proceeding :—
>
> "That in future the selection of members to be nominated to the College by the Council for Election as Fellows shall be conducted in the following way—
>
> "A month before the usual time of nominating, a preliminary meeting of the Council shall be held, at which a list shall be drawn up of those members who are selected for consideration.
>
> "During the interval between the meetings, the members of Council shall carefully inquire into the merits or disqualifications of those members whose names have been thus selected, so that at the final meeting of the Council for nomination it may be provided with more exact information than has hitherto been attainable."

MEDICAL LEGISLATION.

The following announcement in one of our London contemporaries, puts the relation of Mr. Hargrave and the Council of the College of Surgeons, Ireland, pretty plainly before the Profession.

> ROYAL COLLEGE OF SURGEONS OF IRELAND.
>
> Mr. Hargrave, the Representative of the College of Surgeons in the General Medical Council, to whom lately the Council of the College gave a gentle intimation that he should resign in favour of a more active representative, shows no intention of complying with this wish. How the Council will act in this difficulty it is impossible to say.

The Council of the College have acted in the difficulty, by unanimously requesting him to consider the desirability of resigning his present office of Medical representative on the General Council, a request which Mr. Hargrave very decidedly refused to entertain ; we can hardly call this a "gentle intimation," it was a unanimous one, and would have relieved the Council from an unpleasantness, which the uncertainty of a law opinion has but increased. Mr. Hargrave, having already retired from his hospital and professional duties, might fairly resign in favour as suggested of "a more active representative," particularly as in the present juncture of Medical and educational arrangements, a representative who could undertake active, and it might be laborious duties in forwarding the interest of Medical education is an essential

Hitherto, the question at discussion with the Council of the College of Surgeons has been, as to the illegality of Mr. Hargrave's election, and in consequence, the College not having a *locus standi* at the General Council, and that all acts in which Mr. Hargrave participates will be subject to the question of illegality ; but our contemporary takes the wider, and we might say more perhaps practical view, as to the desirability of having a "more active representative." This question should engage the earnest attention of the Council and the Fellows of the College without delay, these are not times for delaying or for imperfect representation. The Irish Colleges, excepting only the Queen's University, have framed a Conjoint Examination Scheme for submission to the Council, and time is specially valuable just now, as the "Faculty" remarks this week : "The Council as a public body has a great responsibility in doing nothing to settle this question, and to put the examination of general practitioners on a satisfactory and equitable basis. We have never approved the vague charges against the Council of doing nothing. But the entire arrest of its business as a regulator of Medical education and examination, and its helplessness amid the inaction or the resistance of the bodies of which it is composed, must ere long attract attention, and lead to more changes in the Act of 1858 than were dreamt of in 1870."

DEATHS FROM CHLOROFORM.

The recent death from the use of nitrous oxide has caused a profound sensation amongst those who were in search of a safe, or of the safest anæsthetic. Various influences have been assigned as the immediate cause of death. The heart has been supposed to be first affected, as the evidence given was "rapidity of pulse with diminution of its volume." The respiratory function has been supposed to have first yielded, as "the features appeared puffy, and the breathing became thick and stertorous ;" a piece of the gag was found wanting, and it has been even supposed that this made its way into the glottis. Unfortunately, no *post-mortem* examination was permitted, so matters must remain for ever in doubt.

As nitrous oxide has been advocated zealously by some as the safest anæsthetic, the anæsthetic question remains more disturbed than ever.

During the past week a death from chloroform took place in one of our Dublin hospitals, and, as in the case of this recent nitrous oxide death, and in many of those in which chloroform also proved fatal, the operation intended was a trivial one comparatively, and the subject apparently in good health. The quantity of chloroform used may be small also, and a few hurried whiffs may be sufficient to cause a fatal result. Thus, of 102 deaths from chloroform inhalation, Sanson found that 50 patients perished before the full effects of the remedy were produced. The case occurred at Sir P. Dun's Hospital, and was one of those unfortunately unanticipated accidents. The patient had the toes crushed accidentally, and amputation of some of them was about being performed by Dr. Bennett. The patient was, we understand, a comparatively young man, who had, up to the time, been employed at his business ; chloroform was being administered by the resident, when fatal symptoms ensued ; the operation had not as yet commenced, so that shock or hæmorrhage could have had no share in the fatal result. Full details of the accident will, we conclude, be communicated to some of our scientific meetings, together with a report of the *post-mortem* examination which may cast some light on the sudden nature of the accident. We have reason to know that a fatal case occurred in private practice during the last twelve months, where, though every precaution was taken, and a skilled chloroformist was entrusted with the administration, death ensued from the first few inhalations, and before a half drachm of chloroform had been used.

On the inquest, Mr. Forsythe, a pupil at St. Patrick Dun's, deposed that the deceased was suffering from severe injuries to the foot, and it was determined to subject him to an operation. Some chloroform was for that purpose administered to him ; almost immediately afterwards the deceased became violent, his pulse became weak, and then ceased, whereupon the administration of the chloroform was stopped ; the administration of the chloroform had not been continuous ; in consequence of the violence of deceased it could be administered only at intervals ; the galvanic battery was applied, but to no purpose. In reply to the solicitor who represented the next of kin, the witness said it was usual to examine the heart before administering the chloroform, but he had not seen this done on the present occasion. The jury found that the deceased died while under the influence of chloroform, and expressed their opinion that patients should be examined before being subjected to the influence of chloroform.

Another death is announced as occurring at the West London Hospital in the case of a woman, æt. 45, where, after one drachm had been used, signs of depression began to develope themselves.

In a paper lately read before the Bath and Bristol Association, Mr. Prichard, Consulting-Surgeon to the Bristol Infirmary, has drawn attention to such chloroform accidents. He remarks :—

"I had the misfortune to witness one fatal case in my own practice, where a man, æt. 49, healthy except for a diseased elbow brought on by injury, walked into the operation room and laid down on the table and died, after taking one or two inhalations of a drachm of chloroform, which had been poured on the sponge two or three minutes at least before. Death was clearly the result of sudden stoppage of the heart's action. Since that time there have been three deaths at our infirmary ; one since our last meeting in October ; and, I believe, besides, there have been two or three others in Bristol. There have been, however, in my own practice, and, I presume, in that of others, a number of marvellous escapes and terrible alarms, where the patients have ultimately recovered, but where the furious struggle made by the Medical men present for the preservation of life, and the excessive anxiety of the time, have been almost unbearable. Some present here, have been at such scenes with me, and have aided in the fight ; and, were it possible to weigh these dangers and calculate the risks, and gauge and compute their amount, and add the whole in due ratio to the deaths, we should have more to lament than even the dreadful and fatal score of one death per week in Great Britain, admitted recently."

Mr. Prichard illustrates the force of the latter remark by quoting a series of cases where the patients were in the most imminent danger, and indeed, were apparently dead, but where the strenuous exertions of the surgeons, assisted by the application of galvanism, &c., succeeded. He also draws attention to another class of cases, where chloroform has been administered, and where the patient died in a half conscious state some hours afterwards. Senior surgeons, who look back to the days when serious operations were performed without the use of chloroform, now begin to think that these lingering cases which more slowly prove fatal, were comparatively unfrequent in those times. Mr. Prichard draws his conclusion thus :—

> "These and numberless other instances prove that there are without doubt two sets of cases in which lives are endangered or lost, viz., where the heart's action is stopped, and when the breathing ceases ; and I have seen many instances of lengthened operations on persons severely hurt, where they have not died at once, but have lingered in a half conscious state for a day or two and then died. *I do not remember this class of case as having occurred, at any rate so frequently, before the days of chloroform*, and they are not unfrequently in reality deaths from chloroform, affecting the brain in patients so depressed by disease or accident that they cannot get rid of the drug."

We have seen a letter this week from Dr. Gavin, of Boston, in which he states that he observes with satisfaction, we are turning our attention to ether as the safest anæsthetic agent, he says,—"My connexion for years with a large metropolitan hospital, has afforded me a very extensive field for observation. I have administered ether in more than 5,000 cases, and besides have witnessed it given in as many more perhaps, without ever having seen any injury follow. In giving ether, one's mind is entirely free from any fear of fatal effects occurring." The latter observation of Mr. Gavin's is one which comes home to all practical surgeons, the distraction of attention, and anxiety as to the conduct and result of the chloroformisation, being the great incubus of the operator, whose undivided care should be given to the operation in which he is concerned.

For the last six months the advantage of the use of ether has been strongly advocated in this journal, and every day's experience tends to establish its claims to the important item of safety to life.

Notes on Current Topics.

Hydrate of Chloral.

In the minds of many practitioners some doubt has arisen as to the safety of a continuous exhibition of this valuable sedative, the report of the circumstances of a death after taking chloral tends to confirm the suspicion of its danger. The London Borough Coroner recently held an inquest on the body of a chemist. The deceased had, for the last six years, complained of his heart, and had for some time been taking hydrate of chloral to make him sleep. He took a dose on Tuesday night, and between eleven and twelve o'clock, as he was sitting smoking in his chair, his pipe fell from his hand. He became insensible, and before a doctor could arrive he was dead. The doctor was of opinion that death resulted from an overdose of hydrate of chloral, and the jury returned a verdict accordingly.

How they manage Herbalists abroad.

Two important cases relative to the sale of drugs in France have recently been decided. On the 11th of June, 1872, the Ninth Chamber condemned a wine merchant to a fine of 500 francs and 50 francs costs for having sold quinine wine, he not being a pharmacien. The wine merchant having appealed against this judgment, it came before the tribunal on the 5th of December, when not only was the judgment confirmed, but a second penalty of 500 francs with 100 francs costs was imposed upon him for having sold quinine wine at the Exposition of Domestic Economy.

On the 29th of November, also, the Ninth Chamber condemned a female herbalist to a penalty of 500 francs for having sold cod-liver oil ; and to 50 francs penalty and 300 francs costs for a sale of extract of cod-liver oil capsules. Upon appeal this judgment was confirmed a few days since.

We might learn a lesson from these decisions which would have salutary results, and tend to limit the careless and wholesale administration of medicines by unqualified persons.

The Effect of Increased Barometric Pressure on the Composition of the Blood.

The *Journal de Medicine and Chir. Pract.* has drawn attention to the experiments of Prof. Bert, who examined the effects of increased barometric pressure, as endured by submerged bridge-builders, divers, and pearl-fishers, and explained certain accidents common to such occupations, among others that of sudden paralysis following a rapid passing from very high to normal pressure.

An hypothesis of M. Bouchard, in his introductory thesis, has been justified by an experiment of M. Bert. It is quite possible, said M. Bouchard, that these accidents are due to a considerable disengagement of gas from the blood ; as effervescence is caused in gaseous water on its return to normal pressure when the bottle is uncorked. The presence of gas in the blood was demonstrated by M. Bert as follows : a cat, submitted to a pressure of eight atmospheres and rapidly removed from it, was almost immediately struck with paraplegia. Autopsy disclosed a non-hæmorrhagic softening of the spinal marrow and *gas in the blood-vessels.*

A practical conclusion from these investigations of M. Bert, applicable to occupations pursued under high pressure, is to supply, not pure air, but a mixture of air and nitrogen, in such a manner as to suitably reduce the pressure of the oxygen.

A Revolt against the Canadian Medical Council.

The Executive of the Medical Council of the College of Physicians and Surgeons of Ontario recently met in Toronto, at which meeting it was arranged that a deputation of Medical students would be received and their grievances duly considered.

Dr. Campbell, a homœopathic physician of the City of Toronto, who appears to be the chairman of the Council, as we are informed by the *Canada Med. and Surg. Journ.* received the deputation which presented written copies of the resolutions adopted by the students at their several meetings.

The resolutions submitted were substantially as follows :

1st.—That "the students feel that the Medical Act has signally failed in its main object,—viz., in securing protection to regularly licensed practitioners, inasmuch as the country is literally flooded with quacks, druggists, and others, with questionable qualifications, who, in open defiance of the presumed intention of the said Medical Act are openly practising medicine, surgery, and midwifery, to the detriment of legally qualified practitioners. It is therefore resolved that the Medical Council be requested to take action to secure for the Profession the protection so much desired."

2nd.—That "the students consider that the fees charged by the College of Physicians and Surgeons are exorbitant, request that the said fees be reduced."

3rd.—That "the students demand that the questions hereafter propounded to candidates be handed them in printed form."

4th.—"That in the event of the Medical Council failing to comply with the above demands, the students shall then take into consideration the advisability of not presenting ourselves at any future examination of the said Council."

Ulster Medical Society.

The Seventh Meeting of this Society was held at the General Hospital on Saturday, the 15th inst., when the following communications were made :—

Dr. John Moore introduced a patient with Obliterated Brachial Artery from Wound in Axilla; also a case of Irreducible Dislocation of Thumb.

Dr. H. S. Purdon introduced a patient the subject of Grave's Disease.

Dr. Brown read Notes of a case of Peritonitis following the Introduction of a Tangle Tent into the Uterus. The case resembled one of strangulated hernia, a tumour existing in the groin, which, on operation, was found to be an obliterated hernial sac.

The President exhibited an obliterated hernial sac from a case of obstructed bowels, in which the operation for hernia was performed; also a specimen of *post partum* pelvic abscess, opening into ilium.

Dr. McCrea read Notes of a case of Idiopathic neuritis.

Brice Smyth, M.B., read Notes of a case of Puerperal Convulsions.

Dr. Charles exhibited and described the following recent specimens :—

1. Fracture of the Acromion and Coracoid Processes of the Scapula.
2. A *vas aberrans* of the arm.
3. A remarkable extra Capsular Fracture of Neck of Femur.
4. Calcified Arteries of back of Leg.
5. Bony Growths on the outer end of the Clavicle.

The Board of Trinity College, Dublin, and its Professor of Anatomy.

The decision of Sir Joseph Napier and Dr. Battersby, Q.C., the acting visitors of the University on the dispute between Dr. McDowel and the University authorities, deferred until Saturday week was delivered on that day.

It will be recollected that the Board maintained that it had a right to require Dr. McDowel to resign his surgeoncy of the Richmond Hospital, and that it was also empowered to set aside a part of the dissecting-room fees, payable to Dr. McDowel, for the endowment of Dr. MacAlister's Professorship of Comparative Anatomy. Dr McDowel joined issue as regards these assumed rights.

The Visitors have decided, as regards the question of the dissecting-room fees, that the Board was entitled to deal with them as they proposed. They were, however, divided in opinion on the competency of the Board to insist on Dr. McDowel's resignation of the Richmond Hospital and, in consequence, he remains undisturbed in his occupancy of that office. The result of this verdict is that the allocation of a part of Dr. McDowel's emoluments to the payment of the Professor of Comparative Anatomy will be persisted in, while, on the other hand, Dr. McDowel will remain undisturbed as surgeon in the Richmond Hospital. There is, we believe, no practicable appeal from this decision. It does not yet appear what course Dr. McDowel will pursue in reference to Sir Patrick Dun's Hospital. Under the provisions of the School of Physic Act he is, *de facto*, as a Professor, bound to act as surgeon to that Institution if permitted to do so. By the Amendment Act power was given to the Board, if a professor should refuse or fail to perform the duty, to appoint a deputy-surgeon and pay him the hospital fees. At the time that the Board thought fit to remove Dr. McDowel from the surgeoncy of Dun's they availed themselves of this power and appointed Dr. Thomas E. Little in his place. This arrangement, however, ended with the vacating of the Professorship by Dr. McDowel and, having been re-elected for a new period, he again becomes, *ipso facto*, surgeon to the hospital. As the Board of Sir Patrick Dun's Hospital have neither rescinded their condemnatory resolution nor granted the enquiry which he demanded, Dr. McDowel naturally objects to undertake duty in the hospital, and asks the Board to relieve him of it and appoint a deputy as before. It remains to be seen whether they will comply with his request.

Cod-liver Oil and Chloral.

This combination is recommended by the *Boston Medical and Surgical Journal.* The oil is rendered less nauseating, sleep and appetite are improved, and nocturnal sweating of phthisical patients is checked by it. One part of crystallised chloral may be added to 9 of oil.

The Medical School of Montpellier.

The French Government has closed this school entirely owing to disturbance among the students. It appears that some student addressed a letter to the Mayor of Carcasonne, protesting against a judicial sentence pronounced against him. During the subsequent deliberation of the Academic Council, the students assembled and interrupted the lectures which were being given, and repeated the disturbance next day. Hence the closure of the Medical and Pharmaceutial Schools.

Woolwich Workhouse—Lights again.

From a report of a late meeting of the Woolwich guardians we find Mr. Tuffield again distinguishing himself. It is a remarkable instance of the force of habit to find in Mr. Tuffield—notwithstanding our kind and humane suggestion to him on a former occasion, to learn ere he attempts to teach—that he still is "wiscious." In the present instance, amongst other things, he asked the master—who, "of course, knows everything"—"if he had ever heard of champagne being ordered in *any* workhouse before." The master replied, "he had not." We sincerely hope the master is only one of the "dunce master" class, and no more. Let us enlighten this master, and observe that champagne has been and is given even in London workhouses. According to the Woolwich paper, this Mr. Tuffield complained that one inmate had been having champagne of the finest brand, at 3s. 6d. a pint, and said if it were necessary as a stimulant in cases of delirium tremens, the cheaper quality would do. They might pay as much as 14s. a bottle for champagne; *but 17s. a dozen was enough for Medical purposes (!).* It was shameful to provide champagne out of the rates for a young man, reduced to his present state by vice, whilst large numbers of poor and virtuous ratepayers could scarcely get the bare necessaries of life.

Medical Women.

THE Russian Government has authorised the Academy of Medicine of St. Petersburg to accept a sum of 200,000 francs (£8,000), offered to it by Mme. Lidie Rodstvenna, for the foundation of Medical lectures for women.

The Proposed New Charity.

UNDER this title several letters have lately appeared in our columns to which we would direct particular attention. The abuses of hospitals are notorious enough but cannot be brought home too thoroughly to all classes. The idea of lawyers working for nothing, and fighting for the chance of doing so, as physicians and surgeons do, once expressed, is a genuine *reductio ad absurdum* of the system of Medical charities. What say Sir C. Trevelyan and Mr. Jodrell to this correspondence?

THE authorities of the University of Oxford have definitely secured the services of Professor Max Müller; he will not now go to Strasbourg.

THE Principal of Glasgow University, Dr. Barclay, died on Saturday of bronchitis, at the ripe age of eighty-one. He was admitted to be one of the greatest linguists in the United Kingdom.

HIS Excellency the Lord Lieutenant of Ireland has, we learn, appointed Dr. Philip C. Smyly, surgeon to the Meath Hospital, to be surgeon to His Excellency, in the room of Dr. Hatchell, who has been appointed His Excellency's physician, along with Dr. Nedley. Dr. Smyly has, we believe, been in attendance on His Excellency for some affection of the throat, and his advancement is the reward for his success in its treatment, and a recognition of his high surgical standing.

Mr. Smyly has long occupied a rank in the Profession which entitles him to the honour which has been conferred on him, and we regard his advancement as a gratifying proof that, in the selection of Court honours, surgical rank, and high professional status, are once again recognised as claims to such distinctions as the Viceroy can confer.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By WALTER RIVINGTON, M.S., Lond., F.R.C.S., En

Surgeon to the London Hospital and Lecturer on Anatomy
London Hospital Medical College.

LECTURE III.

Peculiar Vertebræ—Atlas—Axis and Seventh Cervical— Ninth, Tenth, Eleventh, Twelfth Dorsal—Fifth Lu Tabular View of the Peculiar Vertebræ—False Ver Sacrum, and Coccyx—Tabular View of Anatomy Sacrum—Origin and Meaning of the terms Coccy Sacrum.

GENTLEMEN,—There are certain of the True Ver which deviate from the differential characters assign the last lecture to their respective regions, and require rate notice. Among the Cervical Vertebræ, the First, Second, and the Seventh have special features; among Dorsal, the First, the Ninth, the Tenth, Eleventh Twelfth, and among the Lumbar, the Fifth.

The *First* and *Second Cervical Vertebræ*, or as the popularly termed the *Atlas* and *Axis*, are specially mo for the performance of the movements of the head. articulations between the Atlas and the Skull, the posterior or nodding movements of the head are eff by the mode of union of the Atlas and the Axis, the ro action of the head is secured.

The *First Cervical Vertebra* is called the *Atlas*, bec supports the Head. Atlas was the son of Iapet Clymene, and brother of Prometheus, who stole fi Heaven. His father was one of the Titans, whom joined in making war on Jupiter. For this, when the were subdued, he was condemned to bear Heaven head and hands, and he is represented in statues, as ing beneath the burden of the rounded firmament punishment of Atlas appears severe, but inasmuch father of Atlas was the Son of Heaven and Earth, it consisted in the filial penalty of being compelled to his grandfather, whom his brother Prometheus had In the early ages of Greece, such ordinary fact dressed in a splendid garb of fiction. The Grecian of Heaven is but a deification of human existence, an the cares and joys of human life, so the structure of below is reflected by the wayward wit of man, on above" (*a*). Imagination reigned supreme before the of genuine history; and in the infancy of science, entered freely into the realm of fact. Anatomy for exception to this statement. The classical fathers dry rigid anatomy have enriched its nomenclatur words conveying poetic allusions, an example of wh before us in the comparison of the first Cervical Ve to Atlas, and of the Head to the Heavenly Sphere.

The *Second Vertebra* is called the *Axis*, because as its main feature a tooth-like process, called the *Odonto Process*, which acts as a pivot around which the At Atlas can easily turn. The particular purpose of these two Vertebræ is the key to its conformation.

The *Atlas* is usually described as forming a *Rin* posed of two *Arches*, and two *Lateral Masses*, one o side, placed between the *Arches*, and, *bearing the Ar Processes*. Each *Lateral Mass* forms one-fifth of the Ri *Anterior Arch* a fifth, and the *Posterior Arch* the remainin fifths. The Atlas presents both *negative* and *positive* ters. Its *negative* characters are the absence of a *Body*, absence of a proper *Spinous Process*. Its *positive* cha are its resemblance to a *Ring*, its possession of two an *anterior* and a *posterior*, and of two strong proce *Lateral Masses* for articulation, with the Condyles Skull above and the Axis below, its *Notches* placed its *Articular Processes*, its special arrangements for co the Odontoid Process, and playing round it. These ters should be read by the light of the functions of the

The *Body* of the *Atlas* is in reality fixed to the the Odontoid Process, and nothing remains to repres body but a small *tubercle* on the anterior arch. The *Sp Process* is reduced to a *tubercle* on the posterior arch, is not wanted for the attachment of any prominent mus

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(*a*) "The Place of Ancient Greece in the Providential Order of World." P. 25. Gladstone.

(*b*) The term Odontoid is from the Greek words ὀδοὺς, a tooth, εἶδος, form.

and its projection backwards would have interfered with the movements of the head. Both *Arches* are thin, and the slenderness of the *Posterior Arch* is peculiar to man. The *Articular Processes* are specially modified. They are placed further forward so as to transmit the weight of the Condyles of the Occipital Bone to the Bodies of the Vertebræ below. Their superior surfaces form cups, raised at their two extremities and outer margin, converging towards each other, covered in the recent state by cartilage, and having a direction in the centre upwards, backwards, and inwards.

The *Inferior Surfaces* are concave or flattened in the dry bone, and work on the superior articular processes of the Axis when the head is rotated. The muscles which perform this movement are attached to the *Transverse Processes* of the *Atlas*, and act upon them. To give the muscles greater power and leverage, these processes are made considerably longer than in the other Cervical Vertebræ. They are large and strong, and perforated by a continuation of the foramen for the Vertebral artery ("vertebrarterial canal" of Owen.)

In consequence of the great length of the Transverse Processes, they "act like the bars of a capstan," and the horizontal motion between the Atlas and the Axis "is very easily and briskly performed." (South.)

To confine the *Odontoid Process* in its place, a ligament stretches across between the *Lateral Masses*, dividing the *Ring* of the *Atlas* into a smaller space in front, for the *Odontoid Process* and a larger space behind for the Spinal Cord. The *Inner Surfaces* of the *Lateral Masses* are rough and tubercular for the attachment of the *Transverse Ligament*. If you look at the *Odontoid Process* itself, you see that towards its base it is more slender than it is above, and presents a constriction. This is intended to enable the Transverse Ligament to clasp the process, and keep it securely in the socket formed for it by the ligament and the anterior arch of the Atlas. In order to permit a freer and a smoother play of the Atlas, two oval *facets* are placed on the *Odontoid Process* above its neck, one in front, and one behind. The *anterior facet* corresponds to a similar facet on the posterior surface of the anterior arch of the Atlas, the *posterior facet* corresponds to the Transverse Ligament. A small Synovial Sac is provided for each of these little joints for the purpose of giving ease to the rotatory motions here accomplished.

The *Notches* of the *Atlas* are placed behind the advanced articular processes. On the upper surface of the *Laminæ*, is a groove, which may be converted by a bridge of bone into a canal, for the transmission of the First Spinal or Suboccipital Nerve. This conversion into a canal or hole is the ordinary disposition in many Apes, in Carnivora, in Rodents, in Ruminants, and other Mammals. In Man, the Vertebral Artery, after leaving the continuation of the "Vertebrarterial Canal" through the Transverse Process, lies in the groove over the first nerve. In animals who have a complete foramen in the Arch, the Artery may or may not accompany the Nerve. In Ruminants, the Artery is separate, and passes between the arches of the first and second Vertebræ. Lastly, observe the large size of the Foramen behind the Transverse Ligament, and especially its lateral extension, which is designed to guard against compression of the Spinal Cord, when the Atlas rotates round the Odontoid Process, and the space for the Cord is of necessity diminished in size.

The *Axis*, *Vertebra Dentata*, or *Pivot Vertebra*, is a stoutly built bone well fitted for transmitting the weight of the head from the Atlas to the bodies of the Vertebræ below. Rising up perpendicularly from its strong *Body*, is the *Odontoid Process* already partly described. We have noticed the constriction at its base, and the facets in front and behind on the expanded portion above, to facilitate the movements of the Atlas. We notice now, that it becomes pointed at its summit, and that the sides are rough and inclined for the attachment of some important ligaments, which connect it with the bone above the Atlas—the Occipital Bone.

The *Articular Processes* are peculiarly arranged. The *Superior* are separated from the *Inferior*, and placed by the side of the Odontoid Process, presenting above, two slightly sloping surfaces on which the inferior articulating processes of the Atlas glide. The lower processes are placed behind the upper so as to be in a line with the articular processes of the other Cervical Vertebræ. Springing from the Axis by two roots, one from beneath the superior, and the second from above the inferior articular surface, is a short non-bifurcated *Transverse Process* turned downwards as well as outwards. It is perforated at its base by a *Foramen* for the passage of the Vertebral Artery. In many specimens this foramen is fully entitled to the name of a canal, for it is longer than any of the other foramina, and makes a distinct bend in its course, passing upwards and then curving outwards.

The *Pedicles* are broad and strong. The *Laminæ* are thick and strong. The *Spinal Foramen* is very large. The *Superior Notches* are shallow, and placed behind the superior articular processes; the *Inferior Notches* are in front of the inferior articular processes. In some of the lower Mammals, as in the Ruminants, the aperture for the Second Cervical Nerve is a canal, which passes through the lamina of the Axis near its upper (*i.e.* anterior) border. The *Spinous Process* is characteristic; it is large, rough, very strong, deeply channelled on its under surface, bifid and tubercular. The reason for its size and strength is, that it gives attachment to several muscles, and among others, to the important little muscles which pass from it to the Transverse process of the Atlas to perform the rotatory movements. In many Mammals the Spinous Process of the Axis is greatly developed, being extended both forwards and backwards, and overlapping the spines of adjacent Vertebræ.

Looked at as a whole, the Axis may be compared to the upper part of a human figure with the arms stretched out in front, and the hands sloped and touching each other along the borders of the thumb and index finger. The Odontoid Process is the head and neck, the Superior Articular Surfaces are the sloping shoulders. The elbows are in the situation of the Inferior Articular Surfaces, the forearms and hands in the position of the Laminæ with a deep grove between the palms.

The *Seventh Cervical Vertebra* is called the *Prominent Vertebra* (vertebra prominens), on account of the length of its *Spinous Process*, which has acquired dorsal characters, and is thick, tuberculated at the extremity, and not bifurcated. It is an elegant process, nearly horizontal in direction, and attaches *inter alia*, the *Ligamentum Nuchæ*—a mere rudiment of a structure which is of great importance in the brute family.

The *Transverse Process* sometimes supports a Cervical Rib; sometimes it is destitute of a *Foramen*. Occasionally this Foramen transmits the Vertebral Vein, and in very rare instances, the Vertebral Artery. It is generally smaller, I believe, than the foramina in the other Cervical Vertebræ.

In the Gorilla, most of the Cervical Vertebræ merit the description of prominent Vertebræ, for the spines of the third, fourth, fifth, and sixth are very long. In the Chimpanzee and Orang, they are long, but not so long as in the Gorilla. The Anthropoid Apes usually possess undivided Spinous Processes, so that the bifurcation of the spines of the Cervical Vertebra, is a character essentially human.

The *Dorsal Vertebræ* are distinguished from each other by the small surfaces on their Bodies for the Heads of the Ribs which they support, by their relative size, by the comparative obliquity of their Spinous Processes, and by the position of the articular facets for the Tubercles of the Rib on the Transverse Processes.

The *First Dorsal Vertebra* has one and a-half facets on each side; a whole facet above for the First Rib, and a demi-facet below for the Second Rib.

The *Second*, *Third*, *Fourth*, *Fifth*, *Sixth*, *Seventh*, and *Eighth* have each demi-facets on each side above and below. The *Ninth* has generally a demi-facet above, and the *Tenth*, *Eleventh*, and *Twelfth*, each whole facets for the corresponding Ribs.

The *Upper Surface* of the *First Dorsal Vertebra* is lipped and elongated transversely, its *articular surfaces* are oblique, its *Spinous Process* thick, long, and horizontal. Thus it shows a transitional character between the Cervical and the Dorsal Vertebræ.

The *Eleventh Dorsal* acquires some features of a Lumbar Vertebra. The *Articular Surfaces* for the Ribs are chiefly on the *Pedicles*; the *Transverse Processes* are very short, tubercular, and without facets for the Ribs. Its *Spinous Process* is short, nearly horizontal, and has a tendency to bifurcation.

The *Twelfth Dorsal* is very like the Eleventh, and still more like a Lumbar Vertebra. The *Inferior Articular Process* is turned outwards; the Transverse Process is short, tubercular at its apex, and destitute of a facet.

The *Fifth Lumbar Vertebra* possesses a body about a fourth thicker in front than behind. The *Spinous Process* is not quite so long as the others that it may not project inconveniently in the hollow of the back. Its *Laminæ* are less deep. The *Inferior Articular Processes* are widely separated. The *Transverse Processes* are larger and thicker than those of the other Lumbar Vertebræ, and attach ligaments connecting the last Lumbar Vertebra with the Sacrum and the Ilium. It may serve a useful purpose if we follow our favourite plan and make a

TABULAR VIEW OF THE PECULIAR VERTEBRÆ.

I.—PECULIAR CERVICAL VERTEBRÆ.

	Atlas.	Axis.	Vertebra Prominens.
	Consists of two arches, anterior and posterior, with two lateral masses, one on each side, between the Arches.	Very strong, deep, prolonged downwards anteriorly. Marked in front by a ridge and two depressions for Longi Colli. Supports Odontoid Process. This Process is slender at the base or neck, and bears an oval facet in front and behind. Summit pointed, sides above inclined and rough for Cheek Ligaments.	
Body..	Absent, united to the body of the Axis as the Odontoid Process.		Has Cervical characters.
Arch — Pedicles ..	Unite in front, and form an Anterior Arch, which is marked behind by a facet and in front has a tubercle.	Broad and strong.	Ditto.
Arch — Laminæ ..	Unite behind and form Posterior Arch.	Thick and strong.	Ditto.
Foramen	Atlas forms a ring divided into two parts by Transverse Ligament. The anterior smaller division is for Odontoid Process; the posterior or true Foramen for Spinal Cord is very large.	Very large.	Ditto.
Transverse Process	Long and strong for rotatory muscles (Inferior Oblique). Perforated for Vertebral Artery. Not bifid.	Short, non-bifid. Long curved Foramen; two roots, one from beneath Superior, the other from above Inferior Articular Processes.	Characters intermediate between Cervical and Dorsal. Posterior division is true transverse process; anterior represents a rib, and does not always bound Foramen, which is small.
Articular Processes	Articular facets are supported by the Lateral Masses.	Articular Processes separated.	
Articular Processes — Superior	Form large cups for Condyles of Occipital Bone	By the side of the Odontoid Process; sloping downwards and outwards.	Cervical characters.
Articular Processes — Inferior	Concave or Flattened.	Behind the upper.	
Spinous Process ..	Reduced to a Tubercle.	Thick, strong, large, bifid, deeply grooved beneath.	Gives name to Vertebra from its prominence. Long, tubercular, acquiring Dorsal characters. For attachment of muscles keeping up the head.
Notches	Superior, behind lateral masses. Inferior, behind lateral masses. Superior Notches represented by grooves on Laminæ for Vertebral Artery and Suboccipital Nerve.	Shallow, placed behind Superior Articular Processes. In front of Inferior Articular Process.	Cervical characters.

II.—PECULIAR DORSAL VERTEBRÆ.

1st	Body lipped above, bears on each side a whole facet above for 1st Rib, a half facet below for 2nd Rib.
2nd, 3rd, 4th, 5th, 6th, 7th, 8th, have common dorsal characters	Demifacets on each side above and below. Each articulating with four Ribs, two on each side.
10th, 11th, 12th..	Single whole facet on each side for 10th, 11th, 12th Ribs respectively. Facets further back, partly or wholly on Pedicles.
11th, 12th	No facets on Transverse Processes. Transverse Processes short. Spinous Process short, like Lumbar; tendency to bifurcate. Acquirement generally of Lumbar characters.

III.—PECULIAR LUMBAR VERTEBRA.

5th ..	Body thicker in front than behind by about one-fourth. Smaller Spinous Process. Laminæ less deep. Large and thick Transverse Processes. Inferior Articular widely apart.

(*To be continued.*)

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THE IRISH COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.

We have reason to believe that the Council of the Irish College of Surgeons at its last meeting had under consideration the position in which it is placed, in reference to the approaching meeting of the Medical Council, and the Conjoint Examination Scheme which will be then under discussion. As it appears to the Council impossible under all the circumstances to replace Mr. Hargrave by an efficient delegate, an anxiety is felt that their views should, at least, be represented in some form. Accordingly it was proposed to draw up a statement of the Council on behalf of the College, and entrust it to Mr. Hargrave, with instructions to submit the views therein contained, and none other, to the Medical Council. The majority of the College Council, however, decided—and, we think, wisely—not to recognise Mr. Hargrave as their representative in any way, but to forward the statement of their views direct to the President of the Medical Council, and leave Mr. Hargrave to act as he chooses on his own behalf.

This means of communication, though, perhaps, the only one open to the Council, is a melancholy alternative on which to hang the interests of surgery in Ireland. We trust that the Profession and the Medical Council will not forget that, when the case of Irish Medical education comes to be tried, it must be heard without an advocate for the chief surgical corporation of Ireland, and will, therefore, allow a margin in the argument for what might be said if the Irish College of Surgeons could speak.

Literature.

PROCEEDINGS OF THE PATHOLOGICAL SOCIETY OF LONDON FOR THE SESSION 1871-72.

(*Continued from page* 9.)

No. 9, by Dr. Crisp, is a case of "Fatal Strangulation from the twisting of a portion of the Colon." All cases of this kind are of interest, for the causes which lead to the fatal result are very numerous, leaving the diagnosis most obscure. The explanation, too, of the state of the parts does not seem to be even yet settled, for one party says there is spasm, and another paralysis, and this speaking of the same morbid parts. But we wish more particularly here to state our conviction that operative proceedings ought to be employed more than they are. Now that such formidable operations can be performed—and with a great amount of success—as the removal of the ovary, there would surely be no valid objection to opening the abdomen in a case of obstructed bowel, and where all ordinary means had failed; yet, we can scarcely call to mind any one—if we recollect right we must except Trousseau—who has so acted. In the case before us an operation would certainly have held out a reasonable hope that life might so have been saved, for there were no signs of inflammation present, and the lesion consisted in the turning over of a portion of the descending colon on itself. We cannot pursue this subject further here. It is, however, due to the author to state that, he speaks of the question of the propriety of operating.

In connexion with the last case we may notice No. 12, by J. S. Bristowe, M.D., as being of a somewhat similar nature. In this instance the stricture arose from a malignant growth in the upper part of the descending colon. The trocar was here used to draw off the air, very shortly after which the patient sunk; and on making a *post-mortem* it was found that perforation of the bowel had occurred, as the result of an ulcer on the mucous surface, and that the wounds caused by the trocar had nothing whatever to say to the sudden death. This case will well repay perusal, and is very well detailed.

Nos. 14 and 15, both by C. Murchison, M.D., are examples of hydatid tumours of the liver and peritoneum. In each operative proceedings were used, and with temporary benefit. In one of these Mr. Spencer Wells opened the abdomen, and removed between three and four pounds of hydatid cysts, leaving still some behind. This patient remained much relieved for nine months, when the disease returned, and she died.

No. 21, by W. R. Gowers, M.D., is entitled "Cancer of the Liver." Both the lungs and lumbar glands were also involved. The liver weighed 19½ pounds, and presented the disease known with us in Dublin as Farre's tubercle. It would seem as if the lumbar glands were the parts first engaged, for the patient, a female of 30, had suffered from pain, referred to the left thigh and knee for some time before she spoke of anything wrong in the abdomen. The pain, too, was accompanied with marked wasting of the muscles. This state of things is the special reason for which we notice the case at all, as such symptoms would be quite capable of leading to an erroneous diagnosis.

No. 24, by W. Moxon, M.D., is entitled "Syphilitic Disease of the Liver suppurating, and opening a Bile Duct." This is another example which we think may very fairly be explained in a different point of view from what the author advances. Well may he add that it is a new way in which syphilis shows itself in this organ. For ourselves we think the disease was malignant, and that the reasons given for a contrary opinion are not valid. But we cannot pursue the subject further here.

Diseases of the Genito-Urinary Organs.

We find we will not be able to do more than give the headings of a few of the more interesting cases detailed in this section. No. 1, by W. Moxon, M.D., advances the idea that the state of the kidney known to result from long-continued stricture may get well, and he advances a case in proof of this. The suggestion seems to us a valuable one, and we believe we have seen it actually occur. No. 3, by W. H. Dickenson, M.D., for John Hawkes, M.D., is an example of the horse-shoe kidney, found in the body of a lunatic. This state had, of course, nothing to say to the mental state of the patient. No. 7, by John Wood, is entitled "The Pelvis and Genital Organs of an Adult Hæmaphrodite." This truly remarkable specimen was taken from the body of a person who had passed as a female, and had been married for many years. The body was 5 feet 9 inches in stature. The case is too long for insertion here, but its perusal will well repay the reader. The case is particularly well given, and equally well illustrated by engravings. The conclusion at which the author arrives is, that the individual was more of a man than a woman. No. 8, by T. Holmes, is an example of melanosis of the penis. It was growing eight years when the patient was admitted to hospital. We notice the case as we believe it to be rare.

Diseases of the Osseous System.

Many of the cases in this section will interest the surgeon, those more particularly connected with the excision of the head of the femur, and detailed by John Gay and T. C. Jackson. In one of these cases we observe that, after excision, the surgeon had to amputate the limb, and did so with complete success. The reader will also find a very elaborate account, by J. Hutchinson, of two cases of "chronic rheumatic arthritis," the disease so well known and described in Dublin. No. 12, by W. Tay, is entitled "Lymph Adenoma of the Ileum, Sternum, Rib, Pleura, Lungs, Heart, and Kidneys." We only notice this case on account of the name given it, and we must say we do not see what advantage arises from these new names. If the texture of the diseased parts differs from malignant disease, let this be stated, and then we can understand a new name being applied. But as we read the case it was one of ordinary malignant disease, where new names tend only to add to the difficulties of the subject, and in no one way, as it seems to us, add to our knowledge. No. 13, by J. Croft, is entitled, "Osteo-Sarcoma of Tibia; recurrence in lower end of femur; amputation at hip-joint; recovery." This is a case of much interest. We should be glad to hear whether the patient still lives, for we presume the word "recovery" applies to the patient getting over such an operation as amputation at the hip. The tumours were pronounced to be medullary cancers. Nos. 15 and 16, by H. Arnott and W. Adams, are each examples of multiple exostoses. These are very interesting cases, and will well repay perusal, though too long for further notice here. We may just observe that one was a girl of 18, and the other a boy of 10 years of age.

Tumours.

In this section we notice several cases of great interest. The first, by W. Squire and J. F. Payne, is entitled, "Lymphadenoma." It is a case of unusual interest, is given at great length, and particularly well detailed. It has one drawback, however, that we are left in the dark as to its nature. There is not a word as to whether the disease was or was not malignant, nor does the long name given it add to our knowledge in any way; still, the case is about the most remarkable in the entire volume. No. 2, by F. Churchill, M.B., is entitled, "Fatty Tumour Simulating Ranula." It occurred under the tongue in a man of 86, was twenty-one years growing, and was successfully removed. A tumour of this nature in such a locality must, we think, be very rare. No. 6, by T. B. Peacock, M.D., is entitled, "Case of Intra-

Thoracic Tumour causing effusion into the right pleural cavity, obstruction of the descending cava and pressure on the recurrent nerves, and involving the heart." This case is of interest, and though too long for insertion here, will well repay perusal. Under the idea that the tumour might be syphilitic, hydridate of potash was given. Our experience does not afford any grounds for supposing that such a case could, by any possibility, have been due to this poison. On the contrary, each and every symptom pointed to malignant disease. Yet the author seems to have a kind of doubt of this, and uses the following words:—"It (the tumour) may very probably have been soft and medullary when fresh and would, in that case, have been formerly described as a medullary cancer." How it is changed by the fact of not being fresh we do not know, or how calling it "lymphadenoma" alters the matter for the better we do not see; but, for ourselves, we have never read a more unequivocal case of soft cancer. No. 7, by W. Jay, is a case of "Fibrous Tumour removed from a Child's Arm." The tumour, which was the size of a small adult's fist, grew from the inner side of the arm, close to the axilla. The growth was pendulous, and was removed with success. The child was nine months of age. No. 12, by S. Jones, is a case of "Pendulous Parotid Tumour." This is an interesting case. The tumour was more than three pounds weight, and was removed from a lady of 58. Twenty-eight years previously a tumour had been removed from the same region by the late Mr. Travers. Except from its weight the second tumour had caused no inconvenience till fourteen months before its removal, when bleeding took place, and recurred so often as to affect very seriously the health of the patient. It was removed with success. In this instance the tumour seems to have been of a very diversified character. No. 14, by W. Rivington, is entitled, "Blood Cyst connected with a Nerve in the Left Axilla." Much obscurity hangs over this case, nor does the examination of the tumour seem to have thrown a clearer light on it. The committee appointed to examine it say—"We are unable to determine from the specimen the way in which the cyst originated, but presume that it is merely a blood-clot which has become encapsuled." No. 18, by T. Holmes, is a case of "Epitheliomatous Tumour of the Scalp." The tumour, when first removed, was merely a wart. It rapidly grew again, and as rapidly became an ulcerated fungus. This was entirely removed, but within a week the patient—a man of 64—showed grave constitutional symptoms, under which he sank. Extensive arachnitis of the brain was found, and also serious diseases of the kidneys, the latter being most probably the starting-point of the fatal issue.

Diseases of the Ductless Glands.

The two cases given in this section are each of interest, being examples of disease of the supra-renal capsules; the first being complicated with phthisis, occurred in a boy of 18, and the second, having no pigmentation of the skin, occurred in a woman of 39. Of the nature of this affection there would seem to be still much doubt. For ourselves we believe it to be some modification of the strumous diathesis; but, it would be out of place to say more of this here.

Under the head of "Miscellaneous Specimens" at the end of the volume, we observe two worthy of a short notice. One, by J. B. Sanderson, M.D., is entitled, "Preparations Showing the Results of Certain Experimental Inquiries relating to the Nature of the Injective Agent in Pyæmia." We cannot notice this subject further here than to say that there are reasonable grounds for hoping that these experiments will throw light ultimately on the important subject of pyæmia. We may just observe of it that the process in man seems to be of a very much more acute character than in the lower animals; nor are we aware that in the human subject tubercles or tuberculous matter are a result of the pyæmic processes, similar to what is seen in the lower animals. The second communication, and the last we feel called on to notice is by E. Crisp, M.D., "(Tubercle in the Common Fowl after Vaccination." T also will be found a very interesting paper, and w worthy of perusal. It bears, too, on the last commu cation.

We have now finished our brief notice of a few of more striking subjects detailed in the volume. A whole it affords a wide field for adding to our knowled of morbid anatomy, and as such we can strongly reco mend it to the favourable notice of our readers,

Correspondence.

THE PROPOSED NEW CHARITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR,

SIR,—The communications following my first letter to y advocating a legal charity, have hardly taken the view I tended to present, and have surprised me not a little, yet t illustrate the difficulty of finding brains for other people. is really as increditable as it is funny, that the gentlemen have disported themselves in your columns should imagine to be seriously advocating the self-destruction of the legal fession, and not to have perceived that my object was to i tute the "*reductio ad absurdum*," and draw attention to sad contrast between the two professions, both containing of talent and learning, but one being rich and powerful other poor, and at present powerless. It is the nature o Englishman to enjoy, or at least to put up with being sat by somebody in power, and he is not generally very carefu inquire how that power is obtained, having an uncomforta lazy feeling that so long as he is sat upon by somebody, th must be all right. As he was at one time the most pri ridden being in the world, so now is he the most lawyer-ri and groans lazily and helplessly under the sway of an rheumatic, stiff-jointed, legal yoke. Possibly at some f time, when quite sick of the tortures of the law, he ma himself, and seek a more beneficent sway from the d but that time I should imagine is far distant.

In the meantime would it not be well to inquire h times gone by, the other two professions respectively ob undisputed power in the body politic, the answer is so that it would occur to any one—simply by co-operati pulling together. The Church, by acting in union, r power almost boundless; then, as always follows, she that power, and consequently fell, remaining ever sin state of chronic bickering and disunion.

The law having succeeded to her inquisitorial and tyr sway, is even now attempting to set her house in order, ing lest a powerful, and not too delicate hand should in order for her. But now to take ourselves, we have at the other end; when was the time known that d didn't disagree.

"A Law Student" is quite right; I do "look at ho and see most plainly, possibly more plainly, than he "ho Profession is injuring itself and others;" my object is n pull down a sister profession, but to drag my own out slough of despond into which it has gradually subsided. idea looks gigantic, but it is not so. If one would only a moment, mankind could get on very well without la I should hardly like to suggest how we should do wi priests, except to notice that a large number of us do well without them at present, but without doctors equ as some one has said of love, "the world simply could round." I do not wish to be understood to advance the t that the actual terrestial rotation would be much af either by the absence of medicine or amativeness; but I if either or both were to fail us, our population would soon come to serious grief. Verily, is not the Medical fession grievously like a strong, good-tempered cart- who plods along his daily work, sorely tormented by owners with all the power, but without the intelligence t his vast strength in a manner more profitable to himself others.

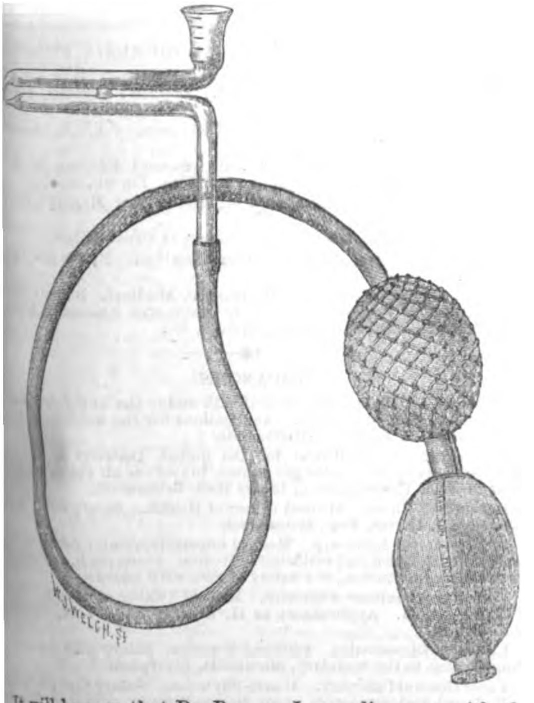
When I was at school I sat next a little boy, and we wrote in our copy-books, "Union is strength." He lever little boy, and became a lawyer, while I entered a Pro-ssion which left its copy-books at school, and has never igested, and possibly never will digest, the labours of common nse it might there have learnt, but didn't.

I have the honour to be, Sir,
Your obedient servant,
A. W.

Inventions.

A NEW ATOMISER.

Messrs. Maw, Son, and Thompson have sent us the following woodcut of the simplest spray-producer ever made, and hich they propose to call after its inventor, Dr. Prosser ames. It was exhibited, they tell us, by Dr. James nearly wo years ago, at the Medical Society of London, and met ith great approval. Some improvements have since been ffected in it. Its great merit is its cheapness, which places t within the reach of all classes.



It will be seen that Dr. Prosser James dispenses with the ogether. The liquid to be atomised finds its way by vity from the cup, which holds the quantity to be used h time, and is there converted into spray by the air coming n the other tube when the bellows are used. The tubes made of glass, and can therefore be replaced for a few ce in case of accident, as Messrs. Maw are prepared to sell e tubes without the bellows. They have been already y largely used, and have given universal satisfaction. Of rse the atomisers can be made in vulcanite or silver, but s is clean and cheap. Dr. Prosser James refuses to allow atomiser to be patented, his only object being to put a p and efficient article at the command of all patients, n the poor. In this wish he has been seconded by Messrs. w, Son, and Thompson, who will supply them at the west possible price.

Parliamentary Intelligence.

SELF-MUTILATIONS IN CHATHAM CONVICT PRISON.

Mr. R. Fowler asked whether it was the intention of the Government to take measures to diminish the number of accidents, self-mutilations, and other injuries, reported from Chatham Convict Prison, showing that out of an average of 1,692 convicts in the prison at the last return, there were 1,725 admissions to the hospital, and 20 deaths, also an increase of abscesses from 153 to 270, of ulcers from 98 to 247, contusions from 316 to 487, including 17 cases of prisoners purposely fracturing their arms or legs, by thrusting them under waggons or engines; and 24 cases of purposely self-inflicted wounds which the prison surgeon reported to be "of so severe a character that amputation was immediately necessary, in most cases, as the limbs were so mangled as to preclude any hope of recovery."

Mr. Bruce replied that in 1871 there was an increase of this practice in some of the prisons and a decrease in others; he admitted that the increase at Chatham was great and startling.

Medical News.

Royal College of Physicians of London.—The following gentleman was duly admitted licentiate of the College on the 30th day of January, 1873:—

Hope, Samuel Wilson, Berlin House, Dulwich.

The following gentlemen were admitted licentiates on the 18th day of February, 1873:—

Atthill, William Eyre Bleunerhassett, Muswell Hill.
Brown, James, Leeds.
Chicken, Rupert Cecil, Guy's Hospital.
Groves, Henry Joseph Firth, 36 Oakley Crescent, Chelsea.
Hopper, Arthur Richard, 31 Arundel Street, Strand.
Richmond, Onslow Robert, Hornsey.
Snell, Simeon, 26 Belitha Villas, Barnsbury.
Williams, Henry, Guy's Hospital.
Zimmerman, Richard, M.B., St. Thomas's Hospital.

The following candidate, having passed in Medicine and Midwifery, will receive the College Licence on his obtaining a Qualification in Surgery recognised by the College:—

Pilkington, William Binns, Crawshawbooth, Lancashire.

Indian Medical Service.—The Military Secretary, India office, presents his compliments to the Editor of the Medical Press and Circular, and begs to enclose a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination in London in August, 1872, and at Netley in February, 1873, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations in London and at Netley:—

S. Brereton, Dublin, London, and Paris, 5,459 marks (has obtained the Herbert Prize.)
M. D. Moriarty, Dublin, 5,120.
G. Price, Belfast, and Dublin, 5,118.
E. Bovill, London, 4,965.
B. O'Brien, Cork, 4,645.
G. A. Dundas, London, 4,315.
H. W. Hill, Edinburgh, 4,290.
Z. A. Ahmed, Calcutta, Glasgow, Edinburgh, and London, 4,280.
E. Levinge, Dublin, 4,265.
A. N. Rogers-Harrison, London, 4,133.
W. A. G. Gilligan, Dublin, and Edinburgh, 4,045.
L. Beech, London, 3,915.
W. E. Griffiths, London, 3,881.
D. H. Cullimore, Dublin, 3,861.
H. P. Esmonde-White, Dublin, 3,770.

London International Exhibition, 1873.—The fourth meeting of the Committee on Surgical Instruments and Appliances, took place last Tuesday week at the Royal Commissioners' Offices. The members present were Mr. Cæsar H.

Hawkins, F.R.S., in the Chair, Dr. P. Allen, Mr. R. Brudenell Carter, Mr. W. White Cooper, Dr. H. J. Domville, C.B., Dr. Arthur Farre, F.R.S., Mr. J. Hilton, F.R.S., Mr. Liebreich, Mr. J. Luke, F.R.S., Dr. A. G. Mackay, Mr. J. Marshall, F.R.S., Mr. T. W. Nunn, Dr. W. S. Playfair, Mr. R. Quain, F.R.S., and Mr. E. Saunders. The Committee, after transacting the general business of the meeting, considered the applications, more than sixty in number, which had already been received. They adjourned until Monday, the 17th of March, the date of receiving the goods being Tuesday, the 11th of March next.

University of London.—The following resolution, recently passed by the Senate, will take effect at the Matriculation Examination of June next :—That Greek be no longer compulsory on candidates at the Matriculation Examination, but be ranked as optional with French and German ; so that it shall be sufficient for any candidate to pass in *any one* of these *three* languages.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Subscriptions in the United States.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Dr. W. Robert Smith, Huddersfield.—We shall be happy to inspect your MS.

Dr. D. W. T., Liverpool.—We never promise notices of any works we have not seen.

Royal College of Physicians of London.—Dr. Robert Liveing will lecture on "Elephantiasis Græcorum," on March 7, 12, and 14, at 5 o'clock. Members of the Profession admitted on presentation of their cards.

R. W., Westminster.—Quite out of our province.

Winter.—*Savants* prophecy some very hard weather for the next fortnight or three weeks. Confirmatory of this is the large flocks of wild fowl which have migrated southward during the past few days.

Cantab.—At the Fellowship Examination in 1874 a Fellowship will be obtainable by adequate proficiency in Natural Science (new foundation). The examination, which will take place in the end of September or beginning of October, will be chiefly in chemistry, physics, and biology, and in the subjects of any papers that may have been sent in. Candidates must send in to the examiners (care of Mr. Trotter) on or before the 15th of May, 1874, any papers which they may have published containing original observations or experiments, or discussions of scientific questions, or any similar matter in manuscript. The papers may be on any branch of natural science which is not strictly Medical. They must be accompanied by a statement as to what portions of the matter are claimed as original, and of the sources from which the rest is derived, so far as they are not explicitly stated in the paper itself. Candidates will be liable to be examined in the subjects of their pape and in matters connected with them, or in the branches of science which they refer. This Fellowship will be open to all Bachelors Arts, Bachelors of Law, and Bachelors of Medicine of the Univer whose standing after their fresh degree does not exceed three y Candidates who are not members of the college must send their na to the Master of the College on or before the 15th of Septem accompanied by certificates of good character. Further informat will be supplied on application to the Rev. Coutts Trotter, Tutor Trinity.

Glass Eyes.—These artificial aids to beauty have recently ca considerable annoyance to their wearers. At Boston some detecti wanted a man named W. H. Johnson, who had a glass eye. They fo such a person, and he was the wrong gentleman. They found anot W. H. Johnson in Salem, also with a glass eye, and he, too, proved be an innocent man. They then received a telegram from Newbu port, stating that a W. H. Johnson with a glass eye had been arres there, and he likewise proved to be the wrong customer. There i fourth W. H. Johnson with a glass eye, somewhere, and the Bost authorities are naturally anxious to make his acquaintance.

To the Editor of the "Medical Press and Circular."

Sir,—I cannot imagine how any person who knows Tuffield acknowledge him to be a Rev. gentleman. He is not. When he came to the town of Woolwich, he was employed by a man na Barnaby, a candle maker, in High Street, Woolwich, and Tuffield employed to empty grease tubs, &c. He once had a chandlers in the New Road, Woolwich. He sold that, and now styles hi Rev. T. Tuffield.

A Ratepayer of Woolwich, and a Lover of Fair Pl

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECE

Lessons in Hygiene and Surgery from the Franco-Prussian W Inspector-General Gordon, C.B., M.D. London : Baillière, T and Cox.

Suppressed Gout. By James C. Dickinson, F.R.C.S. Lo Baillière, Tindall, and Cox.

Syphilis : its Nature and Treatment. Second Edition. By Drysdale, M.D., F.R.C.S. London : Baillière, Tindall, and Cox.

Medical and Surgical Handbook for use in Her Majesty's Official.

Transactions of the Odontological Society of Great Britain.

Three Pamphlets on the Vaccination Question. By the Rev. Rothery.

Lyon Mèdical. The Clinic. Mouvement Médical. Bulletin graphique. La France Médicale. El Anfiteatro Anatomico Allgemeine Medizinische Zeitung, Nature, &c.

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VACANCIES.

Portsmouth. Medical Officer of Health under the New Public H Act. Salary £450 per annum. Applications for the appointment sent in to Mr. S. J. Elliott, Portsmouth.

Medical Officer of Health for the united Districts of Sto Worcester, &c. Salary £800 per annum, to include all extras. Ap tions to W. L. Lowndes, Esq., Linley Hall, Bridgnorth.

Rotherham Union. Medical Officer of Health. Salary £600. cations to J. Barras, Esq., Rotherham.

Dundee Royal Infirmary. Medical Superintendent. Salary annum, with board and residence. Medical Assistant is also at the same Institution, at a salary of £50, with board.

York Royal Sanitary Authority. Medical Officer of Health £200 per annum. Applications to H. Breary, Esq., York, before 28th instant.

Liverpool Dispensaries. Assistant Surgeon. Salary £100 per Applications to the Secretary, Moorfields, Liverpool.

Leeds General Infirmary. House-Physician. Salary £100 per with board and residence. Also House-Surgeon, same emolu Address Mr. A. F. McGill, at the Infirmary.

Stockton-on-Tees Dispensary. Medical Officer. Salary £130. N resident.

York Dispensary. Two Resident Medical Officers, at a salary of £130 per annum.

Liverpool Royal Infirmary. House-Surgeon. Salary £100, board. Applications to Mr. E. Gibbon.

Royal Academy of Arts. Professorship of Anatomy.

Metropolitan Parishes of Clerkenwell, St. Giles, &c. Public Ana at a salary of £300 per annum.

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MEETINGS OF THE LONDON SOCIETIES.

Thursday, February 27.

Royal Institution, 3 p.m.—Dr. Armstrong, "On the Formati Organic Substances."

Hunterian Society, 7½ p.m.—Council. 8 p.m.—Dr. Hilton Fa "On some points in the Etiology of Diseases of the Valves of Heart."

Friday, February 28.

Royal College of Surgeons of England, 4 p.m.—Prof. Flower, " the Osteology and Dentition of Extinct Mammalia."

oyal Institution, 9 p.m.—General Sir Henry C. Rawlinson, "On Livingstone's Explorations in Africa."

uekett Microscopical Society, 8 p.m.

linical Society of London, 8½ p.m.—Dr. Burney Yeo will exhibit a Patient with Congenital Absence of a portion of the Pectoralis Major-Muscle.—Report of the Committee appointed to examine the Brain in Dr. Glover's "Case of Aphasia."—Dr. Clifford Allbutt, "On Overwork and Strain of the Heart and Aorta."—Mr. Barwell, "On a Case of Foreign Body impacted in Right Bronchus."

Saturday, March 1.

oyal Institution, 3 p.m.—Prof. W. K. Clifford, "On the Philosophy of the Pure Sciences."

Monday, March 3.

edical Society, 7 p.m.—General Meeting for the Election of Officers and Council.

Tuesday, March 4.

Royal Institution, 3 p.m.—Professor Rutherford, F.R.S., "The Forces and Motions of the Human Body."

Pathological, 8 p.m.—Ordinary.

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APPOINTMENTS.

lford, H. J., M.D., Medical Officer of Health for the Taunton Urban and Rural combined Sanitary Districts: £600 per annum.

Ashe, I., M.B., Resident Medical Superintendent of the Londonderry District Lunatic Asylum.

Barnardo, F. A. E., L.K.Q.C.P.I., Medical Officer of Health for District No. 3, 1st Division, of the Northleach Rural Sanitary District.

Bennett, A. W., M.A., B.Sc., Lecturer on Botany at St. Thomas's Hospital Medical and Surgical College.

Biddle, C., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Merthyr Tydfil Union Workhouse.

Bloxam, J. A., F.R.C.S., Assistant Surgeon to Charing-cross Hospital.

Butler, F. T., M.D., Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne.

lapham, W. C. S., L.R.C.P.L., Assistant Medical Officer to the Hoxton House Asylum, London.

ooper, W., M.R.C.S.E., Medical Officer of Health for the Widnes Urban Sanitary District.

ornwall, J., F.R.C.S.E., Medical Officer of Health for District No. 3, 2nd Division, of the Northleach Rural Sanitary District.

erguson, D. W., L.S.A., Medical Officer, &c., for the Newport District of the Howden Union, Yorkshire.

erguson, G. B., M.D., M.A., M.R.C.S.E., Surgeon to the Cheltenham General Hospital and Dispensary.

ams, A. W., M.R.C.S.E., Medical Officer of Health for District No. 4 of the Northleach Rural Sanitary District.

Galton, J. C., M.A., M.R.C.S.E., Clinical Assistant to the West Riding Lunatic Asylum, Wakefield.

Kerr, E. W., M.B., Assistant Medical Officer for the Crossroads Dispensary District of the Dunfanaghy Union, Co. Donegal.

Macaulay, J. C., M.R.C.S., Medical Officer to the Honiton Dispensary.

Mackie, J., L.R.C.P.Ed., Medical Officer of Health for the Darlington Rural Sanitary District.

Moore, A., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Weaverthorpe District of the Driffield Union, Yorkshire.

Ridley, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Frankford Dispensary District of the Parsonstown Union, Queen's County.

Roberts, C., M.R.C.S.E., Medical Officer of Health for the Uxbridge Rural Sanitary District.

Sparks, E. L., M.B., M.R.C.P.L., Physician for the Treatment of Diseases of the Skin to Charing-cross Hospital.

Sprakeling, R. J., M.R.C.S.E., Medical Officer of Health for the Borough of Bootle, Liverpool.

Swan, R. J., M.R.C.S.E., Medical Officer of Health for District No. 2 of the Northleach Rural Sanitary District.

Thorp, C. W., L.K.Q.C.P.I., Certifying Factory Surgeon for Todmorden.

Webb, H. G., L.K.Q.C.P.I., Medical Officer of Health for District No. 1 of the Northleach Rural Sanitary District.

◆

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, February 26.

dlesex Hospital.—Operations, 1 p.m.
al Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Bartholomew's Hospital.—Operations, 1½ p.m.
Thomas's Hospital.—Operations, 2 p.m.
Mary's Hospital.—Operations, 1½ p.m.
g's College Hospital.—Operations, 2 p.m.
at Northern Hospital.—Operations, 2 p.m.
versity College Hospital.—Operations, 2 p.m.
George's Hospital.—Ophthalmic Operations, 1½ p.m.
don Hospital.—Operations, 2 p.m.
oat Hospital.—Demonstration, 2½ p.m.
cer Hospital.—Operations, 3 p.m.

Thursday, February 27.

George's Hospital.—Operations, 1 p.m.
al Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
versity College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, February 28.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, March 1.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, March 3.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, March 4.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

◆

Births.

Chesnaye.—On the 16th of January, at Bukloh, Punjab, the wife of Surgeon Geo. C. Chesnaye, F.R.C.S.I., H.M.'s 4th Goorkha Regiment, of a son.

◆

Marriages.

Fox—Alderson.—On the 12th of January, at Allesley, Warwickshire, Edward Charlton Fox, M.D., to Julia Anna, daughter of the late Jonathan Alderson, Esq.

Underhill—Symons.—On the 20th February, at St. John's, Clifton, Arthur S. Underhill, Esq., B.A., M.B., of Great Bridge, Tipton, eldest son of Thos. Underhill, Esq., M.D., West Bromwich, to Mary Hannah Lavinia, daughter of Major-General Symons, R.A., of Clifton.

Westcott—Burnett.—On the 18th February, at St. Matthew's, Oakley Square, W. Wynn Westcott, M.B.Lond., of Martock, Somerset, to Eliza, daughter of E. C. Burnett, Esq., of Charrington Street, N.W.

Wilson—Lyons.—On the 18th of February, at Limerick, Frederick R. Wilson, Army Medical Staff, eldest surviving son of Robert Wilson, Esq., of Waterloo Road, Dublin, to Anna, youngest daughter of Philip Lyons, Esq., M.D., Limerick.

◆

Deaths.

Byam.—On the 16th of January, at Woodcroft, Tidenham, Gloucestershire, Wm. J. Byam, M.R.C.S.E., L.S.A., formerly of Welbeck Street, London, aged 65.

Crawford.—On the 5th of January, D. Crawford, M.R.C.S.E., of The Laurels, Grinshill, Shrewsbury, for upwards of fifty years Surgeon to the South Salop Yeomanry Cavalry, aged 77.

Deakin.—On the 18th of January, at Hungershall Park, Tunbridge Wells, R. Deakin, M.D., formerly of Rome, aged 64.

Gooday.—On the 8th of January, A. F. Gooday, Ext. L.R.C.P.L., of Newcastle, Staffordshire, aged 52.

Goodman.—On the 15th of January, C. E. Goodman, M.R.C.S.E., of Shrewsbury Road, Westbourne Park, aged 51.

Hardman.—On the 1st of February, J. Hardman, Surgeon, of Todmorden, aged 85.

Hare.—On the 18th of February, at Great Baddow, Essex, H. Hare, M.D., son of the late Lancelot Hare, M.D., of Upper Gower Street, aged 55.

Haviland.—On the 18th February, at Maida Hill, E. S. Haviland, M.D.

Haynes.—On the 17th of February, at Battleton Lodge, Evesham, John Bishop Haynes, J.P., F.R.C.S.E., aged 70.

Kent.—On the 6th of February, Olive, aged three weeks; and on the 8th, Emely Caroline, aged 2½ years, fourth and sixth daughters of W. H. Kent, M.D., Ballyvurney, county Cork.

Merriman.—On the 20th of February, at Sandown, Isle of Wight, S. W. J. Merriman, M.D., aged 58.

Patrick.—On the 21st of February, suddenly, at his residence, Highgate Road, Jarman Patrick, Esq., jun., M.R.C.S., aged 39.

Shirreff.—On the 16th of February, J. H. Shirreff, M.D., of Exmouth, aged 91.

Sterry.—On the 12th of January, H. Sterry, F.R.C.S.E., of Eastbury, Leigham-court Road, Streatham, aged 71.

Advertisements.

[ABRIDGED PROSPECTUS.]

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Strabane, 28th Jan., 1873. THOMAS LYLE, J.P.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1873.

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VITIATED AIR.

No. I.

(A PAPER READ BEFORE THE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH, FEB. 15, 1873.)

BY C. MEYMOTT TIDY, M.B., F.C.S.,

Joint Lecturer on Chemistry and Professor of Medical Jurisprudence at the London Hospital, Medical Officer of Health and Food Analyst for Islington, Master of Surgery, &c.,

We have heard of late a great deal about water, I hope I shall be excused drawing your attention to another of the elements scarcely second in importance.

As water may contain and, at times, perhaps does contain a little of everything that is soluble, air may contain and does contain at times a little of everything that is volatile.

Probably, some of the very earliest analyses that were ever conducted were examinations of air. The history of air analysis is tempting, but it would lead me too far astray to attempt it.

A uniform mechanical admixture (uniform owing to the principle of diffusion) of nitrogen and oxygen, 20·81 parts of oxygen by measure in 100·0 parts and 79·19 of nitrogen constitutes an ordinary sample of atmospheric air freed from carbonic acid and aqueous vapour. But other things are invariably present as well as these, *e.g.*, carbonic acid, aqueous vapour, nitric acid, ammonia, carburetted hydrogen, sulphuretted hydrogen, sulphurous acid; some, or all of them.

The action of the oxygen of the air was soon determined. It was the life gas of the animal—it was the life gas of the flame. That the body is a furnace is no modern conception nor is it any mere poetical idea. Carbonic acid is the product of combustion be it candle, gas, or muscle. The whole difficulty to the early chemists was solved, and the solution commended itself because of its extreme simplicity. The purity of the air, the salubrity of a district, they all agreed, depended on the amount of oxygen being large, and the amount of the carbonic acid small. So the sanatarian taught; and the earlier experimenters gave us results that confirmed these views. At one time 18 per cent. only of oxygen was found, at another 24 or 25 per cent. But we know now how valueless their analyses were, because of the excessively imperfect methods they adopted. As time goes on great improvements are made in analysis, and at once a new creed is promulgated that no matter where the air is taken from, be it a densely populated town or country lane, an open field or a crowded theatre, the amounts severally of the oxygen and carbonic acid are uniform; and yet again as time advances, and knowledge increases, more perfect analyses are made, and this view is proved incorrect. Variations, by still further improved methods of analyses are noted both in the oxygen and the carbonic acid, small, I admit, but still easily detected by the chemist.

Some at this story may be led to ask what is truth? It is but one illustration of the progress of science, and progress means life.

The ordinary estimation of the nitrogen, oxygen, and carbonic acid of air is simple enough. We may employ a bent tube known as Cooper's tube, absorb the carbonic acid with caustic potash, determine its quantity and then absorb the oxygen by the addition of pyrogallic acid which becomes oxydised by the oxygen of the air in the tube. The remainder is nitrogen; and taking care to make the necessary corrections for temperature, pressure and aqueous vapour in the determination of the volumes of the several gases, the analysis is complete.

But I certainly think though all this is easy enough but very little practical good results from such examinations. We are all of us familiar with what we call an offensive stuffy air, and Dr. Angus Smith, has of late thrown a great deal of light on a subject which needed a good deal to enlighten it. I am afraid we should not, as a rule, make out much loss of oxygen by the most accurate of methods in our close atmosphere.

No doubt, in all air analysis it is very advisable to estimate the carbonic acid, whilst the estimation of the oxygen is scarcely worth the trouble. The estimation of the carbonic acid is easily done and with very considerable accuracy too, by the degree of turbidity resulting from its action on baryta water. I even blow for a second (as Dr. Letheby once pointed out) in this bottle containing perfectly bright baryta water and you will notice it instantly becomes clouded. In estimating the carbonic acid I employ these small tubes with glass bottoms. Taking a bottle containing a known quantity of air, I pour into it about 20 septems of baryta water which is the quantity my little tube holds, shake it up thoroughly for a few minutes, pour it into the tube, and estimate the carbonic acid by the degree of turbidity as shown by comparison with similar tubes holding the same quantity of baryta water, and containing known quantities of carbonic acid. With a little practice it is very easy, I find, to decide equal turbidities and to calculate quantities with at any rate relative if not absolute accuracy.

But it appears to me that we shall find an excellent test of the purity of the air, by the estimation of the ammonia that it contains. This is easily done by the Nessler fluid which, as you all know, turns of a brown colour with ammonia, the depth of the discoloration depending on the amount of ammonia present in the liquid under examination. It is perfectly certain that when air contains above a certain amount of ammonia, actual or saline, it becomes offensive, but of course I do not mean that this offensiveness is due to the ammonia, but that the careful estimation of the ammonia constitutes a fair and very ready method of determining whether air is in a fit or unfit state to be breathed; I mean that the ammonia is an admirable index. In making these experiments I proceed as follows: I take a large stoppered bottle (a Winchester quart answers the purpose well), wash it and dry it perfectly, and fill it with well washed sand. Take it into the room the air of which you wish to examine and empty out the sand. I have found this the readiest method of filling a bottle with the air I wish to analyse. I now put into the bottle six ounces of distilled water, taking care that it is perfectly free from a trace of ammonia. Shake the water about thoroughly. I now empty it into my test bottle and add my Nessler solution; compare the depth of the tint with my standard solutions. This gives me at once the quantity. In good fresh air this bottle full will only give me the faintest trace of ammonia, but it is most remarkable how immediately we get a notable discoloration when the air becomes in the least degree oppressive. I will not trouble you here with numbers as I shall have occasion to deal before long with these at much greater length, but I would just say if the ammonia (NH_3) is much above one part in a million of air, the effect is at once felt and the atmosphere becomes intolerable. I shut myself in a very small room containing about 350 cubic feet of air for over three hours, carefully stopping up every little hole. I took into the room six bottles full of sand, and emptied out one at the end of every half-hour. The gradual increase of the ammonia in these six samples was exceedingly well marked, as well as in the latter samples a decided increase in the amount of the carbonic acid.

These results I have, moreover, confirmed by the examination of the air of crowded rooms, in which, by the method I have suggested, it can be easily proved, that as the atmosphere becomes oppressive, so the ammonia increases in quantity. Dr. Angus Smith, with no little originality, has clearly proved that the albuminoid ammonia, as estimated by Mr. Wanklyn's method, is also a very delicate test of atmospheric purity. With this I quite agree; I only suggest the estimation of the ammonia when time is an object.

I have examined with great care the amount of ammonia given off by the breath at different times. It is sometimes larger than at others. More, for instance, after taking food, than when fasting; more at night than in the morning. And, moreover, I have noticed this fact, that the ammonia given off by the breath of those persons where the deposit of what is called tartar on the teeth is particularly abundant, is sometimes four, five, or even six times as great as what is usually found in cases where this deposit does not occur in any quantity. And this, I think, explains how the tartar comes to be deposited, viz., by the precipitation of the phosphates. Upon scaling and cleaning the teeth carefully I still found in these cases but very slight diminution in the amount of the ammonia given off. This was originally suggested to me by Dr. Letheby as a matter for investigation.

Hence, I think this, that the careful researches of Dr. Angus Smith and others have conclusively proved the oppressive character of air that has been breathed and rebreathed, is not due to a deficiency of oxygen, or an excess of carbonic acid, so much as it is to the presence of organic matter, and it seems to me that the estimation of the amount of ammonia will be a very fair criterion, indeed, of the purity or impurity of the air we are examining.

But the air is vitiated in other ways. In numerous methods that will occur to you, sulphurous acid becomes a very frequent constituent. Fatal accidents from it, however, are comparatively few, because its presence in small quantities is so easily detected by its powerful smell, and irritating action.

Some years ago, when Dr. Letheby was examining the air of the Underground Railway, it was remarked that the men constantly engaged on that line suffered little or no inconvenience from the sulphurous acid that was present in the air. I have heard it stated, and I believe it to be a fact, that the men on the Metropolitan line applied to the club to which all railway porters subscribe, to have their subscriptions reduced, because of the very few cases of illness occurring amongst those that are engaged on the Underground Railway.

In excess, of course, sulphurous acid is a poison; but it is most remarkable how easily animals become accustomed to breathing it, and a quantity of the gas that is positively poisonous to one, can be respired with perfect impunity by another that has been cautiously, and by degrees, accustomed to it. For example, I placed two mice in a large glass receiver, in which I burnt 0·5 gr. of sulphur. The effect was immediate, and the irritability caused lasted for some time; but by increasing the amount of the sulphur gradually day by day, I can now burn 10·0 grs. of sulphur in the same vessel without anything like the irritating effect on these two mice that 0·5 gr. produced on them in the first instance, and does produce in all cases when exhibited to those unaccustomed to it. So much for use. I do not think that in small quantities when the slight irritability that the sulphurous acid produces in the first instance is overcome, it acts at all injuriously; rather, indeed, I am disposed to think it may be antiseptic in its action, and so positively beneficial. It is to be remarked that I have failed to train plants to bear its action, as I have trained the mice. A very much smaller quantity of sulphurous acid will destroy a plant, than is necessary to kill a very small animal like a sparrow. There is no difficulty in detecting sulphurous acid in air, even when present in such small quantities as one part in 3,000, a blue colour is speedily produced by its action on starch and iodic acid.

The action of *hydrofluoric acid* is a subject of very considerable importance. Indeed, in a recent trial respecting a factory at Bermondsey, upon which I was engaged, and which most of you remember (well-known as the Bermondsey Nuisance Case), it became a matter of great importance to decide whether there was any escape of hydrofluoric acid during the manufacture of what is ordinarily known as "superphosphate." I have made some very careful experiments with this gas. One part of it in about a million and a quarter parts of air will destroy vegetable life. A healthy geranium was completely killed by this atmosphere in about sixteen hours. Animal life is not so sensitive, but still very sensitive to its action. One part in 100,000 parts of air produces marked symptoms on mice exposed to its action. I have not carried the experiments, as yet, so far as to determine the *exact* minimum quantity necessary to kill. One part in 1,000 will kill a mouse in two minutes. At any rate, this is certain, vegetable life is far more sensitive to its action than animal life. The fact that at the time of our visit, Dr. Letheby and myself found that the pear trees in the immediate vicinity of the superphosphate works at Bermondsey, were in full bloom, and that vegetation was generally luxuriant in the immediate neighbourhood, was quite sufficient evidence of the non-escape of hydrofluoric acid. At any rate, our evidence upon that occasion has been quite borne out by the experiments I have recently made, that inasmuch as vegetation had not in the slightest degree suffered, hydrofluoric acid, if present, was not present in sufficient quantity to be injurious to animal life.

The escape of coal gas is another cause, and the last I shall mention to-night of vitiated air. The extent of the estimated leakage of coal gas is something marvellous. This leakage in days when coal is no small price, is a matter that demands attention on the mere ground of economy, besides which, the ill-effects that it will produce when respired for a long time, even though present in the air in the smallest possible quantity, demands attention on the ground of health. Fortunately, its escape when in marked quantity is easily detected by its smell. I can myself detect one part in about 1,200 of air. I find most people can recognise one part in about 800. An atmosphere of 4 per cent. produces a well-marked action on mice. Two mice out of three died in about five minutes in an atmosphere containing 17 per cent., the third one for some reason or another recovered. But even when the gas was in excessively minute quantity, both a mouse, as well as a small geranium, I submitted to its action, became visibly affected after being exposed to its influence for a considerable time; the mouse becoming exceedingly quiet, dull, and heavy, with a complete loss of sprightliness, from which state it took some time to recover, whilst the geranium slowly withered and ultimately died. I will not discuss now to what gas in coal gas (which of course is an admixture) this action is due. It is, perhaps, as yet an open question, but I do feel that inasmuch as coal gas is now so commonly used, it is a matter of great importance that some improved method should be adopted to prevent the leakage of even the smallest quantity, a quantity unrecognised, perhaps, by our smell, and yet which may be a cause, when respired for some hours, of serious detriment to health.

I purpose examining the action of a great many other gases, mixed in various proportions with atmospheric air, upon animal and vegetable life; but as I have ventured to lay these facts before you as a first instalment of experiments, I hope my time will allow me to continue. Permit me to say (although, perhaps, in this opinion you will regard me as somewhat biassed) it seems to me that accurate knowledge on the great sanitary questions of the day, the purity or impurity of the air, as well as of water, must be met, not by any partial or one-sided view of the subjects, either as pure chemists on the one hand, or as pure physicians on the other; but by medicine and chemistry being bound together for enquiries of this kind with a tie stronger than a marriage bond, an iron chain that time can never weaken, and age can never rust. It is this marriage tie that forms the true basis for development.

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AMPUTATION IN TRAUMATIC TETANUS (*a*).

By James Edward Kelly, L.R.C.S.I.,

Surgeon to Jervis Street Hospital, and Lecturer on Surgery in the Ledwich School of Medicine.

Mr. James Kelly said he was anxious to propose the question of amputation in traumatic tetanus to the consideration of the Society, and he would base his remarks on a case which had occurred lately in the Jervis-street Hospital. He congratulated the Society that neither his inclinations nor his avocations allowed him to write an elaborate paper, as it (the Society) was spared the wearisome platitudes which too frequently obscured the point of an original communication. He did not mean to be the exponent of this treatment, but to learn the views of the Society and evoke the severest and thorough discussion. He was unprejudiced, but, in the expression of the opinion of the Society, he sought for a guide, a corroboration, or an influential negation, should a case equally suggestive of amputation occur in his subsequent practice.

Case: ——, æt. 28, with compound comminuted fracture of left leg; considerable hæmorrhage checked by carbolic acid, with the additional intention of treating the fracture by Lister's method; no pain, heat, &c., in part, nor any constitutional symptoms until the eleventh day, when fluctuation was detected, and a poultice applied to detach the coagulum, which came away on the thirteenth day, allowing some pus to discharge. On the next morning the tetanic symptoms presented themselves; the wound was enlarged. On the second evening the first spasm occurred. During the spasm the temperature was 104, the pulse 130. Some time after they fell to t. 99·4, p. 95. On the third day an incision was made down to the fracture, and a tri-radiated osseous spiculum, measuring about three-quarters of an inch, was removed from between the two bones where it was firmly impacted. The structures on the anterior and outer portion of the leg were sphacelated; one grain dose of sulpho-cyanide of potassium was given every hour, with a view of destroying the irritability of the muscles, and thus diminishing the waste of tissue, until *curare* could be procured. It lessened the frequency and force of the spasms, relieved the epigastric pain, and enabled the patient to open his mouth. The woorara was administered on the third day, in doses of 1-32 grain. It also diminished the pain and relieved the spasm, its clinical effects varying from those of the sulpho-cyanide of potassium. The pulse and temperature increased towards the termination, the former averaging between 130 and 140. The spasms occurred every ten or fifteen minutes; they were frequently aborted by a few inhalations of chloroform, which notably prevents those induced by voluntary efforts to swallow. The patient described a pain commencing at the seat of fracture, and coursing up along the limb and body, and terminating at the occipital region, after which the spasm would seize him. He died on the fourth morning of the tetanus. The *post-mortem* examination was made about three hours after—of course many of the symptoms and general treatment have been purposely omitted, in this case, as uninteresting.

The *post-mortem* examination disclosed the following—Rigor mortis well developed, most in dorsal aspect of the body, it extended during the autopsy to the anterior muscles; local examination—sphacelated on outer and anterior aspect of limb; the cutaneous branch of the musculo-cutaneous nerve was implicated in the slough, and for some distance stained of a cream or yellow colour. The posterior tibial nerve was also changed, it appeared hypertrophied and congested for about two inches on the proximal side of the fracture. The spiculum, which had been removed, must have been in immediate proximity to the inflamed part. On making the preliminary incision to expose the cord, the congestion of the dorsal structures was remarkable, and the blood had to be constantly sponged away. Even at this early stage the fœtor was perceptible when the spinal canal was opened, the theca was moderately distended with cerebro-spinal fluid, and its surface was not markedly vascular, neither did the cord when exposed appear congested, except at one or two points—one on the posterior surface, near the posterior roots of the sacral nerves; the other on the anterior aspect of the dorsal portion of the cord. This coincidence between the local congestion and the attachments of the efferent nerves coming from the wound, and of the afferent nerves proceeding to the dorsal muscles, may afford a suggestion leading to more

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(*a*) Read before the Surgical Society of Ireland.

extended investigation. Rokitansky's warning to the inexperienced should be borne in mind, "There is, perhaps, no respect in which moderation in estimating appearances was so much to be impressed on the unpractised observer as in regard to the quantity of blood contained in the pia mater. As a general rule a very moderate injection is erroneously looked upon as congestion." It is a great error to allow our impression to be based on our observation in the dissecting room. Four sections of the cord were taken, and the microscope revealed the following. In all, there appeared congestion of the grey matter.

1st. Through lower part of medulla oblongata; showed nothing additionally abnormal.

2nd. Through cervico-rachidian; enlargement presented an example of granular softening, and a point of extravasated blood near the cervix of the posterior corner of the grey matter.

3rd. Through dorsal part of cord little if any softening; exudation between the cord and pia mater.

4th. Through the lumbar rachidian, enlargement, softening, and exudation. Here also between the pia mater and white substance.

For convenience, Mr. Kelly adopted a familiar and rational subdivision, and examined the pathology on the functional, structural, and zymotic views. The relation to the functional theory which chronologically deserves prior consideration. He said, as in other examples of so-called functional disease, it was principally based on the want of appreciation of histological changes. Until lately the only central change which pathologists observed, and even this most invariably, was vascularity of the cord. That reliable observer, Bentley Todd, recognised no inflammation, no disorganisation, and little vascularity, and ascribed the tetanic symptoms to the increased polarity of the cord, specifying neither cause or effect. Cooper and others regarded as negative the cerebral lesions. The vascularity of the nerves connected with the injury was recognised, and the coincidence of the injury and tetanus, and the occasioned reference of the pain to the injured part—a point by the way denied by Colles ("Surgical Lectures"), constituted the main data for the construction of the functional theory. It is sustained by such cases as related by Langenbeck and others, where the removal of the cause was followed by the recovery of the patient. This view for a long time was most jealously maintained; but more advanced observation has demonstrated the unreliability of the functional hypothesis. Those who were in advance of their contemporaries in recognising structural modification as being essential to the pathology of disease, only recognised increased vascularity of the central, and this even was deprived of any importance by such explanation as that of Colles, who attributed it to interference with the respiration resulting from the laryngeal spasm, &c.

The relation of this congestion to the peripheral stimuli gave a bias to the observers, and it was noticed by Carpenter that the excitability of the cord when once established was sustained by peripheral excito-motor impressions. Franks, Hoffmann, and Meadows, by recording cases of tetanus resulting from direct injury to the spine, give us the first data for doubling the above, as the invariable order. Rokitansky and Demme, by their observations and deductions, arrived at a rational theory of the disease. The former linked the functional view with the structural, by considering that the functional disturbance induced hyperæmia, and this, proliferation of the connective tissue elements, not, however, proceeding to the formation of fibres. The views of Mr. Lockhart Clarke, relative to the condition which he describes as granular softening, are reconcilable with the previously mentioned, and the analogy is further sustained by Mr. Dickinson's observations of the escape of the blood corpuscles, and the lymphous exudation, each of which Mr. Kelly corroborated. Mr. L. Clarke proposed the following questions, some of which have a most important bearing on the treatment of the disease;—

1. Do lesions of the centra persist in these cases which recover (Mr. Clarke believes they do)?

2. Are they the effects of the excitement of the cord resulting from vascular changes?

3. Are they the causes of the spasms (improbable as they exist in other diseases in which no spasms occur)?

4. In what do the spasms depend (*a*), excitability of the cord, hyperæmia, and results (*b*), persistent irritation?

Zymotic Views.—The great mind of Cullen foreshadowed this by a speculation that some other causes besides local injuries were active in the production of tetanus. Larrey and others recognised the epidemic nature of the disease. Flint considers that in tetanus and poisoning from strychnine and its allies, pathology points to blood poisoning. This observation deserves considerable interest from the results of some experiments by Harley, of London, which tend to show that in poisoning from strychnine, brucia, &c., the blood is deficient in its power of absorbing oxygen—a remark which may aid in referring the process of zymosis to defective or excessive oxydation of the blood elements.

Dr. Richardson, of London, at a meeting of the Epidemiological Society, grouped tetanus with the recognised zymotics, and said that he considered that the poison or ferment was produced in the wound. He was struck by the probable good results of inoculation on the lower animals, as a method of elucidating the subject. The converse or transmission from animal to man was observed and recorded by Bitoli as occurring in the Brazils with reference to the question of this being a blood disease; and it would be interesting upon some precise information as to the relation which the separation of the wound bears to the course of the disease. Elliotson has observed cases where the tetanus ran its course to a fatal termination, while the wound healed; and, again, the wound became more unhealthy in character, although the patient improved. Larrey, Rush, and others, opposed this—that tetanus is epidemic in its appearance, is generally conceded, and lately Dublin seemed to have a visitation; within two or three weeks of the period, during which the above case occurred, two others were seen in the Jervis-street Hospital, two in each of two other hospitals, and one in a third, in all, eight cases within a very short period. A similar coincidence has been observed by many, as Colles, Bitoli, and Billroth. Their records bear on the inquiry as to whether we should refer the disease to the miasmatic and enthetic order of zymotic diseases. With regard to the treatment of tetanus Mr. Kelly wished to remind the Society of the sound principle that if a disease seems to yield to various and opposite methods of treatment, Nature does much towards curing the patient, and most probably would do more if she were not impeded by obtrusive science. Few diseases afford such an apt example as tetanus, and it is but too patent that as yet no special treatment can be regarded as reliable. Treatment to be rational must be based on pathology, but, heretofore, the pathology being most unreliable, we must adopt or sustain any line of treatment with caution. On the basis of the functional theory the indications lie principally among medicines which have an inhibitory action on the special properties of the cord, the afferent nerves, muscles, and the efferent. If we consider the cord as an isolated organ apart from its functional manifestations, we can modify its action only through its vascular supply, and the many medicines which paralyze and stimulate the vessels, as opium, belladonna, tobacco, &c., may be regarded with questionable propriety as directly opposing the functions of the cord.

More "anti-functional" may these medicines be regarded, which, like curare, binia, ether, &c., destroy the conductility of the motor nerves. Generally, patients die of exhaustion, and anything which retards this increases the probability of recovery. The action of *curare* has been carefully investigated by Bouvier, Bernard, Spencer Wells, and a host of others, and like other remedies, its supporters cannot claim for it more than a very moderate percentage of success. Ether, owing to its physiological action, may be used with great advantage, as it has the same influence as woorara, without being so dangerous to life; and, also owing to the uncertain character of the woorara, it is not a reliable drug. The sulpho-cyanide of potassium and the extract of the upas suspend the contractibility of the muscles, and, as a preventative of muscular waste, Mr. Kelly has administered the former drug. It is interesting to observe the difference which the atom of sulphur produces between this body and its ally the cyanide of potassium. The active principles of calabar bean (physostigmatin and esserin) have an inhibitory action on the efferent nerves. Perhaps of all the lines of treatment based on the functional theory this is the most rational. Many of the powerful drugs or poisons seem to have a temporary and similar influence on the disease, relaxation of the muscles, and diminution of the spasms. Perhaps the solution of this strange coincidence may be joined in the general depression of vitality, which such so-called remedies produce. On the basis of modification of structure, the treatment directly or indirectly may be reduced to the antiphlogistic, and varies from ice to actual cautery to the spine, from tartarated antimony to stimulation to the extent of intoxication. Zymotic diseases seem as yet to have preserved to a great extent their independence from the incursions of therapeutics. Support and general efforts to eliminate the poison, with perhaps the administration of such drugs, as have antiseptic properties inimical to zymotic action. If of idiomiasmatic class the indication to remove the cause or radiating point by amputation or else, is very obvious. The treatment generally adopted seems to be a reflective or a hap-hazard combination of two or more methods. Of mechanical or surgical treatment the three main lines are directed to the removal of local irritation, as spicules, collections of pús, &c., to the division of afferent nerves, and to amputation of the injured limb. The last includes the other two, and everything claimed for either of them can be advanced with equal truth in favour of the latter. The objections to amputation may be grouped under a few heads. (*a*) Being a zymotic disease, such treatment would be useless. It is not well to deprive the patient of a possibility of recovery on an hypothesis, and even the opponents must countenance the removal of the part which, on Richardson's view, breeds the poison. (*b*) Lesions of the cord prevent recovery. Mr. Clarke regards all classes of recovery as having persistent degeneration, and, before amputation is excluded, we must decide on the amount which renders recovery impossible, neither is there any basis for deciding on the time when amputation is allowable. (*c*) Tetanus sometimes follows amputation, for other diseases we must decide to what extent the tetanus is induced by the operation or malpraxis, as tying nerves, fibrous structures, &c., or to malarial influences. (*d*) There are not sufficient instances of recovery under such severe treatment to justify its adoption. Records are few of the treatment or of its results, but most probably statistics would prove at least that the treatment is not more unsuccessful than many others which are much lauded. In one case of Larrey, the disease was notably mitigated, and another it was stopped for twelve hours, but was reinduced by exposure to cold. In Liston's case the tetanus was cured, but the patient died of exhaustion; and a gentleman, who would address the meeting, had a case in his practice in which a complete recovery resulted. To occupy the attention of the members of the Society was not Mr. Kelly's intention; he was anxious to obtain their views, and he would direct their attention in particular to two heads of inquiry—1st. Is amputation justifiable in any case of tetanus? 2nd. What are the special symptoms which would indicate or contra-indicate this procedure?

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture III.

The Sacrum and Coccyx, or the False Vertebræ still remain for our consideration.

The *Sacrum*, or Rump Bone, is composed generally of five, sometimes of six, or only four, vertebræ united, or ankylosed as it is scientifically expressed, and is fitted in between the two expanded Innominate Bones like the key-stone of an arch. It has the shape of a double wedge. It is wedge-shaped from above downwards, with its base at the Last Lumbar Vertebra and its apex at the Coccyx; it is wedge-shaped from before backwards, with its base in front and its apex behind. Moreover, it is curved on itself so as to become concave towards the cavity of the Pelvis and convex in the back. When articulated with the fifth Lumbar Vertebra and the Innominate Bones we see that it has an inclination backwards from the Spinal Column, so that its base forms with the fifth Lumbar Vertebra a prominent angle in front, variously designated Lumbo-Sacral, Sacro-Vertebral, or Vertebro-Sacral Angle or Promontory. It is through the medium of the Sacrum, thus joined on to the Spinal Column and wedged in between the Innominate Bones, that the weight of the trunk is transmitted and flows off on either side through the Ilia to the sockets which lodge the heads of the Thigh Bones, and so to the Lower Limbs and Feet.

The functions of the Sacrum are—1. The transmission of the weight of the Body to the lower limbs; 2. To form the posterior boundary of the cavity of the Pelvis, and afford protection and support to the important organs contained therein; 3. To give attachment to muscles; and 4. To contribute to a firm basis for the trunk in the sitting posture. All these functions being best fulfilled by immobility, the essential feature of the bone is the fusion or ankylosis of its vertebral elements, whilst it is so securely impacted between the Innominate Bones and fixed by strong ligaments, that it cannot be displaced except by an extreme of violence, which would contund and smash the neighbouring structures, and speedily lead to a fatal issue. All the minor details of the bone have reference to the performance of one or other of the uses assigned to it. It is smooth anteriorly, for the lower end of the alimentary canal lies on it, the Pyriformis Muscle only intervening. It is curved, and its apex is turned forwards that it may not project inconveniently, but afford a rounded contour for sitting or lying, and for the same reason the processes of the bone are reduced in size. Even as it is, the posterior aspect of the Sacrum comes very near to the surface of body, and persons long confined to bed are thus rendered peculiarly liable to the formation of troublesome ulcers in this region, called bed-sores. I take no account at present of the special adaptations of the female Sacrum for childbearing, as this will come in more properly at a later period.

Regarded as a whole the Sacrum, being triangular in shape, possesses two surfaces, two borders, and two extremities, or an Apex and a Base.

The *Anterior Surface*, much wider above than below, is concave and shows plainly the composition of the bone by the union of its constituent Vertebræ. It presents in the centre the anterior aspects of the Bodies of the Five Sacral Vertebræ, diminishing in size from above downwards, and separated by four Ridges corresponding to their points of junction. Each ridge leads on either side to a large Foramen or Hole called the Anterior Sacral Foramen, at which it terminates. From the Foramen passes outwards a Groove, wide and shallow. There are four Foramina and four Grooves on each side, and between them are placed prominent ridges. The Foramina, which, like the Bodies, diminish in size from above downwards, give exit from the Sacral Canal to the Anterior Branches of the Sacral Nerves, and permit blood-vessels to pass both inwards and outwards; the Grooves lodge the Nerves after leaving the Foramina. Observe that these Foramina are placed at the points of junction of the Vertebræ, showing plainly that they are formed by the coalescence of the adjacent Notches, and that the ridges between the notches represent Pedicles. Externally to the Sacral Foramina is a continuous surface of bone, wider above than below, diversified only by the Grooves, called the Lateral Mass, of the Sacrum, and corresponding to the fused Anterior Transverse Processes or Ribs of the Sacrum.

The First Vertebra is deeper in front than behind like the Last Lumbar, which it much resembles. The other Vertebræ are deeper behind than in front, in consequence of the curve backwards, and flattened antero-posteriorly. Each Foramen is bounded to a greater extent by the upper than the lower of the two Vertebræ contributing to its formation; in other words, the Inferior Notches are larger than the Superior.

The *Posterior Surface* is convex, very irregular, and rather smaller than the anterior. It presents the following objects:

In the centre is a row of projecting *Spinous Processes*. That belonging to the first Sacral Vertebra is usually distinct from the others; the Second, Third, and part of the Fourth may, and often do, coalesce into a vertical tubercular crest; the remainder of the Fourth and the Fifth are altogether deficient. Proceeding on either side outwards from the Spinous Processes we come to the *Laminæ*, which are large, strong, sloping downwards, and often distinct in the First Vertebra; without special features in the Second, Third, and Fourth, and deficient in the Fifth Vertebra. Owing to this deficiency, the Sacral Canal is completely exposed below, uncovered by bone, and appearing as a wide groove, bounded on the outside by a tubercular ridge formed by the coalescence of the two lowest of the Articular Processes. These processes run vertically from above downwards, immediately beyond the Laminæ. As usual the first are distinct and prominent, the second and third are insignificant; the fourth and fifth are united into the ridge just mentioned, which is prolonged downwnards and projects beyond the Apex of the Sacrum. The eminence thus formed is called the Sacral Horn or Cornu, and joins a similar prominence on the Coccyx.

Immediately on the outer side of the Articular Processes is a row of four Foramina, the Posterior Sacral Foramina. These are smaller in size than the Anterior, but exactly opposite to them, and give exit to the posterior branches of the first four Sacral Nerves. The fifth Sacral lies in a notch completed by the Coccyx into a foramen, and placed beneath the Sacral Horn. Beyond the Foramina is another row of Processes, which represent the posterior true Transverse Processes. The upper pair are well-marked; the rest mere tubercles. These tubercles attach the Sacro-Iliac and Sacro-Ischiatic Ligaments.

Between the Spinous Processes and the Transverse, the surface of the Sacrum is depressed, forming a groove called the Vertebral Groove of the Sacrum, for the origin of a large muscle by which it is filled.

The *Lateral Aspects* or *Borders* of the Sacrum are surfaces above but mere edges below. The surfaces above are divisible into two parts, an anterior and a posterior. The anterior part being ear-shaped is called the Auricular Surface; it articulates by fibro-cartilage with a corresponding surface on the Ilium. The posterior part is rough and irregular, exhibiting depressions for the more secure attachment of the strong Sacro-Iliac Ligaments.

The edges below the Auricular Surfaces are uneven, give attachment to the Sacro-Sciatic ligaments, and present at the lowest part a deep notch, which is converted into a foramen for the anterior branch of the fifth Sacral Nerve either by ligament or by the Transverse Process of the first vertebra of the Coccyx.

The *Base* of the Sacrum presents the parts seen in a view of the upper surface of a Vertebra. The Body in front is widest transversely, of an oval shape, and corresponds to the lower surface of the last Lumbar Vertebra, which is joined to it by the thick Inter-vertebral Disc of fibro-cartilage. Behind is the section of the Spinal Canal, triangular in shape, and bounded by the Body in front and the Pedicles and Laminæ at the sides and behind. Projecting from the junction of the Laminæ is the Spinous Process of the first Sacral Vertebra, usually distinct. Flanking the aperture of the Sacral Canal are the Superior Articular Processes, which bear oval surfaces, concave from side to side, plane from before backwards, and directed backwards and inwards for articulation with the Inferior Articular Process of the last Lumbar Vertebra. The Pedicles present on their upper edges a Notch which is bounded by the Body and the Articular Process, and corresponds to the inferior Notch of the fifth Lumbar Vertebra, forming with it an Inter-vertebral Foramen.

Outside the Body of the first Sacral Vertebra, on each side, may be seen a smooth triangular surface, which is continuous with the Iliac Fossa when the Sacrum and Ilium are united. This surface is limited in front by a rounded margin, formed by its junction at an angle with the anterior surface, and constituting part of the brim af the True Pelvis. These lateral surfaces are named the Alæ or Wings of the Sacrum.

The *Apex*, directed downwards and forwards, is a small oval concave surface, articulating with the upper surface of the Coccyx.

The only remaining object is the *Sacral Canal*. At its commencement triangular, it gradually becomes flattened from before backwards, following the Sacral curve, and lodging the terminal nerves of the Cauda Equina.

The Sacral Nerves divide within the Canal into anterior and posterior branches, which pass out respectively through the Anterior and Posterior Sacral Foramina. At the lower part the Sacral Canal is unroofed through the deficiency of the Laminæ, but the Canal is rendered complete by fibrous tissue stretching across between the Cornua.

The Anatomy of the Sacrum may be thus exhibited in a tabular form:—

The Sacrum, formed of 5 ankylosed vertebræ, possesses	2 Surfaces, anterior and posterior; 2 Lateral Borders; An Apex and a Base; A curved, flattened continuation of the Spinal Canal.
Anterior Surface. Concave.	5 Bodies separated by 4 Ridges, ending at
On each side	4 Holes, leading to
On each side	4 Grooves for the Anterior Sacral Nerves.
Outside Grooves, on each side	5 Fused Transverse Processes.
Between Holes and Grooves	Ridges or Pedicles for Pyriform Muscle.
Posterior Surface. Convex.	
In centre	3½ Spinous Processes flanked by
On each side	3½ Laminæ, outside of which are
On each side	5 Articular Processes, the last pair being The Cornua of the Sacrum.
Outside Articular Processes, on each side	4 Holes. The Posterior Sacral Holes for Posterior Sacral Nerves.
Beyond Holes, on each side	5 Transverse Processes.
Between the Spines and Transverse Processes is	The Sacral or Vertebral Groove.
Below in centre is	The Unroofed Sacral Canal.
Lateral Borders.	
Each presents above	An *Auricular* Surface in front; A *Ligamentous* behind.
Each presents below	A Narrow Edge, And a deep Notch for fifth Sacral Nerve.
Base.	All the parts seen on a view of an upper surface of a Vertebra; Body, Arch, Pedicles, Laminæ, Spinous Process, Notches, Articular Processes, also Alæ of Sacrum.
Apex.	Smooth Concave Surface for Coccyx.

To see the structure of the Sacrum an antero-posterior vertical section should be made. The Bodies are then shown to be composed in the interior of spongy tissue surrounded by a thin layer of compact tissue. Between the first two Vertebræ always, and between the others sometimes, may be observed a space filled with soft Intervertebral Substance, the bones being only united circumferentially. In some specimens the anterior surface of the Sacrum exhibits a wide interval between the First and Second Sacral Vertebræ, and these Vertebræ appear to be joined at an angle which may be mistaken for the Sacro-Vertebral Angle. It is interesting to observe that in Man the Sacrum joins the Ossa Innominata by means of the anterior transverse processes or Ribs belonging to its three upper segments. In some of the Mammalia only one Sacral Vertebra joins the Ilium, and in the others, as in the adult Chimpanzee, there are only two. The larger number of elements entering into the Pelvic Arch in Man has evident reference to the increased strength of articulation required for his adaptation to the erect posture. Other features of the Sacrum peculiar to Man are its great proportional breadth, its double concavity on its anterior aspect, the suppression of its Spines, and the large size of the Sacral Foramina.

The Sacrum varies considerably in different Skeletons. If its first Vertebra does not join the others, but remains separate and forms part of the Lumbar Curve, the Sacrum is reduced to four Vertebræ; and, without actual separation, the first Vertebra may slope backwards from the second, and have its Spinous Process, Laminæ, Transverse and Articular Processes, distinct.

On the other hand the process of fusion may have gone so far as to involve the last Lumbar Vertebra.

The Spinous Processes vary much. They may be altogether wanting, with or without deficiency in the Laminæ, or the First Spinous Process may be wanting, accompanied by want of union of the Laminæ.

The affection known as Spina Bifida, which is the result of deficiency of the Laminæ and Spines of the Vertebræ is most common at this spot. In some specimens the Laminæ of the first Vertebra are united, but each developes a separate spine. In others the Sacral Canal is open to too great an extent below, or even in its whole extent, like a narrow gutter (*a*).

The curve of the Sacrum is stated by Mr. Quain (*b*) to present three chief varieties. In one set of bones the anterior surface was nearly straight. with a slight curve at the upper end; in a second the curve was nearly uniform and considerable in the whole length; in a third set the curve chiefly affected the lower end, the upper end being straight. The curve gives us little assistance in determining the sex. Indeed, as stated by Mr. Harrison in his excellent manual, the *Dublin Dissector*,—"The sexual characters are uncertain and very differently stated by different writers" (*c*). Those most relied on are the greater width and smoothness of the female sacrum, and its curvature being less in degree, and chiefly confined to the lower end. Its greater inclination backwards can only be observed when it is articulated, and then the features of the other bones of the Pelvis would serve to determine the sex. The conclusion is that "we cannot always determine to which sex a detached Sacrum belongs."

The *Coccyx* need not detain us long. It is a degenerate appendage, noted chiefly for negative characters; the possible basis of an undeveloped tail, a link which binds us to the brute creation. Consisting of four, sometimes five, ankylosed Vertebræ (*d*), and triangular in shape, it presents two Surfaces, two Borders, an Apex and a Base. Of the Surfaces the Anterior is slightly concave in continuation of the Sacral Curve, and indicates by three grooves the composite nature of the bone, while the Posterior is convex and exhibits, in addition to transverse grooves between the bodies, vertical rows of tubercles, representing the Articular Processes. The upper pair of Articular Processes being prolonged to meet the Cornua of the Sacrum, are called the Cornua of the Coccyx. Both the Anterior and Posterior Surfaces are covered by the Sacro-Coccygeal Ligaments.

The Borders present little eminences, representing Transverse Processes, separated by Notches, indicative of the points of junction of the Vertebræ. The First Coccygeal Vertebral has long Transverse Processes, which may curve upwards to meet the lateral part of the Sacrum as already described. The Borders attach the Sacro-Sciatic Ligaments and Coccygeal Muscles.

The Base is an oval surface joined by fibro-cartilage to the Apex of the Sacrum. The Apex is either Tubercular or Bifid, and attaches the Sphincter Ani Externus and Levatores Ani.

The anatomy of the bone and the gradual degeneration of the Vertebræ may be thus exhibited:—

Bodies—Present in all.

Arch and *Hole*—None. *Pedicles*—None. *Laminæ*—None.

Notches—Only in the first Vertebra. *Foramina.*—None.

Transverse Processes—Rudimentary in the first three.

Articular Processes—Rudimentary in the first three, the upper pair being developed into projections called the Coccygeal Cornua.

Spinous Processes—None.

In applying the terms "degeneration" and "degradation" to the Sacrum and Coccyx I by no means intend to give in my adhesion to any particular theory of organisation, but simply to express the fact of the gradual obliteration of the characteristic features of the Vertebræ, at the lower end of the Column. This alteration corresponds entirely to the conditions of human existence; and equally in accordance with *their* requirements is the elevation and development of the Coccygeal Vertebræ in other animals—whether in forming an organ of locomotion or support, or in acting as a prehensile instrument comparable to the Human Hand. There is no part of the body which presents more interesting and instructive modifications than the Coccyx.

In number the Coccygeal Vertebræ may range from 2 in certain Bats to 270 in some of the Sharks. Among the Mammalia the Long-tailed Pangolin has 46. Some Oppossums with prehensile tails have 46, some Baboons 31, some Spider Monkeys 33, and the Kangaroo 21 to 25. In some animals, moreover, the Coccygeal Vertebræ are as perfect and moveable as in the other regions, or even superior in both respects. It requires, therefore, a survey of the Vertebrate Sub-kingdom to do adequate justice to the merits of the Coccyx.

"The division of the Vertebræ," says Mr. Mivart, "into *true* and *false* is seen to be a very arbitrary one when we extend our view, as all are 'true' in Serpents, and those which are 'false' in Man are 'true' even in some members of his own class, *e. g.*, the Cetaceans. On the other hand, many Vertebræ which are reckoned to be 'true' in him are 'false' in other animals. Thus in Birds the process of anchylosis invades the lumbar and dorsal Vertebræ. In Tortoises all the trunk Vertebræ are fused, and therefore 'false;' while in the Glyptodon none of the Vertebræ except the Coccygeal can be said to be 'true' ones. Again, Vertebræ may be more thoroughly false than even in Man, as in the Sacrum of the Rhea (or American Ostrich), where between the hip-bones they abort and are represented only by a long narrow strip of bone. Degradation is a constant character of the last Vertebræ in all classes of Vertebrates" (*a*).

A brief notice of the nomenclature of the False Vertebræ may not inappropriately terminate this lecture. The term Coccyx is derived from the Greek word κοκκυξ, a cuckoo, an appellation assigned to that unnatural bird on account of the amorous and familiar cry (*b*) which not ungratefully salutes our ears in the spring. The Coccyx, however, is so named, not on account of any emitted note, although according to Dr. Ramsbotham "it is called vernacularly the Huckle or Knuckle and even the Whistle Bone," but from a fancied resemblance to a Cuckoo's beak, which is more or less arched and slightly cleft (*c*). In our common variety of Cuckoo the beak or bill is black, strong, and curved. The English Cuckoo is the more interesting to us because its habits were investigated by Dr. Jenner and recorded by him in a paper in the "Philosophical Transactions." Observing these habits the Romans applied the word Cuculus, Cuckoo, first as a term of reproach, and then to the adulterous husband because he acted like the Cuckoo, who drops his eggs in another birds nest, whilst the victimised husband was called Cucurra or Hedge Sparrow, the bird whose nest was often selected by the Cuckoo for the residence of its young, and who in happy ignorance educated the supposititious brood.

With the Grecian Gods, adultery was no uncommon recreation, and Jupiter is said to have transformed himself into a Cuckoo in order to secure the affection of Juno. Our English word Cuckold, means one who has been served as the Cuckoo serves other birds, and to judge from the frequency with which the allusion occurs in Shakespeare, Jonson, and many other writers, especially the dramatists, it would appear that the state of morals in our country was not very exemplary in the 17th and 18th centuries.

Looking at the secondary meaning of the terms Cuculus and to the anatomical relations of the Tail-bone, I am inclined to think that the application of the name Coccyx had as much to do with Cuckoldom, as to a supposed resemblance of the Coccyx to the beak of the bird in question. At all events, it is singular that married men, whose wives have been unfaithful, should have been popularly invested with Horns, and that the term Horns has been applied to the processes projecting upwards from the Coccyx. Of this point I have met with no explanation at present, indeed the origin of Horns, as the badge of Cuckoldom, has been learnedly discussed in many works without definite result.

(*a*) South's Art. "Anatomy," *Encyclopædia Metropolitana.*

(*b*) Quain's "Anatomy." Fifth Edition, Vol. I., p. 16.

(*c*) *Dublin Dissector*, Vol. II., p. 71.

(*d*) Professor Humphry gives five as the normal number of the Coccygeal Vertebræ. *Op. cit.*, p. 456.

(*a*) Lessons on Elementary Anatomy, p. 39.

(*b*) The Cuckoo is silent some time after his arrival. By some the female is said to be mute, while others assert that the note is alike in both sexes, and it has been remarked that early in the season the note begins with a minor third, ascends to a major third, next to a fourth, then to a fifth, after which his voice breaks and he does not attain to a minor sixth. The note of the Cuckoo is a call to love, and he sits on the bare bough of a tree repeating his song, which he loses when the amorous season is over. This note is so uniform that the name seems to have been derived from it; and thus we have in the English Cuckoo, in the French Cou-cou, in the Italian Cuculo, in the German Kuckuk, the Latin Cuculus, and the Greek Κοκκοξ.—"Encyclopædia Metropolitana." Article, "Cuckoo." [I am indebted to this source for much of the information in the text.]

(*c*) Generic Character of Cuculus.—Beak more or less arched and slightly cleft. Nostrils surrounded by a naked skin, tail cuneiform, consisting of ten feathers and in some species twelve; toes, two before and behind.

In turning to the Sacrum, we reach a higher and a purer atmosphere, but no great certainty as to the true meaning of the term. Dr. Ramsbotham, in a learned appendix to his work on "Obstetric Medicine and Surgery," has discussed the subject at length, and gives the various explanations which have been offered. They may be thus epitomised :—

1. Because the Sacrum or the parts around were offered up in Sacrifice. For this there is no authority, and the ancients either sacrificed the whole animal or the entrails alone.

2. Because it is the largest bone in the Spine. Rufus Ephesius, a great Greek authority on Anatomical names, says, "We call it the Sacred bone after the Ancients, who called large things Sacred."

3. Because it supported the lower bowel and organs of generation which were held Sacred.

4. Because it was supposed to perform some Sacred and mystical office in labour, opening by Divine power, and shutting again.

5. Because it supported the *Secret* parts, the term Sacer meaning Secret as well as Sacred.

6. Dr. Ramsbotham would trace the Greek term ἱερον Sacred, applied to the Bone before the time of Hippocrates, to a Hebrew root Heron or Herun, signifying conception and gestation, transferred to the Greek language. He thinks that the Greeks derived the name of Juno Ἡρη from the same root, Juno Lucina being the president of parturition. In this connection the ἱερον ὀστεον, or Sacrum, would mean the bone connected with the "organs of generation, and chiefly affected by the throes of parturition."

Butler, in his "Hudibras," assigns the origin of the word to a superstition of the Jews, which arose after the Christian Era. Although hackneyed, the passage may be quoted again. It was regularly quoted by my predecessor and teacher, Mr. John Adams, the best lecturer on Anatomy of his day.

> "The learned Rabbins of the Jews,
> Write there's a bone which they call Luz;
> I'th rump of man of such a virtue,
> No force in Nature can do hurt to.
> And therefore at the last great day,
> All th' other members shall they say
> Spring out of this, as from a seed
> All sorts of Vegetals proceed;
> From whence the learned sons of art,
> Os Sacrum justly call the part. Canto ii. Part iii.

A similar superstition existed among the Mahommedans, who held the lower part of the Spine Sacred, and Mahommed taught that a man's body is entirely consumed in the Earth with the exception of the Os Coccygis, which would remain uncorrupted till the last day, as a seed from whence the whole could be renewed.

It is quite possible that none of the explanations offered may be correct. None of them take account of the importance of the bone in an architectural point of view, the keystone of the Pelvic arch, the pedestal, or "Basilar Bone" by which the whole Vertebal Column and the upper part of the Body are upheld.

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The Medical Press

RETROSPECT

OF

MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. III.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of MEDICAL PRESS AND CIRCULAR. (*All rights in connection with these Reports are reserved.*)

ANATOMY AND PHYSIOLOGY.

BEAUNIS, H.—"Programme du Cours Complémentaire de Physiologie fait à la Faculté de Médicine de Strasbourg." Paris.

PHYSIOLOGICAL CHEMISTRY.

LUSSANA, F.—"On the Origin of Fibrin." *Lo Sperimentale*, Dec., 1872.

BECHAMP, M. A.—"On the Spontaneous Alcoholic and Acetous Fermentation of the Liver, and on the Physiological Alcohol of Human Urine." *Acad. des Sci.*, Dec. 30, 1872.

HISTOLOGY.

FORT, J. A. — "Traité Elémentaire d'Histologie." Deuxième Ed. ; Paris, 1873.

ORGANS OF LOCOMOTION.

HEITZMANN, O.—"Observations on Bone and Cartilage." *Vienna Med. Jahrb.*, Vol. 4, 1872. Dr. Heitzmann considers, firstly, the cellular elements of normal bone; secondly, the changes of bone in inflammation ; thirdly, the formation of blood in inflamed bone ; fourthly, the structure of hyaline cartilage ; fifthly, the formation of blood and bone from cartilage ; and, lastly, he makes some valuable observations on inflamed cartilage. For a very careful summary of his researches the reader is referred to Dr. Klein's article in *Med. Record*, Jan. 29 and Feb. 5.

OLLIER, M.—"Experimental Researches on the Mode of Growth of Bone." *Arch. de Physiol.*, Jan.

DURAND, J. P.—"On the Normal Torsion of the Humerus in Vertebrata." *Acad. des Sci.*, Dec. 23, 1872.

BESWICK-PERRIN, J.—"Record of Irregular Muscles noticed in the Dissecting-Room at King's College, London, during the session 1868-69, 1869-70, 1870-71." *Med. Times and Gaz.*, Jan. 11, &c.

BLOOD.

MATTHIEW AND URBAIN.—"On the Gases of the Blood." Physiological experiments on the circumstances under which their proportions vary in the arterial system. *Arch. de Physiol.*, No. 9, 1872.

CIRCULATION.

STRICKER.—The *Med. Times and Gaz.*, Jan. 11, quotes the results obtained by Stricker and communicated by him at the meeting of the Gesellschaft der Aerzte, Vienna, Dec. 13, 1872, relative to the temperature of the heart and lungs. He finds that the blood is cooled by the lungs; that there is a difference between the temperature of the wall of the left ventricle and that of the contained blood; that the chief source of the generation of heat is in the muscles of the cardiac ventricles ; and, lastly, that temperature is highest in the walls of the left ventricle, then in those of the right ventricle, then in the blood of the right ventricle, and then in the blood of the left ventricle. The last fact is explained by the blood of the right ventricle not being passed through the lungs.

BRADLEY, S. M.—"Tricælian Human Heart." The heart consisted of two auricles and one ventricle, from which a single artery arose, giving off first of all two pulmonary arteries, and then pursuing the ordinary course of the aorta. There was no trace of a ventricular septum. The case was one of arrested cardiac development about the ninth week of intra-uterine growth. *Brit. Med. Journ.*, Jan. 11.

LANDOIS, L.—"The Doctrine of the Arterial Pulse. ("Die Lehre von Arterienpuls.") Berlin.

HEUBNER—"Researches on the Special Distribution of Intra-Cranial Arteries." *Centralblatt*, Dec. 7, 1872. This paper is the subject of a leading article in the *Brit. Med. Journ.*, Jan. 25th, in which Heubner's conclusions are very carefully detailed.

RESPIRATION.

ONIMUS.—"Action of the External and Internal Intercostals." *Soc. de Biol.*, Jan. 11.

NUTRITION.

VOIT.—"On the Nutritive Value of Gelatin." *Zeitschrift für Biologie*, Vol. 8. Voit's experiments go to prove that gelatin lessens the consumption of albumen in the organism, and hence that less albuminous food is needful when given with gelatin; the power of gelatin in this respect exceeds that of fats and carbo-hydrates. Dr. Brunton has given a most comprehensive *résumé* of Voit's views in the *Medical Record*, Jan. 22.

Voit, Carl.—"The Importance of Lime in Nutrition." *Zeitschrift für Biologie*, Vol. 8, Part 3, 1872.

Brucke, E.—"On the Mode in which the Carbo-Hydrates are Digested and Absorbed." *Wiener Sitzungsberichte der Mathem. Naturw. Cl.*, Vol. 56, Part 3. Brücke's views are detailed by Dr. Ferrier in the *Med. Record*, Jan. 22.

INNERVATION.

Fournier, E.—"Experimental Researches on the Function of the Brain." Paris.

Ranvier, M. L.—"On the Degeneration of Nerves after Section of them." *Acad. des Sci.*, Dec. 30, 1872.

Arloing and Tripier.—"Contribution to the Physiology of the Vagus Nerve." *Arch. de Physiol.*, No. 9, 1872.

Schiff, M.—"The Vagus Nerve as an Accelerator of the Movements of the Heart." *Lo Sperimentale*, Nov., 1872.

Prevost, M. J. L.—"On the Distribution of the Chorda Tympani." *Acad. des Sci.*, Dec. 30, 1872.

Vulpian.—"Consequences of Section of the Chorda Tympani." *Soc. de Biol.*, Jan. 11.

Schlesinger.—"On Reflex Movements of the Uterus." Dr. Schlesinger's experiments would seem to prove that uterine movements may be induced by reflex excitation of the centre. *Stricker's Med. Jahrb.*, 1873, Vol. 1.

REPRODUCTION.

Neumann, E.—"The Development of the Spermatozoa." *Centralblatt für die Med. Wissenschaften*, Dec. 28, 1872.

MEDICINE.

MORBID STATES OF THE BLOOD.

Mosler, F.—"Die Pathologie und Therapie der Leukämie." Berlin. ("The Pathology and Therapeutics of Leukæmia.")

GENERAL DISEASES.

Schueppel, O.—"On the Origin and Structure of Tubercle." Dr. Schueppel's views are very fully discussed by Dr. Cayley in the *Med. Record*, Jan. 22 and 29, and his views as to the identity of tuberculosis in man with the cattle-disease known in Germany as the "pearl-sickness" are fully recorded in a leading article in the *Med. Times and Gaz.*, Jan. 11.

Parrol.—"Inoculation of Tuberculous products." *Soc. de Biol.*, Jan. 11.

Adams, Robert.—The second edition of Dr. Adams' well-known work "On Rheumatic Gout or Chronic Rheumatic Arthritis of all the Joints" has just been issued.

Dujardin-Beaumetz.—"On Propylamine in the Treatment of Acute Articular Rheumatism." *L'Union Med.*, Jan. 16 and 18. The statements of this author and others who have used the propylamine lead us to think that in it we have a most useful agent in the treatment of rheumatism.

Mussy, N. G. de.—"Clinical Lessons on the Treatment of Rheumatism." *L'Union Med.*, Jan. 9, 14, and 28.

Peacock, Thomas P.—"On the Blister Treatment of Rheumatism." *Brit. Med. Journ.*, Jan. 18. Dr. Peacock regards this treatment as essentially curative, operating apparently as an outlet to the *materies morbi*, as well as alleviative.

Picot, Constant.—"On Acute Rheumatism and its Diverse Manifestations among Children." (Du Rheumatisme Aigu et de ses Diverses Manifestations chez les Enfants.") Paris.

FEVERS.

Blatin.—"On Small-Pox." *Bull. Gen. de Ther.*, Dec., 1872.

Russell.—"On the Modifying Influence of Vaccination." *Glasgow Med. Journ.*, Nov., 1872.

Silbergleit.—"On the Employment of Liquor Ferri Sesquichloride in Small-Pox." *Berl. Klin. Wochen.*, Dec. 9, 1872. He has used it with advantage in cases where the throat affection was one of the worst symptoms. He gives twenty to thirty drops of it with glycerine every hour.

Zuelzer, W.—"On the Pathology and Therapeutics of Variola." *Berl. Klin. Wochen.*, No. 51, 1872. Dr. Zuelzer records some most interesting cases of severe hæmorrhagic small-pox, which he considers as quite distinct from those cases in which the hæmorrhage follows the usual eruption. He thinks that in the pustular small-pox dessication can be hastened, the skin protected, and risk to life and appearance diminished by members of the benzol series, of which he prefers xylol. We must refer the reader to Dr. Woodman's very careful account of Dr. Zuelzer's investigations in the *Med. Record*, Jan. 29.

"Causation of Enteric Fever." Leading article *Med. Times and Gaz.*, Jan. 25.

Lubanski, M.—"Pernicious Attack in the Course of Typhoid Fever." *Lyon Med.*, Jan 5.

Bouchardat.—"On the Etiology of Typhus Fever." *Acad. de Med.*, Jan. 6. He confutes Chauffard's view, who regarded it as a matter of race. M. Bouchardat, on the other hand, contends that its chief factors are famine and overcrowding.

Colin, M. L.—"On the Migration of the Blood-Pigment through the Vascular Walls in the Venosity of Marsh-Fever." *Acad. des Sci.*, Dec. 30, 1872.

DISEASES OF THE ORGANS OF CIRCULATION.

Chapman, S. H.—"Researches on Pericarditis." *Amer. Journ. of the Med. Sci.*, Oct., 1872. Dr. Chapman's researches are confirmatory of Stricker's view that in inflammation all living cells can change by division into pus cells.

Daldy, Thomas Mee.—"On Disease of the Right Side of the Heart." Dr. Mee Daldy urges the importance of a more careful consideration of disease of the right side of the heart during life. *Brit. Med. Journ.*, Jan. 25.

Fayrer, J.—"On Fibrinous Concretions in the Right Side of the Heart as a Cause of Death after Surgical Operations." *Med. Times and Gaz.*, Jan. 18. This is an extremely interesting and suggestive paper.

Peacock, T.—"Disease of Aortic and Mitral Valves with Embolism of Right Middle Cerebral Artery." *Path. Soc. Lond.*, Jan. 18.

Freidreich, A.—"Traité des Maladies du Cœur." Paris. ("Treatise on Diseases of the Heart.")

Huret, A.—"Tribut à l'Histoire de l'Embolie des Artères Vertébrales." Paris. ("Contribution to the History of Embolism of the Vertebral Arteries.")

Tomkins, A. Wellesley.—"Case of Hæmorrhage into the Peritoneal Cavity." *Brit. Med. Journ.*, Jan. 11.

DISEASES OF THE ORGANS OF RESPIRATION.

Franck.—"Encysted Effusion of the Pleura simulating in its Course and Symptoms a Cavity of the Lung." *Bordeaux Med.*, Jan. 5.

Lilly, J. H.—"Empyema Treated Successfully by Pneumatic Aspiration." *Glasgow Med. Journ.*, Nov., 1872. Over eight gallons of fluid were removed.

Thaon.—"Bayle's Granulation and Chronic Granular Phthisis." *Soc. de Biol.*, Jan. 11.

DISEASES OF THE LIVER.

Peacock, T.—"Obstruction of Portal Vein with Atrophy of the Liver." *Path. Soc. Lond.*, Jan. 7. The thrombus in this case was apparently partly an outgrowth.

DISEASES OF THE KIDNEYS.

Garrod, A. B.—"On Renal Calculus, Gravel and Gouty Deposits, and the Value of Lithium Salts in Their Treatment." *Med. Times and Gaz.*, Jan. 25 and Feb. Dr. Garrod contends that as agents to prevent the deposition of uric acid or its salts in the cavities or tissues of the body the lithium salts are of great value.

Johnson, George.—Dr. Johnson is communicating to the *Brit. Med. Journ.* a series of lectures "On the Pathology Diagnosis and Treatment of Bright's Disease." The first lecture (Jan. 4 and 11) is devoted to the minute anatomy and physiology of the kidney, the physical characters of the urine, the mechanism of albuminuria, the mode of testing for albumen, the history and definition of the term "Bright's Disease," proofs of its constitutional origin and the changes which occur in the gland cells of the kidney. He shows how changes in the basement membrane of tubes and Malpighian corpuscles are often misinterpreted; he alludes to the fact that during the progress of the disease, changes in the blood-vessels in the kidneys and other organs occur later and less constantly than in those which affect the secreting tissue of the gland; he draws attention to the great diagnostic value of morbid products appearing as tube casts in the urine; and, finally, he indicates the mode of examining urinary sediments. The second lecture (Jan. 25 and Feb. 1), is devoted to the consideration of the general symptoms of acute Bright's disease, the microscopic appearances of the urine, the morbid anatomy of the kidney, the physiology of the morbid process, the varieties of acute Bright's disease, the changes in the blood, the etiology, diagnosis, and prognosis.

Dr. Johnson, in reply to Dr. L. Beale, also writes a brief paper in the *Brit. Med. Journ.*, Jan. 18. He suggests a mode of demonstrating arteries with increased thickness of true muscular tissue in their walls. "Let a section of one injected healthy kidney be compared with one from an injected small granular kidney. The size of the canals of the afferent Malpighian arteries and the normal thickness of their walls are both well known and remarkably uniform. A comparison of these particular arteries from the two kidneys will show that, while the canals may be of equal size in the two specimens, the muscular walls are more than twice the normal thickness in the diseased kidney.

Ollivier, A.—"On Hæmato-Fibrinous Pyelo-Nephritis." *Archiv. de Physiol. Norm. et Pathol.*, Jan. The case recorded is worthy of study. The patient, æt. 72, had persistent hæmaturia for six years for which no cause could be assigned. He died of bronchitis. The autopsy revealed the following appearances in the right kidney:—On section it was found to be converted into a series of variously sized pouches filled with fibrinous coagula; when these clots were removed the kidney appeared to consist merely of a cavity divided into cells by septa, corresponding to the divisions between the original lobes. The supposition is that the hæmorrhage was due to rupture of the aneurismal arteries, and that by the coagulation of part of the blood in the pelvis of the kidney the calyces first were distended and then the entire kidney, the secreting tissue becoming atrophied by compression.

DISEASES OF THE NERVOUS SYSTEM.

Bourneville.—"Clinical and Thermometrical Studies on Diseases of the Nervous System." Paris.

Anstie, F. E.—In a short paper in the *Brit. Med. Journ.*, Jan. 18, Dr. Anstie briefly recapitulates his views as to the pathology of "Sick-Headache" as follows:—"Migraine is almost the only neuralgia of the period of bodily development, and depends on inherited defects in the nutrition of the medulla oblongata, and is intimately mixed up with, and frequently interchangeable with, other and more formidable nervous diseases, which are also the results of similar defects in the nutrition of the medulla; and it is, so to speak, a matter of chance whether a person born of a certain race will have migraine, epilepsy, or asthma."

Clarke, Lockhart.—At the *Clin. Soc. Lond.*, Jan. 10, Dr. Clarke brought forward an interesting case of cysts in the cerebellum.

Jeffroy.—"Note on the Differential Diagnosis between Labio-Glosso-Laryngeal Paralysis of Bulbous Origin and of Cerebral Origin." *Soc. de Biol.*, Jan. 11.

Gombault.—"Note on a Case of Spinal Paralysis of the Adult." *Archiv Gen. de Physiol.*, Jan.

Vulpian.—"On Lesions of the Spinal Cord in Muscular Atrophy and Paralysis consequent on Small-Pox." *Archiv. de Physiol.*, Jan.

Westphal.—"Affections of the Spinal Cord in Paraplegia consequent on Small-Pox." *Berl. Klin. Wochen.*, No. 47, 1872.

Charcot.—"Some Anomalies of Locomotor Ataxy." *Mouv. Med.*, Nos. 12 to 18, and 20, 22, and 24, 1872, Jan. 4, 1873.

Thompson, Henry.—"Clinical Lecture on a Fatal Case of Chorea." *Med. Times and Gaz.*, Jan. 18.

DISEASES OF THE SKIN.

Hutchinson, Jonathan.—"Selected Extracts from Clinical Lectures on Disease of the Skin." *Med.. Times and Gaz.*, Jan. 18.

Bassereau, E.—"Eczema Rubrum: Importance of its Diagnosis." *Jl. de Med. et Chir.*, Jan.

For want of space the conclusion of this Retrospect is held over until our next. The subjects being Surgery, Midwifery, Diseases of Women and Children, Medical Jurisprudence, Hygiene, and Therapeutics.—Ed.]

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 14th February.

The President of the Royal College of Surgeons, Dr. Kirkpatrick, in the Chair.

Dr. John Barker exhibited a

REMARKABLE TUMOUR

which had been sent to him last week by Dr. Ffrench Mullen, Assistant-Surgeon in the Bengal service. Dr. Mullen had sent it up to the museum of the College and was anxious to get Dr. Barker's opinion of it. The specimen was so strange, not only on account of its size (considering that it had been removed from the rectum), but from its contents, the size and folded state of the pedicle by which it was attached, and the peculiar nature of the cyst of which it was composed, that he thought it right to ask Dr. Mullen to supply him with further particulars of the case in order that he might bring it before the Society. Dr. Mullen had kindly complied with his request and sent him the following account of the case:—

On the 2nd inst., at the request of my friend, Dr. C. Nicolls, the dispensary Medical officer here, I went to see for him a poor woman who had been confined on the morning of the previous day, having been attended in her labour by the district midwife.

I found the woman rather weak and very desponding. She said she had no sleep since the birth of her child, and had suffered a good deal from a pain in her side. She was, she said, afraid she'd never recover, as "something had come down from her." Before making an examination I ascertained the following facts regarding the patient. She was a stoutly-built, healthy-looking woman, æt. about 39, had had three children before, and had no unusual trouble at her confinements. For a month or so before this last, the fourth child, was born, she had suffered from severe diarrhœa and had been much troubled by piles. This last labour had been longer and more painful than any of her previous ones. Her child was born at full time, is well grown and well nourished. The afterbirth, which was shown me, came away all right and within the usual time. The pulse I found to be 85 and fairly well filled; respiration, 18—full and strong.

On examination I found the large tumour shown, protruding from the anus, and on passing the finger into the rectum, I discovered that the flattened band-like portion was continued up the gut much farther than I could reach, and that it was not in any way attached to the walls of the rectum, at least within the 3½ inches or so I could explore. The walls of the rectum and vagina were, so far as I could ascertain, uninjured. I confess to having felt and feeling puzzled as to what the tumour was and where it came from, and under the circumstances refrained from interfering with it until I should have had the benefit of Dr. Nicoll's opinion on the matter. On the following day, the 3rd, we saw the case together, and after giving it our best consideration, concluded to do no more in the woman's then weak state than remove all that portion of the tumour. if tumour it can be called, which lay without the anal sphincter, and this accordingly was done. A strong ligature was passed round the tumour as close to the anus as possible, and then a single cut removed the portion now before the Society. From the part removed about ℥iij. of dark venous-looking blood drained out.

As I have neither read of nor seen a similar case I refrain from advancing any theory or opinion regarding this, but content myself with simply laying before the Society the portion of the tumour removed and the above notes of the case for the hurried and imperfect nature of which I venture to ask your forbearance.

Dr. Barker proceeded to say that the contents of the tumour were of a sebaceous character and full of small hairs. He examined these in the microscope, and they polarised light, showed the central axis and epithelial characters of hair, but without bulbs. One portion of the cyst of the tumour was bony. There were also on the pedicle and along the tumour several small cysts, containing a clear fluid. The flattened pedicle, its folded-up nature, and the non-malignancy of the whole, struck him as very peculiar, and well worthy the attention of the Society. Dr. Barker stated that, in his opinion, there were three sources from which this tumour might arise. It might be a tumour from the upper portion of the rectum or the colon, or a mesenteric tumour which might have pressed itself through; it might arise from a portion of the contents of the bowel, which had become encysted; or, lastly, though very strange to say it, it might be an ovarian cyst. It was very like the ovarian cysts in the Museum, three of which were now on the table. A quantity of hair was often found in ovarian tumours. The cyst was sometimes bony, and generally full of sebaceous material. He was not aware of tumours containing hair being found in any situation in the body except in the scalp and its neighbourhood, or in the ovarium. He had examined carefully with the microscope the hair contained in this tumour and hair from the ovarian cysts in the Museum, and he found they were somewhat allied. There was one point that struck him as peculiar,—there were no bulbs in the hair found in this cyst, and in some respects it differed from adult human hair. He did not say this was an ovarian cyst, but it was very like one, and it occupied a very peculiar position. As a specimen of a tumour from the rectum he believed it to be unique. He had not heard whether the patient had recovered, but he would endeavour to obtain further particulars, and would bring the case before the Society again.

Mr. Kelly read a paper on

AMPUTATION IN TRAUMATIC TETANUS.

Which will be found *in extenso* at p. 201.

Dr. Morrison said he rose thus early to mention a case which bore strongly on the interesting communication just made by Mr. Kelly, as it was to him that Mr. Kelly alluded. A good many years ago, on Christmas Day, in the immediate neighbourhood of Newry, a boy, æt. 14, was firing at birds with an old rusty pistol which burst and took off the thumb of the right hand. He was seen soon afterwards by a medical man, who removed the two phalanges and dressed the wound as usual. All went on well till the tenth day, when tetanic symptoms set in. He (Dr. Morrison) saw him on the eleventh day. He was then labouring under the usual symptoms of tetanus, rigid muscles at the back of the neck drawing the head backwards, and the muscles of the lower jaw were rigid, as were also the pterygoid muscles. He had the peering eye, the peculiar countenance, and the difficulty of swallowing characteristic of tetanus. He was advised to come into the Newry Infirmary, and he (Dr. Morrison) was to be there to meet him at a particular time. He set out at the proper time, but on the way the horse which was drawing the vehicle in which he was seated ran off and threw him violently to the ground, causing a very severe compound fracture of the right arm. The bones protruded a couple of inches, and it was a very bad case. This happened within twenty or thirty perches of the hospital, and he was immediately carried in by three or four men. He was very cold, pulseless, perfectly collapsed, and had lost a considerable quantity of blood. He was immediately placed in bed, surrounded with warm blankets, and bottles of hot water were used, and the other usual means resorted to. In about an hour reaction took place, when there was a fearful gush of blood from the wound, Unfortunately, there was no medical man present from whom he could obtain advice or assistance. Pressure was made on the wound and a tourniquet put on the brachial artery. He told the father and mother that it was a desperate case, and that only for the lock-jaw he would immediately amputate the arm, and that he would be inclined to do so in any case, even under the circumstances, although, he added, there was scarcely a chance of saving the boy's life. The man said he was told the hand should come away, but he did not expect the arm would be taken off. However, he consented, and the boy was put profoundly under chloroform, and the arm was amputated. He bore the operation well, the chloroform had a profound effect, and he never awoke until the arm was perfectly dressed. He was then put under the influence of laudanum and Indian hemp, given in doses as much as he could bear. There was no particular change in the tetanic symptoms for three or four days; they were neither better nor worse, the rigidity still continued, but there were no spasms. He was nourished by thin custard, beef-tea and gruel, in which there was a good deal of whiskey. Although there was great difficulty in swallowing, he got as much as sustained him. On the fifth day the muscles were slightly relaxed; on the sixth day they were more so; he gradually recovered, and in a month after he came in he was discharged cured.

Mr. Tufnell.—You amputated for the second injury. Had the case come into you without the second injury, would you have operated?

Dr. Morrison.—I should never have thought of amputating.

In reply to Dr. White, Dr. Morrison stated that there were no tetanic spasms after the patient's admission, but he saw him in spasms before his admission, and before the occurrence of the second injury.

Dr. Fleming thought they were much indebted to the gentleman who had brought forward this subject, and to Dr. Morrison for his graphic description of the interesting case that had come under his notice. It was important in considering the question of amputation, that they should be satisfied whether the case was one of genuine tetanus in the true meaning of the word, or merely one of trismus. If the latter, were they to attach the same importance to treatment by amputation as if the case were one of tetanus? He should like to know the condition of the abdominal muscles, and whether the power of flexion and extension of the lower limbs existed in the case described by Dr. Morrison? Some years ago he (Dr. Fleming) brought under the notice of the Society the case of a boy who died under his care in the Richmond Hospital of tetanus arising from an injury of the scalp. The question was raised in that case by Dr. Adams and others whether it was genuine tetanus, because that affection very rarely arose from an injury to the scalp.

In reply to the President, Dr. Morrison said, when he saw the boy on the eleventh day the abdominal muscles were quite rigid. There was always great difficulty in deglutition. The neck was forcibly drawn back, but after he came into hospital he did not see any spasm. There was tremendous shock from the second injury. The muscles never relaxed or became more rigid until the fifth day after his admission. The tonic spasm remained, and there was great rigidity of the pterygoid muscles, and of the muscles of the lower jaw, and of the back of the neck, but although rigid, they were not spasmodic. Whether it was the tremendous shock he got when he received the second injury, or the amputation which took away the *fons et origo mali*, or our genuine friend Nature, that did the work of curing the tetanus, he did not know, but he had told them the exact nature of the case.

Mr. Kelly said that by giving the patient some ten or twelve inhalations of chloroform there was caused a relaxation of the muscles of the jaw, so far that they were able to feed him and give him medicine. If ether had been available he would have given it to him, inasmuch as it was believed to act as a sedative to the motor nerves. Within the week in which this case occurred two other cases occurred in the hospital tending to show the epidemic character of the disease, and in a fortnight another case occurred in the

Mater Misericordia Hospitals. As to Dr. Fleming's remarks, he thought, considering the very imperfect knowledge they had of tetanus, they might set aside the distinction he raised between tetanus and the minor form of the disease called trismus. Dr. Fleming remembered a case in which the question arose whether a man died from trismus or tetanus, but if the man died, he thought it placed both diseases on an equality. With respect to Dr. Morrison's case, he thought the second injury, the compound fracture of the arm, would increase the liability to death from tetanus. He regretted he had not gained more information on the question of amputation in tetanus. He was strongly inclined to have adopted that course in the case he had brought before them, and he should have liked to have had the support of his seniors in any future case in which he might think that proceeding advisable.

The **PRESIDENT** said that some years ago he met with a very extreme case of acute tetanus which followed the insertion of an issue over the sacro-iliac symphysis. The man was suddenly seized with the most violent symptoms of tetanus. It was at the time the late Dr. Hardy brought forward an instrument to use chloroform locally by blowing the vapour on the part. He tried that very fully. He had a regular dress of oiled silk made and confined the man in a vapour of chloroform, and tried inhalation as well. It had a remarkable effect in prolonging life. The symptoms were so relieved that the man was able to take food, and his life was prolonged for fourteen days, although the case was of so violent a character that he thought the man could not have lived more than two days.

Dr. J. W. **MOORE** did not know whether Mr. Kelly was aware that Mr. Charles Macnamara, of Calcutta, had published some papers on the treatment of tetanus by heroic doses of hydrate of chloral. He had found the most satisfactory results to follow from chloral given in forty-grain doses. He gave one dose in the middle of the day or towards the afternoon, and if that did not quiet the patient sufficiently, he repeated the dose or gave one late in the evening. With that remedy and the free administration of milk and eggs, he had brought through a very large percentage of his patients among the native population of Calcutta. From one point in Mr. Kelly's case, nothing but a most unsatisfactory prognosis could be drawn, and that was the height of the thermometer, which during one of the spasms read 104 dgs. Mr. Macnamara had found that whenever the temperature exceeded 104 degrees, it was unfavourable, but when a moderate height was reached—100 or 101—the chance of recovery was very largely increased.

Mr. **KELLY** was aware of the paper published by Mr. Macnamara, but he considered that a forty-grain dose of hydrate of chloral was far from being an heroic one, for he had himself given twice the quantity without producing a soporific effect. The cases which recovered under Mr. Macnamara's treatment were cases of idiopathic tetanus occurring in a tropical climate, and they all knew that the mortality in idiopathic tetanus was not so great as that in traumatic tetanus, and it was to the latter that he wished to direct the attention of the Society. As to the temperature, it would be interesting to know whether Mr. Macnamara made his observations during the spasm or during the periods of intermission. If made during intermission he (Mr. Kelly) would look on an indication of 104 degrees as giving no chance of recovery, but if that height was reached only during the spasms, the probability was that his (Mr. Kelly's) view would coincide with Mr. Macnamara's.

Mr. **TUFNELL** said he had used chloroform very largely in tetanus. Some years ago he brought before that Society a case in which a young man, æt. 18, was taking down a hank of onions, and the hook caught him between the little and the ring fingers, the injury resulting in an attack of tetanus on the eighth or ninth day after the injury. He kept this patient for six days and seven nights under the influence of chloroform, causing him to inhale it and douching him with it by means of Hardy's apparatus, allowing him to come from under its influence occasionally in order to give him concentrated essence of meat by the rectum; and that person perfectly recovered. Last year he had a case of traumatic tetanus in the City of Dublin Hospital, and the man recovered under the influence of chloral and chloroform combined. He also had a case of idiopathic tetanus shortly before, which recovered by the use of chloral. With regard to nicotine, he had used it in tetanus from a compound fracture of the radius, and that case recovered; but in all these cases the great thing was to support life, to keep up the individual so as to give the disease time to subside. After his experience of chloral, chloroform, and nicotine, he was inclined to give the preference to the combination of chloral and chloroform, the latter by vapour and the former by the mouth, at the same time supporting the individual by wine and concentrated essence of meat.

Mr. **KELLY** said there was another remedy in tetanus, viz., the active principle of the calabar bean, which had the physiological principle of destroying the connecting power of the afferent nerves.

Dr. **PERSSE WHITE** thought some one should bear testimony to the value of a remedy which he believed every surgeon present who had tried it in these cases had found to be most useful—he alluded to the preparations of belladonna. It was the remedy used by the late Mr. Hutton, who was an able surgeon. A few years ago he (Dr. White) published two cases of traumatic tetanus that occurred in his practice. Both made good recoveries, and he had seen them both within the last few days in perfect health. The practice followed by him in those cases was that of the late Professor Porter, under whom he studied, combined with that of Mr. Hutton. He began the treatment with calomel and opium, and if he had a case to-morrow he would not depart from that treatment, although latterly the junior men were beginning to ignore mercury altogether. After he had touched the gums he then followed up the treatment with the steady use of belladonna.

The Society then adjourned.

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MEDICAL SOCIETY OF DUBLIN.

AT the meeting on Feb. 12th, 1873, Dr. **HENRY KENNEDY**, read a paper

ON THE "ÆTIOLOGY OF ENTERIC FEVER,"

in which is object was to show that the cause of this specific type of fever lay more in the constitution of the individual than in the outward causes; more particularly dirt (taking this word in its widest signification) to which so much weight has been attached. He supported his views by reference to a number of well-known facts; and more especially to what occurs in typhus fever, which he observed was much more fatal amongst the middle and upper classes than amongst the lower. Yet no one ever thought of these being different fevers. Something analogous, too, he stated, might be observed in the different mortality of typhus in London and Dublin; for it was known and admitted that in the former this fever was much more fatal than amongst ourselves. The various epidemics, too, of fever presented very marked differences, as all present were probably aware. Thus, that of 1817-18 presented a marked contrast with the one of 1847-48, which some amongst us recollected well. In none of the instances could the differences be attributed to varied poisons; and the author thought there were very good grounds indeed for supposing that they were mainly due to the general state of health of the people at the time being. In the same way he looked upon enteric fever as an affection which derived its peculiar symptoms mainly from the constitution of the patients. For very many years he observed that persons attacked with this type of fever were apt to have a fine skin, and high complexion. They were often, too, gleer-eyed, and, if children, had spots on their head. Many cases, too, had come under his notice where there were scars on the neck, and in point of fact, they were persons who, under any circumstances, would be looked on as delicate. This delicacy seemed to the author due to the strumous diathesis, and this view of the subject went far in explaining most, if not all, the peculiarities of enteric fever. The author then went on to draw attention to the hæmorrhages, and duration of the disease, and dwelt at some length, on the peculiar character of the lung complication, which so often showed itself in the progress of the fever. This complication not only often resembled tuberculous phthisis, but it ran, in a certain percentage of cases, into that disease. A gentleman in England, whose name he forgot, had recently detailed some cases of this kind. Besides, too, the author had himself met cases where phthisis supervened directly on the decline of the fever. But it was worthy of remark that no such occurrence had ever come under his notice in connection with typhus fever. The author then detailed a case in which the sequence of events was firstly the establishment of phthisis in a very unequivocal form; then a lull in the symptoms for a year; then an attack of enteric fever, marked by three crops of the spots of this disease, and finally the recurrence of the symptoms of phthisis, running its course with great rapidity. He also alluded to another case, which he saw with Surgeon Rogers, where, two years before an attack of enteric fever, the patient had been threatened with phthisis, attended by pulmonary hæmorrhage. The author then drew attention to the great similarity of the morbid state found in the ileum and mesenteric glands of a patient dying of enteric fever, and of one dying of phthisis. For his part, he could not distinguish them. In conclusion, the author said if the view he had advanced should prove to be correct, it would have a very important bearing on the prognosis and treatment of enteric fever.

The **Chairman** said they were all very much obliged to Dr. Kennedy for the very interesting and novel view of fever which he had expounded. He (the Chairman) would be glad to hear the views of any gentleman present on the subject. He thought he could corroborate the statement that the occurrence of thesis after pure typhus is exceedingly rare. He had not seen it as frequently after typhoid fever as he had after typhus.

Dr. **Darby** said the question of fever was of such great importance, and he had seen such a large number of cases of it during his life, that he could not allow the paper read by Dr. Kennedy to pass without some observations from him. The question appeared to him to be "What is Fever properly so-called?" He believed fever to be a disease that must take its course and terminate independently of all treatment. They could not stop any fever, no matter what they did if it was fever. If it were only systematic fever—if it were connected with a *strumous diathesis*—if it were not accompanied with *febrile* symptoms, it was not fever properly so-called. Fever affected the constitution, the system, the frame, the whole being of the individual, it set in, ran its course, and terminated altogether independently of anything they could do. They could guide a person through a fever, and might modify the symptoms by treatment, but they could not by that treatment stop it for one moment before the proper time. No, it would go away and leave the person as if he had not any disease. It was not an organic disease. As to separating them into two descriptions, they must look upon the complications what they called accelerated appearance of the head and skin—they are very fine strumatic. The great thing for them to consider was whether it was idiopathic fever or a systematic organic affection, and he believed they had not as yet, notwithstanding all their efforts, come to a clear understanding upon that point. With regard to what Dr. Kennedy had said on the subject of hæmorrhage, they were continually worried on that point because they had a quantity of hæmorrhage in febrile affections, in many cases in which there was true fever, and also in many in which there was no true fever. He had known cases in which there was a deal of purgation, perhaps a little crepatosæ, and perhaps they would find none at all. Hæmorrhage occurred, and man went through what some might call pneumonia, others might say it was fever, and so on, but the great fact in his (Dr. Darby's) mind was that when the time came all the failings suddenly disappeared, and the patient got well or died as the case might be. But the distinctive mark he (Dr. Darby) would make would be that if it were a fever there was no reason for it to disappear irrespective of treatment. He did not treat him with specifics, they sustained him by keeping up the physical powers, and suddenly all these local symptoms would disappear and the patient would get well. He thought there was a want of distinction between specific and other treatment in Dr. Kennedy's paper. It was a very valuable one no doubt, but he thought it did not guide them sufficiently to enable them to form a practical idea from it. He believed that there was not a year passed over but the cases of fever brought before them presented some modification of the disease compared with those that had been previously met with. He believed that a hard and fast line could not be drawn with respect to these cases, and he was also of opinion that there was no special disease or special organic affection which would induce a Medical practitioner to be very hard and systematic in his line of treatment. He (Dr. Darby) did not believe there was a distinction between enteric and typhus fever, and he believed they would have a type of fever present of an epidemic character, whether persons were strumous or not.

Dr. **Eames** said he would like to know what was the meaning of thesis?

Dr. **Grimshaw** observed that in the present state of Medical science he thought it would be very wrong to accept such a term as fever. They must call typhus and enteric by some right name or else they must drop the term altogether and distinguish them as separate diseases. That there was a difference he was perfectly satisfied. There were a great number of predisposing causes and exciting causes which might give rise to fever of all kinds. A certain number of predisposing causes, not only predisposed patients to fever of every type, but exposed them to every form of zymotic and other disease. He did not think because typhus and typhoid occurred in the same room that it showed that they arose from the same causes. Fevers, and symptoms of fevers, might be caused by over-crowding or living over a cesspool, but there was no reason that these should be considered identically on that account. He had found out that those localities, which were the favourite haunts of fever, also produced scarlatina, and in some cases measles, but also small-pox and cholera were most prevalent, and as far as he could learn they were never free from diarrhœa. Thirteen houses had produced two kinds of fever, and in all those houses cholera and small-pox had occurred. In a locality, known as Gill Square, the inhabitants nearly all died during the last visitation of the cholera, and scarcely a month passed without a case from that neighbourhood entering the Cork Street Hospital. Dr. Grimshaw then referred to the case of the town of Guildford, which he considered one of the most remarkable on record. In that town there were two water supplies, one a high level and the other a low. The high level came from a low part of the town by means of pumping arrangement at the bottom of a valley, towards which all the drainage of Guildford gravitated, and the water was polluted with the sewage. The water was pumped up to the higher part of the town. The people in the upper part of the town got typhoid fever, and those who lived in the lower part were free from the disease. By some means the water supply was stopped, and the typhoid fever ceased until the water charged with sewage was again supplied to the townspeople, when it broke out again. Strumous diathesis was a very difficult question to deal with. He could mention there 134 cases of typhoid fever, and in every case the people drank sewage from their own houses. He knew an instance of a large commercial establishment, in this city which was divided into three buildings, all separated and detached from one another, and situated in separate streets. One of these buildings consisted of the rooms where the pupils attended to receive instructions, and the other two were buildings in which all the female pupils resided, and in which a large portion of the male pupils resided, but not all of them. Where the class rooms were situated a certain number of male pupils resided. Enteric fever broke out among pupils attending these classes; none of the females were attacked, although several of them had strumous diathesis, and although he treated several for thesis. The males were attacked, no matter whether they lived near the class-room or not. The males used a set of water closets which the females did not use. The males drank from a water supply not very far from the water closets which the females did not use. The males got enteric disease and the females did not. Unfortunately, the people who got enteric fever formed every variety of skin and completion. There was no marked distinction between strumous nor strumous diathesis, and as to the liability to disease, they should take a look over the whole population of the country and find out the relative proportions of these two classes.

Some further discussion took place, and Dr. Kennedy replied.

The proceedings then terminated.

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DUBLIN PATHOLOGICAL SOCIETY.

[SPECIALLY REPORTED FOR THE MEDICAL PRESS AND CIRCULAR.]

FEBRUARY 21st, 1873.

Dr. **Quinlan** said the first case which he had to bring before the Society illustrated the fact, that while injuries and diseases of an apparently trivial character sometimes cause death, yet persons occasionally go about, and discharge their daily work while labouring under an amount of disease which would apparently render the continuance of life impossible. The patient under notice had been originally a soldier, and had served in India for about twenty years, until being discharged from the army on account of ague, he came home to this country about the age of thirty-four. He then obtained the situation of butler to a very eminent citizen, in whose employment he lived for several years. Although evidently delicate, he discharged his duties punctually and without complaint, and waited at table within twenty-four hours of his death. The next morning his fellow servants, noticing him look very ill, informed his master, who sent at once for his family attendant, who pronounced him in imminent danger, and had him removed to St. Vincent's Hospital, when he was found to be suffering from low pneumonia and pulmonary consumption. When admitted he was rapidly sinking, and died, in spite of every effort, nine hours after admission. A *post-mortem* examination showed, in addition to the pneumonia, which was the immediate cause of death, tuberculosis of both lungs, particularly the left. Both lungs were extensively infiltrated with tubercle, and contained several small cavities—several of them in the bases of the lungs. The kidneys were congested, and showed the ordinary appearance of fatty degeneration. The liver was healthy. The spleen, notwithstanding the old ague, was not more than twice the usual size. The second case was a fungous growth upon the inner side of the leg, just below the knee, of a boy aged seventeen, who had been operated upon for necrosis of the tibia, and from which a large sequestrum of bone had been removed. It was about the size of an orange, and bled copiously when touched, but did not cause pain. Dr. Quinlan removed it by the écraseur in nine minutes: tightening the chain rapidly in the beginning, and then proceeding more slowly. There was a great tendency to hæmorrhage, which was arrested by tincture of muriate of iron. A microscopic examination under 400 × showed numbers of cells with compound neuclei and neucleoli, also candated cells. It appeared to be a growth which originally benign was degenerating into malignancy. Since the operation the patient did well.

The meeting then adjourned.

At the last meeting of the Dublin Pathological Society, on Saturday, March 1st,

Dr. Kidd, in the Chair,

Dr. Bennett exhibited a specimen of fracture of the base of the skull and of the colloid process, as well as peculiar dislocation of the shoulder joint.

ACUTE TUBERCULOSIS.

Dr. Yeo showed the lungs, spleen, and kidneys of a female, æt. 52, who had been sent from the North Dublin Union to the Hardwick Hospital. When in hospital her breathing was very rapid (140—158); she had delirium, quick pulse, high temperature, incessant cough, and dark-coloured expectoration. She died seven days after admission, having been sick ten days before she came to hospital. The clinical diagnosis was asthenic broncho-pneumonia. *Post-mortem examination.*—The lungs were dense, heavy, and inelastic, and were throughout thickly studded with hard grey or yellowish spherical granules, varying in size from that of No 3 shot to the smallest point visible to the unarmed eye. The liver was large, pale, and fatty; the spleen was very large, and filled with small yellowish grains, more variable in size than those in the lung. The kidneys contained a number of small whitish bodies, the greater number in the pyramids; these tubercles were considerably larger than those in the lungs or spleen. Dr. Yeo thought it a good example of acute tuberculosis—the lungs, spleen, and kidneys being stuffed with recent milliary tubercles.

University of Dublin.—The following degrees were conferred on the 25th ult.:—*Bachelor in Medicine:* Robt. Nickel Denning, Richard John Kinkead, Robert Francis Russell, Thomas Arthur Woods, Brownlow Rudinge Martin, Frederick Simon Young.—*Master in Surgery:* John Edward Meredith.—*Doctor in Medicine:* Francis Edward Clarke, Mark Antony Fenton, Reuben Joshua Harvey, Eyre Jevers, Richard John Kinkead.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 5, 1873.

RAILWAY INJURY.

A TRIAL has just been concluded in the law courts, Dublin, in a case of railway injury, which has attracted a good deal of interest, as the amount, £1,300 has been considered larger than the awards usually given in Ireland, and the Medical condition of the patient was keenly discussed. Substantial damages have been constantly awarded in England, and such examples must have doubtless had a good effect in sharpening the interest of the railway companies in the good conduct of their lines; thus, we find a farmer of 35 awarded £5,775, a wine merchant of 43 £6,000, a gentleman (no occupation) of 50 £3,500. In our edition for Jan. 22, 1873, we have, on the other hand, a case recorded by Mr. Morgan, where a surgeon just commencing practice was severely injured in a railway collision, and yet was awarded but £650 by a jury in Ireland. On referring to the symptoms detailed in his case, as still continuing after an interval of many months, the sum was indeed insiguificant. The subject of the trial just concluded presented symptoms which were somewhat unusual, more particularly as to the form of paralysis from which the patient was suffering, being, according to the evidence, nervous paralysis, which was probably curable, in contradistinction to muscular paralysis which is unfortunately so seldom so. The muscular nutrition seemed unaltered. The Medical evidence was not agreed as to the then condition of the patient, and as to possibility, as broadly stated at the trial, that the injury was not permanent and that the patient was not "shamming."

The plaintiff was a young man, aged 27 years, a native of Liverpool, where he carried on the business of a factor in agricultural produce and cattle. On the 6th of March last, while travelling from the fair of Castleblaney on the defendants' line, he received some injuries from an accident that occurred at Inniskeen, and he sued the company for damages, laid at £2,500. From the facts it appeared that on the day in question he had paid for the carriage of some pigs by one of the company's waggons, and that he himself travelled in the van of the goods train that met the accident. The case made as to his injuries was substantially that he had lost from paralysis the use of his left arm and left leg, and that he was permanently disabled; and he was carried into court by three men, for the purpose of giving evidence, being apparently unable to move his lower limbs. The defence was that the plaintiff was a trespasser on the line, and was not entitled to recover, this being founded on an allegation that he had forced himself into the van of the goods train, when he should not have done so. It was also further alleged that he was "shamming" as to many of the symptoms which he professed to labour under. On the part of the plaintiff, Dr. Callan, Dr. Parker, of Dundalk, and Dr. Banks, of Dublin, were examined; and on the part of the company Dr. Davidson and Dr. Pusey, of Liverpool. By consent, a Medical inspection of the plaintiff was made on Friday evening by Dr. B. G. M'Dowell, F.R.C.S., Mr. G. H. Porter, Surgeon in Ordinary to the Queen, and Dr. Brunker. Dr. M'Dowell, in his evidence on Saturday, stated that he had applied galvanic and other tests, and he believed that the patient was suffering from nervous paralysis as distinguished from ordinary paralysis. The former malady was curable; the latter was rarely perfectly curable. There was insensibility to pain in the left arm and left leg of the plaintiff, and some insensibility in the right side also. The muscles of the limbs were in their original condition, but the power of using them did not seem to exist, and Dr. M'Dowell was of opinion that the plaintiff had not the power of using left leg or arm. He, however, expressed his view that in the result the plaintiff would be cured. Mr. Porter concurred in the evidence given by Dr. M'Dowell, and added, that under any strong excitement the plaintiff might suddenly recover the power of motion. Dr. Davidson and Dr. Pusey were recalled, and adhered to the opinion they had formerly given, that the plaintiff had the power, if he chose, of walking; that they had originally considered whether he was affected with hysterical paralysis, and they considered he was not; but, even if he were, they differed with the other Medical gentlemen in this, that they believed the will only was necessary to be exercised by the plaintiff to enable him to move, and they disbelieved the idea that the power to move was not in the plaintiff if he chose to exercise his will. The jury found for the plaintiff £1,300.

The question of *permanent* injury is, doubtless, the great stumbling-block in the way of Medical testimony, and the source of such difference of opinion as is not unusually evidenced, and, as in such instances as we have just quoted a large margin must be allowed for the probabilities of cure, Juries must of necessity take these carefully into their consideration, and where there is such strong evidence as was produced in this case of the existence of so grave a condition as paralysis—be it nervous or muscular—the unfortunately injured person has a right to be dealt with on a scale of liberality proportioned in some way to the sufferings already incurred, and to the possible dark future which is before him.

A RECANTATION.

Political economy gone mad is the fever with which English legislators, "progressive" liberals, and materialists are now stricken. If we freeze and shiver for want of coal we are calmly informed that it is all *en regle* with the principle of demand and supply, and that governments cannot undertake to alter the channel of so great a tide; if we complain of being poisoned in our food and cheated in our pockets, Mr. Bright complacently deprecates our indignation with the assurance that traders must, on the immutable principles of political economy, be rogues, and that the public is their natural prey, with whose fleecing great governments cannot be expected to interfere. *Populus decipiatur!* The proverbial advice "Live horse until you get oats" is freely dispensed to the suffering Briton by Mr. Gladstone, while the paternal Government which we are adjured to admire satisfies starving families and ruined manufacturers by the assurance that they are credibly informed by Mr. Mill that the present relation of capital and labour is just as it should be and only to be expected, and that Governments must really not be bothered about the results of such grand and immutable principles.

As we entertain a profound impression that political economy strictly applied is, in many cases, a dangerous and mischievous delusion, and that the hobby is just now being ridden to death by newspapers and ministers, we receive with real cordiality a repentant convert—and no mean one —from that form of fanaticism to common sense.

The *Times*, in a leading article on Mr. Plimsoll's exposure of shipowners' rascalities, thus writes—"Enlightened by one hard lesson of experience after another, we are coming to see that human society cannot be held together by the laws of contract alone, and that *caveat emptor* is, after all, a maxim of very limited application—that seamen (If seamen, why not the innocent public?) are competent to judge of such matters, and have a right to throw away their lives if they please. It is high time for this assumption to be reviewed by the light, not of reason only, but of recent precedents."

When the *Times* publicly notifies its opinion that people who have neither the knowledge nor the means of protecting themselves ought to be protected by the Government of the country, we may hope that adulteration frauds or quack practice will no longer be shielded from punishment by politico-economical aphorisms.

THE EFFECT OF INCREASED BAROMETRIC PRESSURE ON THE COMPOSITION OF THE BLOOD.

The *Journal de Médicine and Chir. Prat.* has drawn attention to the experiments of Prof. Bert, who examined the effects of increased barometric pressure, as endured by submerged bridge-builders, divers, and pearl-fishers, and explained certain accidents common to such occupations, among others that of sudden paralysis following a rapid passing from very high to normal pressure.

An hypothesis of M. Bouchard, in his introductory thesis, has been justified by an experiment of M. Bert. It is quite possible, said M. Bouchard, that these accidents are due to a considerable disengagement of gas from the blood; as effervescence is caused in gaseous water on its return to normal pressure when the bottle is uncorked. The presence of gas in the blood was demonstrated by M. Bert as follows: a cat, submitted to a pressure of eight atmospheres and rapidly removed from it, was almost immediately struck with paraplegia. Autopsy disclosed a non-hæmorrhagic softening of the spinal marrow and *gas in the blood-vessels.*

"A practical conclusion from these investigations of M. Bert, applicable to occupations pursued under high pressure, is to supply, not pure air, but a mixture of air and nitrogen, in such a manner as to suitably reduce the pressure of the oxygen."

The "practical conclusion" appears to us a very unpractical and unstudied suggestion. The evolution of gas from the blood, if there were any such effect, would result from sudden diminution of pressure, which would not be influenced in the remotest degree by the admixture of nitrogen with the air. How, might we ask, are divers to work in an atmosphere containing less than its due quantity of oxygen?

Opportunity for the study of this question under the best circumstances exists at the present moment in Dublin, where a colossal diving-bell designed by Mr. Bindon B. Stoney, is in daily use for placing the foundations of a quay wall. This bell communicates with the external air by a large tube, which rises from the top of the bell to the surface of the water. This tube contains a double air-tight door. A workman desiring to go down enters the chamber between the two doors, and, the upper one being closed, communication with the outside atmosphere is shut off. Then the compressed air from the bell is admitted to the intermediate chamber, as slowly as may be necessary for the convenience of the occupants, by a valve; and when the pressure within the bell and the chamber has been equalised, the lower door is opened and the workman descends.

We have not heard that any ill result is experienced by persons who constantly work in this bell.

A singular effect of compressed air was experienced by the workmen employed under a pressure of about three atmospheres, in sinking the foundations of the Saltash Bridge at Plymouth, namely, an extensive cutaneous eruption, which would not yield to ordinary treatment. However, by shortening the time of exposure to pressure the men recovered their usual health.

An engineer at present engaged in submarine works informs us that at a depth of forty feet, corresponding to a pressure of about 20 lbs. per square inch over the atmosphere, the workmen experience no inconvenience whatever, the transition from the high to the low pressure being made generally in about one minute. From all the data at our disposal we are inclined to believe that by paying proper attention to the length of time the workmen are allowed to remain under pressure, and seeing that a moderately gradual transition is made from one pressure to the other, working in compressed air may be carried on safely to any depth heretofore attained.

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Notes on Current Topics.

The London Hospital.

WHO has ever visited the east end of our great metropolis and not been struck with that huge pile of buildings, the London Hospital? From one of moderate proportion it has increased, from time to time, as necessity arose, and funds were collected, until at one period of its history, not long since, it contained within its walls 615 in-patients. The excellence of its arrangements management is so well known that no word is necess on this point. Our object now is simply to draw at tion to the fact that this noble institution, which is only general hospital in a district containing nearly million inhabitants, chiefly of the poorest classes, is c pled to such an extent for lack of funds, that the erec of another wing has to be abandoned, and parts of existing structure will have to be closed unless a l sum be contributed forthwith. Last year there was excess of expenditure over receipts of £13,000, and estimated excess for 1873 is calculated at not less t £20,000. In view of this deplorable state of affair special general court of governors has been held, and urgent appeal made to the public for £100,000. True, t appears a very heavy item to ask for or to expect, but i absolutely needed to put the hospital straight, and sincerely hope the authorities will get it. Millionair here is a splendid opportunity for showing your phil thropy; a draft upon your bankers for the amount not make you much the poorer, but it will confer u thousands of your suffering fellow-creatures, such bless as will well repay your munificence.

Incontinence of Urine.

DR. LEONARDI (*Raccogletore Med.*, No. 4) mentions t he has successfully treated several cases of nocturnal continence in children by means of chloral hydrate doses of ten grains in water given before bed-time. T same remedy has been successful with some of English brethren.

Arsenical Wall Paints.

WE frequently hear of warnings as to the dangers of green colorations used in wall papers, confection ments, ladies' dresses, and artificial flowers, &c.

The following analysis of the wall paint used in children's hospital ward, shows some startling results, impress us with the extreme danger of these pleasing ments. The analysis is by Frederick John Barrett, F.C Pharmaceutist to the Wolverhampton and South Staff shire General Hospital, who states: A short time was requested to make a qualitative analysis of samples of a suspiciously brilliant green paint, which been used for colouring the children's ward of a large vincial hospital. A preliminary examination abundant proofs of arsenic in all three of the samp and the colours upon the walls were immediately orde to be removed.

About seven pounds of No. 1 powder (containing arse cum equivalent to 53·224 ounces of arsenious acid) h been used for painting a ward the walls of whic measured 910 square feet, so that upon each square foot there was Scheele's green equivalent to about 26 grains of arsenious acid. The paint, moreover, was readily removed by rubbing and by moisture.

Adulteration.

THE Report of the Commissioners of Inland Revenue, furnishes some curious revelations as to the adulteration trade, and the efforts that are being made to restrain fraudulent gain-seekers. While the percentage consumption of some items such as whisky and tobacco, will doubtless surprise some of our readers.

Taking the census of 1871 as the basis of the calculation, it is shown that the quantity of spirits actually drunk in the United Kingdom is sufficient for every man, woman, and child to have 0·574 gallon in England; 1·727 in Scotland; and 1·064 gallon in Ireland—the average being 0·781 gallon. The Commissioners direct attention to the fact that with respect to whisky, there has been a great change in public taste. Comparatively speaking, Irish whisky has not been, till recently, a popular beverage; but during the last two or three years it has risen in public estimation, and is now becoming a substitute both for Scotch whisky and brandy.

It appears that during the year 42,656,658 pounds of tobacco were cleared for consumption, and this quantity represents 1 lb. 5½ oz. as being consumed by every man, woman, and child in the United Kingdom. The revenue derived from tobacco amounts to about seven million pounds sterling, and the quantity used is steadily on the increase.

Adulterations were detected in many articles of daily use; thus the samples of tobacco examined amounted to 404 in number, and of these 271 were adulterated, the adulterants being starch, liquorice, gum, logwood, caramel, sugar and salt of iron.

The amount of adulteration ranged to 4 per cent., rice starch, 44 per cent. liquorice, and 5 per cent. gum. The gum was discovered in tobacco obtained at two manufactories in the north of Ireland; and the novelty of this detection consisted in the fact that manufacturers being aware that tobacco contained gum, appeared to have thought that any kind of gum could be added to tobacco with impunity.

Of 34 samples of snuff examined, 6 were adulterated with umber and lime. 1,267 samples of tobacco and 433 samples of snuff were examined for estimation of duty on drawback; and of 15 samples of chicory and coffee examined, 5 were adulterated with roasted biscuit.

Out of 134 samples of beer and materials used in brewing beer, 25 were adulterated with one or other of the following ingredients:—liquorice, caramel, foot-sugar, grains of paradise, salt, and copperas.

The lime and lemon-juice examined for the Board of Trade for the use of the mercantile marine amounted to 761 samples, representing 84,649 gallons; 126 samples, representing 14,208 gallons, were rejected, thus showing that about one-sixth of the juice presented for examination did not reach the fixed standard of strength and purity.

The 356 miscellaneous samples examined include perfumed spirit, methylated spirit, laudanum, and paregoric. It is thus evident that the authorities have a vigilant eye to the detection of the improper use of methylated spirit for medicines for internal use.

It is to be hoped that vigilance as to the latter application of methylated spirit, will prevent its use in the preparation of paupers' tinctures.

Unqualified Assistants in England.

The *Pharmaceutical Journal* has called attention to the tolerance which is shown by the Profession to the practice of employing unqualified assistants, who prescribe and discharge all the functions of a Medical practitioner, with the knowledge, and under the cover, of their employer. The *Journal* calls upon the Profession to act consistently, and while it denounces counter-prescribing by chemists, to discountenance unlicensed practice by assistants. There is some force in the taunt of our contemporary, and it is a question worthy of serious consideration to what extent a practitioner is justified in delegating the lives of his patients to an illegal practitioner. The case of the chemist and of the assistant differ, it is true, in so far that in the latter the Medical practitioner incurs the whole responsibility, and is almost as liable for neglect and incompetence in his assistant as in himself, while the chemist is responsible to no one but the law. The employment of unqualified assistants is, however, an undoubted abuse, tolerated only for reasons of private interest and jealousy, and we should be glad to see close restrictions put upon the system.

Mercurial Injections in Syphilis.

Staub (*Gazz. d. Clin.*, Dec., 1872) uses an albuminous solution of sublimate of mercury with chloride of ammonium, chloride of sodium and distilled water, to which white of egg is added. Each gramme of the liquid to contain five milligrammes of the corrosive sublimate.

Army Medical Department.

The grievance which the Medical service of the army has been so long murmuring against, has at length received some kind of definite acknowledgment by Mr. Cardwell, when alluding, in Parliament, to the army-estimates. Amongst the Assistant-Surgeons who have joined within the last ten or fifteen years the prospect of non-promotion, or of "stagnation," has been grievously felt, and the provisions in contemplation in the long-delayed, but it is to be hoped now forthcoming warrant, have been anxiously forecast. How far the remedy will be beneficial it would be premature to surmise, until the conditions and details of the warrant have been more generally known. Mr. Cardwell thus expressed himself on the subject:—

> "I wish to make a statement with regard to the Medical service of the army. The Surgeons, like the Artillery and Engineers, have been complaining, not of an actual, but of an immediately prospective stagnation of promotion. Large numbers were appointed about the time of the Crimean War and the Indian Mutiny, and while their professional brethren in the Indian service were receiving promotion after twelve years' service, they were looking forward to stagnation, even those who had had fifteen years' service. We propose that there should be reduced numbers in battalions and larger numbers on the staff, by developing the system of station hospitals, which must prevail in case of war, and is strongly recommended by the highest Medical authority in time of peace. Fewer officers will thus be attached to the regiments, and more will be upon the staff. This will lead to great improvement in the future Medical arrangements. We do not propose to have any more Assistant-Surgeons, but only Surgeons and Surgeons-Major; and another portion of the plan will be such as, while there is great objection to making an absolute condition, will enable a Surgeon to look confidently forward to becoming a Surgeon-Major after fifteen years' service, and in India will give him local rank after twelve years."

It is well to find that a tangible grievance has been thus admitted, and some attempts being made for its rectification.

Laurus Nobilis, Eucalyptus, and Carbolic Acid in Intermittents.

These four remedies have lately been proposed as substitutes for quinine in intermittent fevers. Nevertheless, intermittents continue their ravages, and at present quinine is not losing its hold on the Profession.

Prosecution under the Apothecaries' Act.

A CASE has been just decided in the Court of Queen's Bench, which indicates an activity on the part of the Apothecaries' Company of Ireland to establish their rights, and to protect the public from the dangers of the compounding of medicines by unqualified persons, and in this instance it would appear by one who had absolutely failed in the attainment of the necessary qualification. It is time, indeed, that the Apothecaries' Company should deal with others who are similarly compounding illegally, and it is to be hoped that this easy and important vindication of their rights will stimulate to more energetic action. The case is given in the legal report thus—

"The action was instituted by the plaintiffs to recover from the defendant two penalties of £20, late currency, for practising the art and mystery of an apothecary, without having obtained the necessary certificate from the Apothecaries' Hall, authorising him so to do, as required by the Act of the 31st George III., cap. 34. The defendant was the proprietor of two Medical establishments, one at Portrush, in the County Antrim, and the other at Coleraine, in the County Londonderry. He had lately presented himself for examination at the Hall, but was unsuccessful. There was no appearance for the defendant, and the case having been proved, verdict was returned for the amount claimed."

Fistula in Ano.

HUTE (*Gazz. M. Ital. prov. V.*, No. 373) employs an ethereal solution of iodine in fistula in ano which is more exciting than the tincture. Patients are not obliged to keep their beds. Has had several cures after one injection.

Potatoes.

THE following figures will be of special interest to our Irish readers, as indicating the rapid and vast decrease in the home production of potatoes. These statistics respecting the importation of potatoes are given in an official document just issued. In the month of December, 1870, the value of such importation was only £446; in the same month of the succeeding year the amount was £33,770; and in the month of December last it reached £343,367. In the year ended the 31st of December last the amount was £1,654,240 against £225,732 in the preceding year.

The Quack Fraternity.

ON Friday last the Society for the Suppression of Vice dealt the most decisive blow against public indecency, which it has been our lot to witness. For years past there has existed in London a so-called anatomical museum for gentlemen (?); it was started by the notorious Dr. Kahn, who soon made a gigantic fortune by the speculation, and retired just in time to save a transference of his person from the ease of a pretentious house and a pair-horse carriage, to one of Her Majesty's most uncomfortable establishments. A few weeks since the Society prosecuted his representatives, and succeeded in obtaining an order for the destruction of his indecent books. Last week another raid was made, the museum mulcted of forty cases of wax models, and the wretched place closed—we hope for ever. Having frequently drawn attention to this foul blot, we are surprised action has been so long delayed; however, we congratulate the Society upon its success, and hope there will be no lack of funds to stay the tide of warfare it has undertaken against one of the greatest of all social evils.

The Recent Death at Exeter.

FROM a number of letters on this subject, we print important one from Mr. Woodhouse Braine, who quo one from the Hon. Secretary of the Odontological Soci every word of which we endorse.

In a late leader on the subject we expressed our appro of all that was done on the occasion, and may here rep that we feel the deepest sympathy with our brethr who met with an occurrence that might happen to one of us.

Cundurango.

THIS drug which was forced upon the American mark as a speculation, has long since been proved—as o readers are aware—utterly valueless for the purpose f which it was so loudly praised, the cure of cancer. D Andrew, Professor of Surgery in the Chicago College, h pursued a series of investigations into its action u ulcers, and reports very favourably upon its efficacy. conclusions are as follows :—

1. Cundurango has no equal in the materia medica i power to increase the growth of granulations, and haste cicatrisation of ulcers.

2. It seems probable that not only external ulcers, chronic abscesses and some fistulas, may be benefited by may improve lumbar abscesses, for instance.

3. It probably may prove a valuable adjuvant to the t ment of ulcers of the nasal passages, of ulcerative caviti the lungs, of ulcers of the mucous membrane, of the bow the cervix uteri, &c., and possibly of all ulcerative and p lar skin diseases.

4. The growth of granulation cells is the same pro whether seen on the floor of an ulcer, around a fractured in the form of a provisional callus, or in the plastic eff which glues together the lips of a wound healing by fir tention. It is probable, therefore, that cundurango, giv preparatory treatment, may greatly favour the succ cutting operations; and administered after surgical acci may promote the union of fractured bones, and the heal open wounds and burns.

5. Cundurango acts favourably in soft chancre (cautery), and on the ulcers and eruptions of tertiary syph

6. My experiments on hard chancre are not yet exte enough to be decisive, but, as far as they go, they tend t idea that cundurango has no influence on hard chancre, n the earlier eruptions of secondary syphilis.

7. The remedy has not produced, under my observa any effect on the growth and progress of cancerous tu It, however, often diminishes the pain and the disch and, if the tumour has been excised, hastens the healing o wound.

8. Cundurango generally increases the appetite, di constipation, and acts on many patients as a very pow general tonic.

No. 6 Sixteenth Street, Chicago, Ill.

Septicæmia.

FURTHER examination into the question has been m at the Academie de Médicine. In the two first series experiments animals were inoculated with human bl and also with ox-blood, which had been heated several hours. The blood of these animals in turn w capable of being inoculated on others. The results we various, but in all were more or less intense; several di with varying rapidity, others survived.

In another series of experiments the blood of a patien suffering from typhoid fever, which was found to contai vibriones was injected, and most of these animals died.

In another series the blood of a syphilitic child wa injected and gave similar results. On the other hand, when water only was used the animals recovered. On *post-mortem* examination the animals showed various internal affections, congested lungs, spleen, liver, &c., &c.

A Rock of Offence.

Having on several occasions devoted space to plead the cause of the Hospital Sunday movement, and its general adoption throughout the country, we feel justified in protesting against the very questionable paragraph now going the round of the press from *The Rock* newspaper. The paragraph is headed "Proportionate Gifts," and contains the relative amounts contributed by various religious bodies in a town where the movement has been recently started. Of course no one can gainsay what is so generally acknowledged, that in the United Kingdom the greatest amount of wealth lies amongst that portion of the community professing the faith of the Church of England; it is, therefore, to say the least, most uncharitable for the conductors of a leading paper belonging to that body to make invidious comparisons and give the percentages of voluntary offerings of the different bodies in a cause which is not, and cannot be sectarian in its dispensations. Such comparisons can do no possible good, and much ill-feeling may be engendered thereby. We trust, therefore, that the objects of this excellent movement may not suffer, or the flow of charity be checked by such narrow-minded paragraphs as that against which we feel it a duty to protest, and we look for the most liberal interpretation of our remarks to the conductors of all sections of the religious and lay press.

Treatment of Chilblains.

Ferd. Rhien strongly recommends, from actual experience, the following method of treatment, which he has employed with the most satisfactory results: 30 grammes of tannin are to be dissolved in about 200 cub. centim. of water, and to the solution is to be added 3 grammes of iodine dissolved in 50 grammes of spt. vin. The mixture is then to be diluted with water so as to form 1½ litre. The solution, when about to be used, is to be put in a vessel on a clear fire, and the affected part placed in it while cold, and kept in it until the fluid has become unbearably hot, when the part is to be dried by the heat of the fire without using a towel. The same fluid may be used several times. There should not be sufficient iodine to stain the skin, and if the skin be broken an excess of iodine is to be especially avoided. The first application, it is stated, will give the greatest relief, and three or four usually suffice to effect a cure.—(*Apothek, Zeit. Nr.* 41, 1872).

Centenary of the Medical Society of London.

Mr. T. Bryant, as this year's president of the oldest Medical Society in the metropolis, has issued a circular on its approaching Centenary, in which he states that it has been decided to enlarge the constitution of the Society and to make it more widely useful. For these purposes it has been determined—

1st.—To invite the leading provincial members of the Profession and of the Naval and Military Services to become Fellows of the Society; to give them, in common with all other Fellows, a part in its administration; and to make them equally eligible to all its offices.

2nd.—To publish the proceedings of the Society, including an abstract of all papers (not lectures) read at its meetings, and the pith of the discourses.

3rd.—To render more available their well-known valuable library, and to make arrangements by which new works and periodicals will be supplied for the use of the Fellows.

4th.—To provide a room in which papers and periodicals of general literature will be found, and where Fellows may consult, converse, and correspond.

The new rooms of the Society enable the Society to fully carry out these measures; and we wish them every success in their efforts. The Centenary Dinner takes place on Saturday next, the 8th inst., at Willis's Rooms.

Ophthalmological Curiosity.

M. Chautran, of the College de France, has recently made some experiments as to the regeneration of the eyes of crustaceases; after destroying the eyes of young crabs new ones are produced, and in the case of those more matured new eyes are also formed but more slowly; they may be reproduced, deformed, or even two may be formed in place of one, as remarks our correspondent, "man is, unfortunately, refractory as yet to this mode of regeneration."

Dr. Robert Liveing will lecture "On Elephantiasis Græcorum," at the Royal College of Physicians of London, on March 7th, 12th, and 14th, at 5 o'clock. Members of the Profession will be admitted on production of their cards.

The Royal Irish Academy will meet on Saturday, the 15th March, being their stated annual meeting, for the election of President, Council, Officers, and Honorary Members.

A Russian journal states, as one of the results of a recent commission issued by the Government, that upwards of 300,000 head of cattle have been lost annually by the cattle plague.

From observations made on a case of pleuritis with effusion at the *Hôpital St. Antoine*, it would appear that after the operation of paracentesis is performed, there is a considerable rise of the temperature of the body.

A great scandal is spared the Profession by the fact that the man Pearson, who now stands charged with publishing a most indecent libel against a lady, was long since deprived of his diploma, and has, therefore, no claim or title to be called surgeon as in the indictment.

The Medical officers of the French army quartered in Paris and Versailles have now established among themselves a society for the discussion of professional and departmental subjects. Their *organ* is the *Bulletin Médical Militaire*, published as a supplement to the *Bulletin de la Réunion des Officiers.*

M. Clerc communicated to the Congress of Friburg lately a case of transmission of aphthosa disease from the animal to the human subject marked by a stomatitis named *surlangue*, and accompanied by inflammation of the matrix of the nails. The case was that of a young girl in a district where the cattle were affected with aphthosa disease. She got coryza and stomatitis aphthosa, with ichorous and fœtid discharge from the finger and toe-nails, and was several weeks in process of recovery.

May not foot and mouth disease, cattle-plague, &c., be similarly related in the human subject?

Last week Sir James Paget was called in to consult with the physicians in attendance on the German Ambassador. Sir James performed the operation of tapping, and up to the time we go to press the patient was progressing quite as favourably as could have been hoped.

At the Royal Medical and Chirurgical Society on Tuesday, Feb. 11th, 1873, Geo. W. Callender, F.R.C.S., Surgeon to St. Bartholomew's Hospital, brought forward a case of removal of a needle from the heart—recovery of the patient. The history was that of a man who for nine days followed his ordinary occupation, in pain and with discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavourable symptom. With this history the exact position of the needle in the wall of the chest was given, as also that of its probable position in the heart; the movements of the foreign body, caused by those of the heart were figured, and their measurements were added.

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Correspondence.

THE LATE DEATH WHILE UNDER NITROUS OXIDE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your journal of the 19th contains a letter from Mr. Denham, of Southsea, on the subject of the late case of death after the administration of nitrous oxide; and as I happen to have been the reader of the report, which enabled that gentleman to rush into print and make unkind insinuations, perhaps you will allow me to correct one or two of the numerous blunders contained in his letter. Mr. Denham writes in a satirical way of "Exeter dentistry," and as I was naturally anxious to see what his opinion was worth, I referred to the "Medical Directory," and found that he passed the College in 1829, a period at which dentistry was not taught in the schools, and when, in all probability, if Mr. Denham chanced to get an occasional tooth to pull out, he did it with the "key." From the same book I found that he is the editor of a local newspaper, a member of the Inventor's Institute, and the writer of an article entitled "The Queen, the Parliament, and the People." These honours scarcely give him a title to criticise a dental operation of any kind, much less enable him to understand the course pursued by Mr. Browne-Mason, a course of practice which was fully approved of by the Odontological Society of Great Britain, a society which numbers among its members most of the leading London dentists and many Fellows of the Royal College of Surgeons, but which, perhaps unfortunately, cannot claim the honour of having in its ranks a single member of the Inventor's Institute (whatever that may be). I shall be happy to read what Mr. Denham has written about "The Queen, the Parliament, and the People," but I cannot think it will be so amusing as his communication on dental surgery, for in the middle of his letter to you he actually mistakes a woman for a man, writes of her in the masculine gender. Mr. Denham says, "Of true surgery it is an axiom not to do more than is necessary." In this I agree with him, and say that he has misunderstood the operation from beginning to end, for the method of operating adopted by Mr. Browne-Mason consisted in removing those diseased fangs which acted as foreign bodies, *leaving the surrounding parts undisturbed.* How different is the following letter from the Odontological Society to the uncourteous effusion of Mr. Denham:—

"Sir,—Mr. F. Woodhouse Braine having fully reported to the Society, at its meeting on Monday, 3rd inst., the particulars of the unfortunate accident which has lately occurred after the administration by you of the nitrous oxide gas, the Society desires me to express to you their full conviction that the accident was one over which you had no control, and that no blame whatever can be attributed to yourself. At the same time they desire me to offer you their cordial feelings of sympathy under the circumstances, and their regret for the painful position in which you have been placed.

"I am, Sir, yours very truly,
"Edwin F. Lane,
"Hon. Secretary."

I can only add that I trust Mr. Hempson Denham will show, by his silence in your columns, the regret which he should feel at having published such a letter.

Believe me, Sir, yours obediently,
Woodhouse Braine, F.R.C.S.
56 Maddox Street, W.

NITROUS OXIDE DEATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There are few men now in London who have watched conscientiously so many patients under ether, chloroform, and nitrous oxide, as it has been my duty and continued opportunity to have done; yet, according to Mr. Sewell, in your issue of the 19th February, it would appear I have set myself to differ in opinion, misrepresent, and misreport everything connected with the dentist's gas, because recent facts have led many persons to alter their idea of its safety.

I made no mistake about four deaths from nitrous oxide; it is your Correspondent's want of knowledge of the subject: a man's opinions are not "worth less" because he sees fit to alter them, having seen further into the general facts; my impressions were stated, and my explanation offered in vain, but it is idle to ask for any fair statement now in the chief journals, so my statement was only put in, as the newspaper thought it would serve some purpose of a public nature.

I have seen men alter their opinions, come right round, in fact, on catgut ligatures, the Dublin compression method in aneurism, ovariotomy, salivation in syphilitic phagedæna, bleeding in pneumonia, and half a score of other things, but, according to your Correspondent, when men make such conscientious alterations of opinion, something is worthless, meaning the man's judgment, and such impressions can have no value, of course to "scientific readers," possibly so, in this very new Wimpole Street school of thinkers, but then, Medical science obviously must stagnate, and can make no progress forwards.

What I wished to convey is this: I mentioned, and they were discussed at the Dental Society, Soho Square, at various times, three deaths from the "*gas*"—this Exeter one is the fourth; such occurrences have not unnaturally staggered the faith in it that one held two years ago. I have watched individually over ten thousand cases of chloroform without having had one death. I am quite aware and rejoice in it that there have been 58,000 cases at Soho Square (of the gas) without one death, though Dr. Richardson and the *Medical Times*, condemned it as the most deadly of all the suffocating agents. I watched a large number of these cases at Soho Square. These four deaths are sought to be explained away, that is all.

My impression just now is a very simple one, if it annoys your Correspondent it can only do so by its inherent truth or probability, namely, that, with all our towns now advertising "painless dentistry" (as a bait for the unwary), alone by the gas and many such dentists using other agents, there is now a want of certainty, and this Exeter case shows an imperfect mode of arresting danger, whereas in chloroform accidents, the scientific method of arresting danger seldom or never fails in saving the patient.

I admit even now that in proper hands the "gas" with all its failings, all the alteration of opinion about it, all this would-be infallibility or stagnation, all the explaining away of cases of death is wonderfully safe, indeed safer than methylene, ether, or chloroform, but that in the hands of the average dentist's assistants, as I said in the *Daily News*, the thing is like a ship without a pilot in a bad harbour, and the "gas" is not even as safe as chloroform.

I am, Sir, yours truly,
Charles Kidd, M.D.
Sackville Street, London, Feb. 28.

THE LATE MR. ISAAC BAKER BROWN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I trespass once more on your kindness, and be permitted, through your Journal, to inform the subscribers to the "Baker Brown Fund" that it is proposed that Mrs. Brown be permitted to draw from the balance of the fund (£217 17s. 10d.) £2. 2. weekly for the support of herself and three young children, respectively aged 8, 7, and 5, as well as to aid in the maintenance of a crippled daughter of Mr. Brown's by a former wife.

I beg to acknowledge the receipt of a donation of £5 from "An Old Patient" sent since Mr. Brown's death, by Dr. Nichol, of Denmark Hill.

I am, Sir, your obedient servant,
FORBES WINSLOW, M.D.

Cavendish Square, London,
March 3, 1873.

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Medical News.

Edinburgh University.— William Robertson, M.D., F.R.C.P., Edin., Benjamin Bell, F.R.C.S., Edin., and William Dumbreck, M.D., F.R.C.S., Edin., have been appointed Examiners of Medicine for the current year.

Sad death of a Surgeon.—On Sunday night Mr. Richard Meredith, M.R.C.S., Surgeon to the Dudley Union, drank a quantity of what he supposed to be brandy and water, but which afterwards proved to be laudanum; his son, who is also in the Profession, was present, and promptly administered the usual remedies, but without avail.

Donations, etc., to Medical Charities.—The following are announced:—University College Hospital, £1,000 from J. Pemberton Heywood, Esq.; from the Company of Fishmongers, 100 guineas; the Mercers' Company, 50 guineas; the Grocers' Company, £50; the Leathersellers' Company, 10 guineas; Mrs. Pett, £100; and from Mrs. Watson £50. The Worcester General Infirmary receives £500 under the will of Mr. William Jackson; from Mrs. Frances Osborne, of Cawthorpe, the British Medical Benevolent Fund, receives £100. The East London Hospital, has received £60, the proceeds of an amateur theatrical performance at Victoria Hall, Westbourne Grove, on the 6th of February. The late Dr. McWilliam has bequeathed £100 towards the funds of the Belfast General Hospital. The Bank of Ireland has received from the Cork Street Fever Hospital, Dublin, £20.

English Poor-law Medical Officers' Association.—The annual meeting of this association was held last week at the Medical Club, Spring Gardens. Dr. Rogers, who presided, in his opening remarks alluded to the anticipated amendment of the Public Health Act, 1872, which, however, had been dropped for this session. This he regretted, as well as Mr. Stansfeld's abandonment of the Hospitals' Dispensary Clause in that act last session. He thought that drugs ought to be found free of cost to all Poor-law Medical officers throughout the country, and he urged the extension of the system now in operation in London to the provinces (cheers). He concluded by announcing his resignation of the office of president, which he had held for nearly seven years. Dr. J. Lush, M.P., was then elected president, and Dr. Rogers, Dr. Brett, and Mr. C. Seeley, vice-presidents. The meeting then proceeded to discuss the sanitary and dispensary questions. Dr. Joyce moved, and Dr. G. R. Barnes seconded, "That this association viewed with satisfaction the tendency of rural sanitary authorities to pursue the policy of combination recommended by the President of the Local Government Board." Dr. Brett moved as an amendment, "That the opinion of the meeting was adverse to the amalgamation of large sanitary districts, and they considered that the Public Health Act could be best carried out by appointing Medical officers of their own districts, where possible." After a discussion, the amendment was carried. The following resolution was also adopted:—"That this association entertains a strong opinion that the establishment of public dispensaries in accordance with the recommendation of the sanitary commission and the Poor-law inspector's special report is necessary and desirable, and earnestly hopes that the government, notwithstanding their avowed attention of introducing no measure in the present session affecting the sanitary requirements of the country, may be induced, in view of the great distress among all classes of the poor, in a time of exceptional severity, to pass some measure having for its object the prompt and efficacious relief of sickness." A vote of thanks to the Chairman concluded the proceedings.

King's College Hospital.—On Friday last the Annual Court of the Corporation of the President, Vice-Presidents, and Governors of King's College Hospital, was held in the Board-room of the Hospital, General Wilbraham in the chair. It appeared from the report that the number of patients admitted into the hospital during the year ending 31st December, 1872, amounted to 1,792, being an increase of 252 over that of the preceding twelve months; 31,818 out-patients received advice and medicine; and 706 cases of midwifery were attended at the patients' own homes. These numbers represent distinct cases, and the majority of the out-patients attended the institution on many occasions before they were finally relieved. The receipts from subscriptions for the year were £2,001; from donations, £4,386; from legacies, £1,495; and from other sources, £2,831; making a total of £10,713. The receipts for the previous year were as follows:—Subscriptions, £2,094; donations, £5,781; legacies, £3,197; from other sources, £2,193; in all £12,265. The proceedings terminated with the usual compliment to the chairman.

Indian Medical Service.—List of successful Candidates at the Competitive Examination held at Burlington House on the 17th February, for sixteen appointments as Assistant Surgeons:—

D. Wilkie, 2,812 marks.
W. E. Battersby, 2,660.
A. J. Wall, 2,523.
R. Moodie, 2,411.
S. J. Goldsmith, 2,354.
W. B. E. Moynan, 2,319.
F. J. Twohy, 2,230.
A. A. Thomas, 2,216.
D. P. McDonald, 2,117.
O. Baker, 1,968.
H. Mallins, 1,950.
F. W. Wright, 1,899.
M. Robinson, 1,895.
W. R. Browne, 1,752
A. Leapingwell, 1,710.
J. S. Dill, 1,690

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

NOTICE TO SUBSCRIBERS.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

SUBSCRIPTIONS IN THE UNITED STATES.—A correspondent has drawn our attention to the fact, that some of the houses in the United States are charging the enormous figure of 15 dollars per annum (more than £3) for supplying this Journal to different parts of the States. We beg, therefore, to state that we shall be happy to supply the same regularly, post free, per annum, if paid in advance, for considerably less than half this amount, viz., six and-a-half dollars (about £1 6s. 0d.), either direct from our offices in this country, or through our recognised agents in the United States.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

We are obliged to postpone several important articles, including Report on Diseases of the Throat, by Dr. Prosser James; continuation of paper on Cataract, by Dr. Jacob; Remarks on Dr. Mapother's Views of Eczema, by Dr. Myrtle; on Anthracosis, by Thomas Whiteside Hime, A.B.; &c. Reviews of Obstetrical Transactions of Edin., and several other works are also unavoidably held over. Letters on Secret Poisoning; the Proposed New Charity; the Coal Question; &c., are in type, and will be inserted as soon as space permits.

Mr. Nugent's letter has been sent to Dr. James, as we were unable to find space for it in our present number.

An Old Subscriber, Rugby, on paying his subscription, kindly remarks:—"Your publication is certainly entitled to the patronage of every Medical man, not only for its valuable contents, but *for its honesty* of purpose." We sincerely thank our correspondent; such expressions will do much to encourage us in the policy we have elected for the conduct of this Journal.

Dr. Phillips.—It is more within the province of publishers than editors. Consult one of the London houses.

COD-LIVER OIL AND CHLORAL.

To the Editor of the "Medical Press and Circular."

Sir,—Under this heading we observe a notice in your issue of the 26th Feb., referring to the combination of Chloral and Cod-Liver Oil as being recommended by the *Boston Medical and Surgical Journal*. Will you permit us to inform your readers that the combination of these important remedies is not at all a new idea, we having made the preparation and directed attention to it in the Medical journals quite two years ago, and also received several satisfactory reports as to its usefulness.

With this we have the pleasure to send a sample of the preparation for your inspection.

We are, Sir,
Your most obedient servants,
Savory and Moore.

New Bond Street, London, W.

Communications, with Enclosures, &c., have been received from Dr. Carpenter, London. Mr. Cole, C.B., Kensington. Dr. Smith, Huddersfield. The Director-General, India Office. Dr. Dureau, Paris. Dr. Dobell, London. Dr. Gibson, Broughton. Mr. Hyslop, Church Stretton. Mr. Dawson W. Turner, Liverpool, Dr. Feldmann, German Hospital. Mr. Jabez Hogg, London. Mr. Squire, London. Rev. Hume Rottery, Manchester. Mr. Sewill, London. Professor Mapother, Dublin. Mr. Tichborne, Dublin. Mr. J. Brown, Douglas. Mr. Feltoe, London. Mr. W. Parker, Bath. Dr. Thorowgood, London. Mr. Bryant. Dr. Griffiths, Dublin. The Secretary of the Medical Society of London. The Secretary of the Surgical Society of Dublin. Mr. Davies, Tenby. Dr. Langley, London. Mr. Harrington. Mr. Teevan, London. Mr. Calvert, Manchester. Dr. Hime, Sheffield. Dr. Myrtle, Harrogate. Dr. Marsden, London. Dr. Borchardt, Manchester. Professor Nugent, Montestown. Mr. Thornhill, Oxford. Dr. Pearse. M. Von Vogel, Leipzig. Dr. Chapman, London. Dr. Kidd, London. Dr. Abbott, Brigg. Dr. R. L. Johnson, London. Messrs. Savory and Moore, London. Mr. R. Hanslip Seis, Southwell. Dr. Dickinson, Pailton. Mr. J. Haughton, Duncannon. Dr. Jacob. Mr. Wright, Dublin. The Secretary of the India Office, Medical Department. Dr. Bell Taylor, Nottingham. Sir Henry Thompson, London. Dr. MacCormac, Belfast. Mr. Walker, Westminster. Mr. Bennett, London. The Registrar, Royal College of Physicians, London.

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VACANCIES.

Hospital for Sick Children, Manchester. Resident Medical Officer. Salary £100, with board and residence. (See advt.)

Portsmouth. Medical Officer of Health under the New Public Health Act. Salary £450 per annum. Applications for the appointment to be sent in to Mr. S. J. Elliott, Portsmouth.

Medical Officer of Health for the united Districts of Stafford, Worcester, &c. Salary £800 per annum, to include all extras. Applications to W. L. Lowndes, Esq., Linley Hall, Bridgnorth.

Leeds General Infirmary. House-Physician. Salary £100 per annum, with board and residence. Also House-Surgeon, same emoluments. Address Mr. A. F. McGill, at the Infirmary.

Liverpool Royal Infirmary. House-Surgeon. Salary £100, with board. Applications to Mr. E. Gibbon.

Sheffield. Medical Officer of Health for the Borough, at a salary of £600 per annum. Applications to the Chairman of the Health Committee.

Sheffield. Public Analyst for the Borough. Salary £100 per annum. Application as above.

Herts and Middlesex. Medical Officer of Health. Salary £700 per annum, to include all extras. Applications to R. Pugh, Esq., Watford, Herts.

Richmond Union, Yorkshire. Medical Officer of Health. Salary £130 per annum. Applications to W. Hunton, Esq., Richmond.

Louth Union, Lincolnshire. Medical Officer of Health for the Rural District, at a salary of £375. And for the Urban District at £125.

Warwick County Lunatic Asylum. Assistant Medical Officer, at a salary of £100. Applicants must address Dr. Parsey, Hatton, Warwick.

Royal Free Hospital, London. Junior House-Surgeon. Board and residence. No salary.

New Ross Union, Duncannon. Medical Officer for the Arthurstown District. Salary £80 per annum. (See advt.)

APPOINTMENTS.

Biddle, C., L.R.C.P.L., Medical Officer to the Merthyr Union Workhouse and Infirmary.

Buck, H. J., L.R.C.P.Ed., Medical Officer and Public Vaccinator for Districts No. 3 and 4 of the Saffron Walden Union.

Busby, R. A., M.R.C.S.E., Resident Medical Officer to Queen Charlotte's Lying-in Hospital, St. Marylebone Road, W.

Dickinson, J., M.R.C.S.E., Medical Officer of Health for the Middlesborough Urban Sanitary District.

Garland, O. H., M.B., Visiting Medical Officer of the Leith Hospital.

Gell, A. S., M.R.C.S.E., Medical Officer of Health for the Southam Rural Sanitary District.

Gourley, S., M.D., Medical Officer of Health for the Hartlepool Rural Sanitary District.

Griffith, W. B., L.R.C.P.Ed., Medical Officer of Health for the Bootle Rural Sanitary District.

Hudson, T. W., M.R.C.S.E., Medical Officer for the Bootle District and the Workhouse of the Bootle Union, Cumberland.

Hutchings, H. E., M.R.C.S.E., Medical Officer of Health for the Canterbury Urban Sanitary District.

Johnston, J., M.R.C.S.E., Apothecary to the Sligo Dispensary.

Kempthorne, J., F.R.C.S.E., L.R.C.P.L., Medical Officer and Public Vaccinator for District No. 5 of the St. Germans Union.

Livy, J., M.D., Medical Officer of Health for the Borough of Bolton.

Love, J. H., M.R.C.S.E., Medical Officer of Health for the Wolverhampton Urban Sanitary District.

Lumb, R., M.R.C.S.E., Medical Officer of Health for the Whitehaven Urban Sanitary District.

Macfie, J., M.B., Resident Physician to the Royal Infirmary, Edinburgh.

Morrill, A. H., M.R.C.S., House-Surgeon to the Halifax Infirmary.

Oakeshott, J., M.R.C.S.E., Medical Officer of Health for the Horns Urban Sanitary District.

Powell, E., M.R.C.S.E., Assistant Medical Officer to the North Wa Counties Lunatic Asylum, Denbigh.

Rogers, C. C., M.R.C.S., House-Surgeon to the Dental Hospital London.

Rogers, W. R., M.R.C.S.E., Medical Officer and Public Vaccinator the Millom District of the Bootle Union, Cumberland.

Syson, E. J., L.R.C.P.Ed., Medical Officer of Health for the Salfo Lancashire, Urban Sanitary District.

Thomson, W., M.D., Medical Officer of Health for the Peterboro Urban Sanitary District.

Warburton, J. P., L.R.C.P.Ed., Medical Officer of Health for t Newcastle-under Lyme Rural Sanitary District.

Watson, W. T., B.A., M.D., Medical Officer of Health for Tottenha

Williamson, J. M., M.B., C.M., Resident Medical Officer to the Ro National Hospital for Consumption, Ventnor, Isle of Wight.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 5.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, March 6.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, March 7.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, March 8.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, March 10.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, March 11.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1873.

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ACCIDENTS IN FLAP EXTRACTION OF CATARACT, AND THE METHODS OF AVOIDING THEM (*a*).

By Archibald Hamilton Jacob, M.D.Dub., F.R.C.S.,

Chief Surgeon to the Dublin Eye and Ear Infirmary, Ex-Ophthalmic Surgeon to the City of Dublin Hospital.

(Concluded from p. 178.*)*

I do not consider that a small escape of vitreous humour is of any importance, unless it escapes in advance of the lens. Some of my best results have followed a slight escape of fluid, which often surrounds a very ripe cataract, and I rather think that there is a certain advantage in the escape of such matter in small quantity, because it ensures that the anterior chamber, capsule and iris are perfectly clear of all scraps of softened lens matter.

Dressing.

The last point on which I have a word to say is the method of dressing the eye and finishing the case, and I apprehend that my views in this regard will be considered somewhat heterodox. I find, on examination of the various works, that while Stellwag, Macnamara, Bader, Wolfe, and Gross's surgery direct the eye to be padded with compresses and charpié, Mackenzie, Haynes Walton, and, in a modified way, Soelberg Wells advise it to be simply closed with isinglass plaister. Having tried both methods of treatment, in many cases I greatly prefer the old method. In my first operations I followed the compress and bandage system with the utmost care, and experienced the worst results from it. I had no means of judging of the condition of the eye except by the description of the patient's sensation, or by removing the dressings once or twice daily. I was hindered from applying an evaporating lotion or cleansing the edges of the lids of the hardened discharges; and, lastly, I believe that I facilitated suppuration and delayed the healing process by keeping the eye in a sort of poultice. I now uniformly confine myself to the application of a few strips of isinglass plaister over *both* eyes, the exclusion of light and the inculcation of the most perfect rest. At each visit I am enabled to judge by the appearances whether all is going well. I wash away with cold water any accumulated discharges, and if the case is satisfactory I refrain from removing the dressing for four or five days. Such a method of treatment is in every respect more simple and convenient, and as far as my experience goes much more satisfactory than the padding system which, if I did not know that it is approved of by surgeons of great authority, I would say was designed to obstruct cleanliness, confuse the surgeon, and hasten the suppurative process. I have just as decided an objection to the system of physicing, depleting, or starving the patient after the operation. In fact, I may say that, as regards the after-treatment of cataract, my practice is purely negative. I watch the patient carefully, feed him well without stimulation, make sure that he gets a quiet night's rest after the operation, and take care that his bowels are regularly moved, nor do I interfere at all unless pain or inflammation call for my intervention.

Experience.

I have already said that one of the objects of this communication was "to draw such a comparison as my experience enables me between the results of the old operation of Daviel, and the numerous recent modifications of it, of which many high authorities have spoken so favourably."

My own experience is as follows. Out of a large number of cases of operation for extraction of cataract performed during my connexion with the City of Dublin Hospital, in private practice, and more recently in the Dublin Eye and Ear Infirmary, I have systematic reliable record of 71 cases. Of these, 8 were spoon operations with small incision, and accompanied with iridectomy, and 7 were the modified linear extraction of Graefe, leaving 56 flap extractions by the old method. Of the eight spoon operations two resulted in total loss from sloughing and iritis, and four were complete recoveries; but in none was the vision as perfect, clear, and well-defined as in a good flap case. Not one of the eight could sew or read small print. Of the seven modified linear extractions only one was a loss, two were only partial recoveries, and the remaining four were perfect, but neither were they as perfect as good flap cases. Thus, it appears that of the fifteen cases with iridectomy three eyes were totally lost, four were only partial recoveries, almost all being injured by consecutive iritis, and eight were successes more or less perfect. Thus, I find that my success with these methods did not exceed 60 per cent. Of the fifty-six flap extractions, I had seven total losses from sloughing, ophthalmitis, or consecutive iritis. I had six partial successes, in which the patient had useful vision for large objects, and the remaining forty-three were perfect or nearly so, and were able to read ordinary print with cataract glasses. Thus, it appears that my complete successes with flap extraction were 77 per cent., as against sixty by other methods, and my total failures about 11 per cent., as against 20 per cent. lost in the modified operations.

These statistics are—as regards the operations accompanied with iridectomy—not large, but they are probably as extensive as they will ever be, for I am satisfied, not only by the results, but by an observation of the progress of the cases that such modifications possess no real advantage over the old flap extraction, and, at the best, never produce as perfect a result.

In 1863 Graefe published the results of 1,500 cases of Daviel's operation. Out of these he claimed only 65 per cent. of immediate and primary successes, and 15 per cent. more resulted from a second operation, making 80 per cent. as a grand total of perfect success. There was a total loss of 7 per cent. of the cases. In a later paper published in 1865, the same author gives another series of cases, in which he got 84 per cent. of perfect results, 11 per cent. of half successes, and a total loss of 5 per cent.; and in the same paper he states that, in his private practice the results were even better. In such cases he says he achieved 91 per cent. of perfect results, 6 per cent. of half successes, and only 3 per cent. of total loss.

When the same author first gave his experience of 300 cases of the modified linear extraction he claimed a proportion of 90 per cent. of immediate perfect successes, thus showing a marked superiority in the linear method. In a paper read by Dr. Loring, of New York, before the American Ophthalmological Society, it is pointed out that these superior results were arrived at by a simple process which must shake our confidence in such statistics. In the one case the standard of success was taken at a lower level than in the other, so that cases which were allowed as perfect successes in the linear method were set down as failures in the flap method. Dr. Loring says:—"We must take, in order to make the comparison a just one, 9 per cent. away, which would make a total of 84 per cent. of successes in the linear method against 84 of the second, and 91 of the third series of flap operations. Thus, we see that the balance swings, if anything, a little in favour of the flap operation. Even in Graefe's hand the results of each method are so nearly equal that it is still an open question which is the better, or, to say the least, there is no sufficient cause, as far as statistics are concerned, for the now almost universal belief that the linear is so much superior to the flap."

It is pleaded in favour of iridectomy as a concomitant of cataract extraction that it not only facilitates the operation, but it reduces the chances of subsequent inflammation, not only by getting rid of the inflammatory constituent, but by that undefined antiphlogistic effect to which is claimed to be the special merit of iridectomy.

In answer to these arguments I would observe that it is an unsurgical proceeding to get rid of an operative difficulty by cutting away the obnoxious member; that if the flap operation be carefully performed, neither prolapse nor injury of the iris need occur; that I have grave doubts as to the desirability of mutilating the iris for the sake of obtaining the very questionable benefits of an iridectomy, and that those benefits (if they really exist) appear to me to be more than counterbalanced by the infliction on the patient of a permanent deformity however slight, and the optical aberrations of an eccentric pupil. I do not fail to recognise the advantage of iridectomy to the operator, but I submit that the proper course for the surgeon is to overcome—as I believe he may readily do—manipulative awkwardness, rather than clear the obstruction out of his way by the summary use of the knife.

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ON ANTHRACOSIS.
(COAL-MINER'S LUNG, BLACK SPIT, &c.)

By Thomas Whiteside Hime, A.B., M.B., &c.,
Lecturer in the Sheffield School of Medicine, Medical Officer to the Hospital for Women, &c.

(*Concluded from p.* 130.)

The doubts which have been entertained as to the penetration of dust into the lungs, and its existence in those organs not only on the surface of the respiratory tract, but in the tissues, can be demonstrated as unfounded more readily in the case of Siderosis Pulm. (resulting from deposition of iron) than in anthracosis, because iron dust has more marked characteristics by which it can be recognised. Zenker, of Erlangen, the first who proved that iron-dust may be deposited in the lungs, in describing a case which he examined, states that the lungs were of an uniform brick-red colour, as well as the false membrane which covered them; very little discolouration existed in the bronchi, but the tissues of the lungs on section were found to be coloured on the surface. Microscopic examination showed that the red-coloured fluid which exuded from the cut tissues contained granules, which *chemical tests* proved to be oxide of iron. 1,000 grms. of the lung yielded 14½ grms. of oxide of iron to dilute hydrochloric acid; and, as might be anticipated, the parts of the lung where deposition had taken place were of a higher specific gravity than normal tissue. The deceased had worked for years at the manufacture of a kind of blotting paper, which was stained by rubbing the dry peroxide into the paper. Merkel, of Nurnberg, has recorded a case (*Deutsch. Arch. f. Klin Med.* b. viii.), in which the iron was found in another form, as black oxide. The deceased, who worked in an atmosphere highly charged with this salt, died of chronic pneumonia. In the grey-black sputa were found, before death, small black particles, some free, some enclosed in cells. Analysis proved these to consist of iron, and to be the cause of the discolouration. After death discoloured portions of the lung were examined by the distinguished chemist, Gorup-Besanez, and were found to contain depositions of iron, which must have penetrated from without, as the lung-tissue in question contained four times as much iron as the blood which supplied it. One more fact may be mentioned in support of what only arrant sceptics can doubt. Waldenburg (whose work on "Die Tuberkulose, die Lungenschwindsucht und Scrofulose" marks an epoch in the history of medicine) performed experiments for the artificial production of tubercle, which show how foreign bodies may be introduced into most distant organs. In order to establish his theory that corpuscular elements were introduced into the circulation from the substances which he employed for inoculation, and that they were concerned in the production of tubercle, he stained the inoculated substances with anilin-blue. The presence of the latter colouring matter in the pulmonary tubercle, produced by the inoculation, left no doubt as to the truth of his assumption. He performed the inoculations in the most various parts of the body, so that the pigment must have travelled a considerable distance to where it was ultimately found. This penetration of solid particles into the tissues must not be confounded with absorption. I think it is pretty clear that whenever a solid body, of whatever size, remains in contact with, *e.g.*, a mucous membrane, not so hard as itself, the solid body will penetrate at the point where it makes pressure, in the direction of least resistance; the tissues becoming gradually resorbed in the direction in which pressure is made. Subsequently tissue forms behind the body, and thus it becomes completely surrounded. The onward course of small particles will be of course much accelerated should they make their way into a vessel and be swept onward by the current until arrested by some obstacle.

In this manner I think the strange course which needles and other bodies sometimes take can be satisfactorily accounted for, which entering the body at one point make their exit at a spot very distant. In the case of absorption there is no destruction of tissue (by resorption) nor reproduction.

I only use the term Resorption in deference to general usage. Effused blood, *e. g.*, is really *resorbed* by a process identical with absorption. The disappearance of tissue owing to pressure is not due to resorption nor absorption at all, but is really a case of atrophy resulting from the interference with the nutrition of the part, the dis-assimilative process having become, abnormally, more active than the assimilative.

The *absorbed* fluid makes its way through the tissues in obedience to a physical law of a different kind,—viz., endosmosis. I think it is more than probable that a foreign body, such as dust, which makes its way into the digestive canal, as must frequently occur with workers at dusty trades, may penetrate thence into the tissues in the way I have described, so that the respiratory organs do not form the only portal. Slavzansky has shown that finely divided matter placed in the trachea will make its way into the pulmonary alveoli and tissue, and ultimately into the blood. His explanation of the manner in which this occurs is, that the dust enters through the capillaries and lymphatics. I think the general law I have stated is more likely correct. I have thought it necessary to be thus particular in proving that dust from without does enter the lungs, and have selected cases of metallic dust and others which have proved, *ad oculus*, its presence in them, because the nature and origin of the carbonaceous deposit found in anthracosis has been much disputed about. Having established this point I next proceed to describe anthracosis as it is commonly observed in this district, and I believe my remarks will be pretty generally applicable to others. The name was first applied in consequence of the black, carbonaceous deposit occasionally found in the lungs of some men and domestic animals, *e.g.*, the dog. Chemical analysis ascribes to it all the characteristics of carbon. Dresler asserts that the pigment of the bronchial glands is identical with vegetable carbon and exhibits the same reactions, being insoluble in acids, alkalies, alcohol, ether, and chloroform, and of a deep black colour. However, all possibility of error is removed by microscopic examination, which shows us, as in Traube's remarkable case, besides the discolouration, particles of coal-dust in the tissues, the exuded fluid, and in the alveoli. At the outset of the disease the lungs exhibit only small black spots, few and far between, while the alveoli also will be found dotted with black particles. The pleura presents a "marbled" appearance, and are commonly adherent in the more advanced stages. Later there will be found large black patches, the smaller bronchi being filled with the deposit, and ending abruptly where it begins. Thus, considerable islands may exist incapable of performing their respiratory function, though their structure may have undergone no essential change. In a still more advanced stage almost all traces of structure will be found to have disappeared, and the lung-tissue will be represented by a black-coloured mass, the appearance and feel of which are plain evidence of its nature, rarely excavated by caverns, which, when they exist, are probably the result of ulceration; although mere resorption of tissue, I believe, is not unfrequently the cause, as they will often be found in cases where no symptoms were ever shown of an ulcerative process having pre-existed in the lungs. The carbonaceous mass, though frequently offering no appearance of organisation in its structure, will be found to contain in combination a considerable quantity of organic matter; a fact quite in accordance with the known affinity of carbon for organic substances. It is asserted by Hirt that no black patches are to be found in the bronchi, but my experience is decidedly of an opposite character. The lymphatic glands may participate more or less in the affection, as will be seen by their colour; sometimes in aggravated cases they will be found enlarged and degenerated (Hirt).

During life the only distinct and unmistakable sign is *the black spit*, but of course this must have been of some duration to be of importance. The black-spit is not continuous, but intermittent, and is most commonly matutinal, being expectorated in the violent coughing-fits which generally occur in the morning. Before the disease has advanced far it does not probably originate below the trachea, but at a late stage it is brought up from the lungs. When examined microscopically this sputum will be found to contain considerable quantities of particles of carbon, some of them entirely encapsulated within cells, others partly outside and partly within, and others again free. In addition there will be found, according to circumstances, the usual *detritus*, which is of course not characteristic of anthracosis. The serious commencement of mischief is marked by temporary attacks of black spit, debility, and occasional oppression in breathing, especially in the evening, after work. This last symptom I have frequently noticed, and I think it important as showing that deposition has taken place, probably in some smaller bronchi, and that thus some previously debilitated lung-district has ceased to functionise. The cough now becomes severe, sometimes incessant, and the dyspnœa increases, the patient calling into play every accessory muscle of his debilitated and emaciated body.

The anorexia, which is an early and constant symptom, combined with the diseased condition, leads to general wasting, in which the inspiratory muscles alone do not participate. They always appear strikingly enlarged. Percussion and auscultation give evidence of the pathological changes, by the dulness and complete absence of all respiratory sounds in the chest. Hæmoptysis is not a constant symptom. Cardiac complications are necessarily induced by the interference with the pulmonary circulation, the right side of the heart being the earliest affected. Its action becomes "tumultuous," and the pulse small, quick, and hard. If the patient survive long enough, the effects of degenerated and over-worked heart will appear. Of course there can be no question of curing a patient in this stage; palliatives need alone be employed. At an early stage expectorants are most applicable: I frequently administer with good effects a mixture containing ammonia, squills, and senega. Narcotics should be sparingly used. I believe short hours, good pay, and good education would prove the best preventatives. Complete freedom from danger is not to be expected, but if a better system of *personal* hygiene existed, the risk would be infinitely diminished. If miners knew, and would practice, how to keep their bodies well nourished, by partaking of good food, avoiding excessive consumption of stimulants, keeping up their bodily temperature, and most scupulous attention to the state of the skin, much would be done to improve the difficulties of their useful but dangerous lot. The Turkish bath would be a great boon, and might readily be maintained beside every coal mine. Hot vapour baths could be kept going with the waste steam at a trifling expense, and would be of essential service, or it might be used to heat the water for warm baths. Within the mine the grand sanitary moments are, the constant supply of fresh air, the prevention of accumulations of unhealthy gases, and the maintenance of as dry a condition as possible in damp mines. It is to be hoped that the rising wave of sanitary reform will reach those humble but necessary contributors to our wants, who earn their bread not only with the sweat of their brow, but in ever-present danger. To teach them the highest pleasures of life may be impossible, but to teach them to *feel the want* of improvement would elevate the mind and be salvation to the body.

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REMARKS ON DR. MAPOTHER'S VIEWS AS TO THE NATURE AND TREATMENT OF ECZEMA.

By Andrew S. Myrtle, M.D.,
Consulting Physician to the Harrogate Bath Hospital, &c.

It would be one of the most fortunate discoveries of our time, could it be satisfactorily proved that the theory advanced by Dr. Mapother in his article, in the columns of this Journal for February 19th, on "Gout Poison" being the cause of eczema, was a fact—then our treatment of that many sided and most obstinate disease would be greatly simplified, and the action of specifics brought to bear on it, as they are so successfully on gout. I fear, however, we often behold things as we wish to see them, not as they really are, and that the proximate cause of eczema is still a matter of conjecture, its treatment necessarily empirical.

Of late years it must be allowed, that doctors and patients have exhibited a proneness to put down many irregular and trifling symptoms, as well as some graver evils to gout, as if gout had not enough to answer for already. A common remark is "My Doctor tells me 'tis Gout," perhaps "suppressed gout," when in truth it is brandy, or gluttony—venery or tobacco, or what is quite as bad, organic disease. Many skin diseases besides eczema, are also charged to the account of gout, and the public swallows it, in fact, rather rejoices in it. Gout is such a proper complaint, so very respectable, gives one a position in society, and points to at least one grandfather, who lived well, and after dinner did nothing but eat nuts and sip old port in an easy chair. Believing as I do that the gouty diathesis has no more to do with eczema than it has with hydrophobia, and that the treatment of the one is separate and distinct from that of the other, I desire to have an opportunity of giving my reasons as a practical dermatologist for dissenting from Dr. Mapother's axiom, "that constitutional eczema depends on the gouty diathesis, and should be treated according to the well known therapeutic indications observed in that condition." I shall take Dr. Mapother's facts in support of his argument in order :—

1. "The fact that uric acid and urates are found in the exudations and secretions of eczematous and gouty patients" proves nothing, as they are found in great abundance in all cases of recovery from acute diseases—in most chronic—in mental and emotional derangements, in short, wherever there is an abnormal waste going on in the system at large, or any of its parts.

2. "Increase of fibrine in the blood, its exudation and coagulation on the raw surface," in the majority of cases of eczema, there seems to me a want of fibrine in the blood, an excess of albumen and the coagulum on the surface and coverings, is mainly composed of albumen not fibrine.

3. "Both diseases are characterised by great tendency to œdema and desquamation,"—admitted—these conditions, however, present very different features in each, and in gout they have a much closer affinity to acute erysipelas than eczema.

4. "Equal proportion of hereditary cases in the two diseases, and their greater frequency among males," are gout and eczema more hereditary than other diseases? and are not men more liable to all diseases than women, not because they are men, but by reason of their circumstances and habits.

5. "Frequent concurrence of symptoms of gout, rheumatic gout, and eczema," this is not the experience of dermatologists, the greatest authority on the subject, Hebra, has distinctly stated that, he has observed no such connection.

6. "Aphorism of Hippocrates that gouty attacks are most frequent in spring and autumn, and the same may be said undoubtedly of eczema." Both statements are unsupported by facts, and have their origin in popular belief. Hebra, in speaking of eczema says, "I should rather look upon a severe winter or a hot summer, than on spring or autumn, as the season most injurious to the skin."

7. "Distant parts from heart and least vascular, most frequent seats of both diseases, as the *urates* are most easily deposited." I thought the favourite seats of eczema were the head, face, arm-pits, chest, thighs, flexures of arms, and legs, the very places were gout is never seen. When did any one see a case of eczema in ball of great toe, cushion of heel, or ball of thumb, these are the strongholds of gout again.

8. "The treatment proven to be useful in gout is usually successful in eczema," *tout au contraire* I say. In the former what are the usual remedies? Colchicum, alkaline, and neutral salts, rest, and low diet; in the latter the very opposite; tonics, especially iron, mineral acids, cod-liver oil, generous diet, even stimulants, with exercise in the open air. I trust I have advanced sound, if not scientific reasons, for venturing to express a different opinion to that so plausibly advocated by my Dublin *confrère*, my object being the prevention of a too ready acquiescence in the proposed plan of treatment, as I feel convinced were it adopted as the proper method of dealing with eczema, it would lead to great disappointment. As to the cause of eczema, most recent writers are inclined to put it down to faulty innervation, to debility, not to any dyscrasia. The nerves of nutrition somehow or other become disturbed, the capillaries lose their tone, congestion, serous exudation and infiltration take place, the tissue cells cannot perform their function aright, and, hence, all the local symptoms spring. Why certain situations should be selected in preference to others, it is impossible to explain, but that the disease depends on functional nerve derangement we can readily understand, when we consider how frequently it supervenes on exhaustion from loss of blood, grief and anxiety, night watching, exposure to cold, business bothers, over nursing, uterine affections, and improper food. We know also that injury to the trunk of a nerve is often followed by herpetic, hyperæmic and eczematous out-breaks in those parts where its terminal branches ramify, many such cases are reported as having taken place from wounds during the American war, and conversely, cases are reported where eruptions of a similar kind have been cured by division of the nerve trunk, proving most conclusively the important part nerves play in cutaneous disorders. In the treatment of eczema I have often been surprised at the freaks played by patients presenting similar appearances, how rapidly some recover under a certain plan of treatment, how useless or even irritating the same plan proves to others, how common in all to find, just as we flattered ourselves that the disease was cured, it return with increased activity; this has happened to me often under every form of treatment, and may in part account for the difference of opinion as to what is the best for this complaint; how we find one system almost universal in Paris, another in Vienna, a third in London. Yet, although we have such variance in the treatment, we find the symptoms pretty uniform, much the same with young, middle-aged, and old; with the weak and robust, little influenced by *diathesis*; affecting the strumous, gouty, rheumatic, and dyspeptic, very much alike. In its management it requires watching, as no exact rules can be

aid down as to what shall suit any individual case; there s nothing for it but experiment, and when we find one hing useless or hurtful we must try another. For my wn part, I have found in chronic cases more benefit from he application of coal-tar lotions, combined with mild atural sulphur water baths, and the internal use of halybeate waters, than from any other plan of treatment.

Harrogate, Yorkshire.

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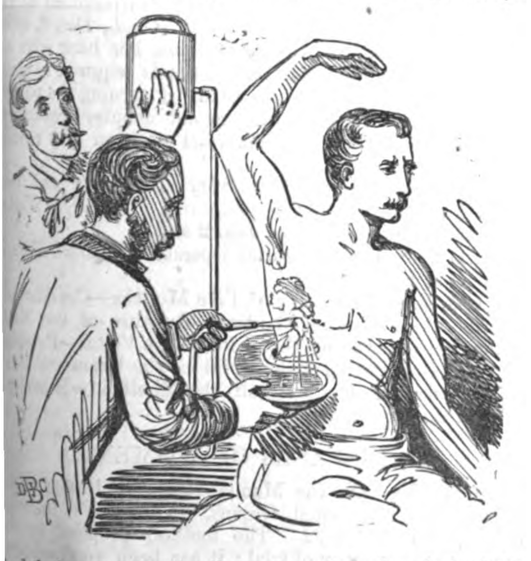
COMBINED IRRIGATION AND DRESSING APPARATUS.

By J. H. Porter,

[illegible] Regiment; late second in command of British Ambulance.

The illustration is intended to represent the irrigator nd tray used by the Prussian Medical officers in the ersailles Hospital during the late Franco-Prussian war, 870-71. While serving with the British Ambulance, I had the honour of being shown round the hospital of the [illegible]sailles by Dr. Stromeyer, Consulting Surgeon of [illegible] Corps, who kindly allowed me to see the [illegible] working of irrigator and tray. I was much [illegible] their convenience and usefulness, and have [illegible]med many hospital surgeons about them, who [illegible]ed me to bring them to the notice of the [illegible] Profession at home.



The irrigator is simply a can with two handles, one at [illegible] top, and the other at the side, somewhat larger and [illegible] than the ordinary "hot water" can. It has a [illegible] metal tube in the side, near the bottom, opposite [illegible] handle, to which is attached about five feet of flexible [illegible], and at its free end a pipe of wood, bone, or ivory attached, like an enema pipe. The can being filled [illegible] fluid it is only necessary to lift it in the air, and [illegible] the point of pipe towards the part requiring [illegible], when a gentle stream is produced; when no [illegible] required, lower can and turn pipe into it, or take [illegible] of tube round handle. A tap may be applied to [illegible] pipe, but has not been found necessary.

The tray is kidney-shaped, measures 17 inches long, [illegible] wide in centre, and two inches deep. It is [illegible] of block tin or pewter, from its formation is [illegible]pted to any part of the body, and, in conse-[illegible]vents wetting of clothes or bedding.

[illegible]ample of their adaptation, I saw them used for [illegible] extensive shell wound of chest and abdo-[illegible] was applied below the wound, which was [illegible]d, and not a drop of fluid reached the clothes or bedding. My own experience of the round edge of a basin or square side of the usual hospital dressing tray is that of inconvenience, and when many wounds have to be dressed sponges are difficult to procure. I trust, therefore, the tray and irrigator may on trial be found useful and convenient. The Prussian Medical gentlemen use the irrigator for washing out wounds during the operation of excision instead of sponges.

Richmond Barracks, Dublin.

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The Medical Press

RETROSPECT

OF

MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. III.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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SURGERY.

Gosselin, L.—"Clinique Chirurgicale de l'Hôpital de la Charité." Paris, 1873.

CONSTITUTIONAL EFFECTS OF LOCAL INJURY AND DISEASE.

Chauffard, P. E.—"De la Fièvre Traumatique et de l'Infection Purulent." Paris, 1873.

Labbee, Ernest. — "On the Treatment of Tetanus." *Arch. Gen. de Med.*, Jan.

PROCESSES OF LOCAL DISEASE.

Hulke, J. W.—"Clinical Lecture on Cases of Rodent Cancer." *Med. Times and Gaz.*, Jan. 4 and 11.

EFFECTS OF POISONS GENERATED BY DISEASED ANIMALS.

Alcock, Nathaniel.—"Blood Poisoning in Man and Animals." *Med. Times and Gaz.*, Jan. 18. Mr. Alcock relates an instance in which a poison communicable by infection from beast to beast being transferred by inoculation to the human system produced violent symptoms of blood-poisoning, which were suddenly neutralised by the administration of quinine.

VENEREAL DISEASE.

Blacher, E.—"The Treatment of Syphilis." Paris.

Kœbner, H. — "On Recurrence of Constitutional Syphilis by Re-Infection." *Berl. Klin. Wochen.*, Nov. 11, 1872. The author adduces evidence in favour of the view that syphilis can recur in the same person by a second inoculation. One interesting case bears on the question as to whether one who has been in infancy the subject of inherited syphilis can contract syphilis in after life.

Dr. S. Gee, in the *Med. Record*, Jan. 22, gives an exhaustive *resumé* of the papers of Waldeyer, Köbner, Parrot, Wegner, Guéniot, Ranvier, and Valleix, relative to disease of the bones and consequent pseudo-paralysis in subjects of hereditary syphilis.

DISEASES AND INJURIES OF TENDONS.

Guterbock, P.—"On the Minute Process in Healing by the First Intention in Tendon." *Virchow's Archiv.*, Vol. 56, Part 3.

DISEASES AND INJURIES OF JOINTS.

Jackson, W. H. M.—"Dislocation of the Patella on its Edge reduced by a Process of Pushing Up instead of Twisting or Pulling Down." *Brit. Med. Journ.*, Jan. 11.

DISEASES AND INJURIES OF THE HEAD.

Felizet, G.—"Anatomical and Experimental Researches in Fractures of the Head." Paris, 1873.

Savory.—"Fracture of Temporal Bone of Left Side in consequence of a Fall of Twenty Feet—Removal." St. Bartholomew's Hospital. Reported *Brit. Med. Journ.*, Jan. 18.

DISEASES AND INJURIES OF THE EYE.

Farro.—"Treatment of Amaurosis from Atrophy of the Optic Nerves by means of Painting the Orbit with an Iodo-Strychnine Liniment." *France Med.*, Jan. 8.

Monoyer.—"On the Radical Cure of Certain Forms of Lachrymal Tumours by means of Partial Excision of the Sac, Methodical Catheterism, and Injections of Sulphate of Soda." *Arch. Gen. de Med.*, Jan.

AFFECTIONS OF THE TEETH.

Coles, O.—"On the Destruction of Decayed Dental Pulp by means of Pepsina Porci." *Trans. Odont. Soc.*, Vol. 5, 1872, No. 2.

AFFECTIONS OF THE NECK, LARYNX, TRACHEA, &c.

Cockle John.—"On the Pathology of Tumours of the Neck." *Med. Times and Gaz.*, Jan. 5 and 11.

Jackson, J. Hughlings.—"On Palsy of the Vocal Cords from Intra-Cranial Syphilis." *Brit. Med. Journ.*, Jan. 25.

Johnson, G.—"Case of Aneurism of the Aorta causing Paralysis of the Vocal Cords." *Path. Soc. Lond.*, Dec. 17, 1872. There was no evidence of pressure on the right side, but the vocal cords on both sides were paralysed.

Stork, Karl, has recently published a pamphlet "On the Removal of Growths from the Larynx." In his paper he describes an improved guillotine, he remarks on the different kinds of caustic holders, and offers some exceedingly useful suggestions relative to the various caustics.

Bourdon, E.—"On Tracheotomy by Galvano-Cautery." *Arch. Gen. de Med.*, Jan.

HERNIA.

Dupuy, M. L. E.—"Strangulated Hernia Treated by Aspiration." *Mouv. Med.*, Dec. 7, 1872.

DISEASES AND INJURIES OF THE URINARY ORGANS.

Bardy-Delisle.—"Extraction of a Piece of Wood Introduced into the Bladder." *L'Union Med.*, Jan. 30.

Porter, George H.—The *Dub. Med. Journ.*, Feb., contains a valuable contribution to surgical literature from the pen of Mr. Porter, written with characteristic force and clearness and of great interest at the present time. Five cases are recorded. In the first there was a tight organic stricture of the male urethra, a large portion of the catheter was lodged in the bladder, the stricture was forcibly dilated, and the foreign body extracted. In the second case a portion of a gutta-percha bougie had broken off in the bladder, and a calculous formation had taken place round it; a modification of Allarton's lithotomy was successfully performed. In the third case nine inches and a-half of a gum elastic catheter had lodged in the male bladder, and had become surrounded by phosphatic deposit; a modification of Allarton's lithotomy was also successfully performed in this case. The fourth case was one of lithotrity for a small lithate calculus with an oxalate of lime nucleus, occurring in a patient, æt. twenty-six. The last case was also one of lithotrity for a small lithate calculus in a patient, æt. fifty-one. The paper is beautifully illustrated.

Reliquet.—"Best Means of Detaching Concretions Adherent to the Bladder." *Gaz. des Hôp.*, Jan. 11.

Teevan, W. F.—"Clinical Remarks on Stone in the Bladder." *Brit. Med. Journ.*, Jan. 18.

Wood, John.—"Two Cases of Extroversion of the Bladder." *Path. Soc. Lond.*, Dec. 17, 1872.

AFFECTIONS OF THE EXTREMITIES.

Carter, Vandyke.—"Drawings of the Appearances found in Fungus Foot." *Path. Soc. Lond.*, Dec. 17, 1872.

We may here allude to a very important subject which was under discussion at the *Path. Soc. Lond.*, Jan. 7, viz., the changes which take place in the spinal cord after amputation. Dr. **Dickinson** said that the changes were constant; they are wasting of the nerve, wasting of its posterior, but not of its anterior, root, wasting of the posterior column on the same side as the amputation, and wasting of the grey matter but not of the individual cells.

MIDWIFERY.

Edis, A. W.—"On the Systematic Examination of the Abdomen with a view to Rectifying Malpositions of the Fœtus during Labour." *Obst. Soc. Lond.*, Dec. 4, 1872. Dr. Edis directs the patient to lie on her back with her knees drawn up; but little experience is required to ascertain the position of the fœtus, then, by turning the patient on her side and making pressure and counter-pressure on the head and breech, any abnormal position may readily be rectified.

D'Olier.—"Ovariotomy; very Extensive and very Solid Adhesions of the Cyst with the Abdominal Wall—Recovery." *Gaz. des Hôp.*, Jan. 2 and 4.

Dubar.—"On the Cæsarian Operation." *Bull. Med. du Nord de la France*, Dec.

Racis, E.—"Pregnancy of Five Months—Considerable Uterine Anteversion—Abortion—Rupture of the Membranes not followed by Expulsion of the Fœtus—Putrefaction and Dissociation of the Child in the Uterus—Successive Extraction of almost all the Skeleton—Recovery." *Gaz. Med.. Strasb.*, Jan. 1.

DISEASES OF WOMEN.

Simon, G.—"On the Manual Rectal Palpation of the Pelvis and Abdominal Organs." *Göschen's Deutsche Klinik*, No. 46, 1872. The method proposed by Dr. Simon is well worthy of trial; it has been very successful in his hands.

Lebert.—"On Tuberculosis in the Female Generative Organs." *Arch. für Gynæcol.*, Vol. 4, Part 3, 1872.

Barnes, Robert.—In the *Brit. Med. Journ.*, Jan. 11, Dr. Barnes has an important communication "On the Various Modes of Applying Remedies to the Internal Surface of the Uterus." He would restrict the use of intra-uterine injections within the narrowest limits, and he states that he rarely employs them except in cases of urgent danger from menorrhagia. He adds that nearly all the advantages of injections may be had by swabbing or by solid applications or ointments. Dr. Barnes's paper is well worth perusal.

Gallard, T.—"Treatment of Chronic Metritis." *L'Union Med.*, Jan. 4 and 7.

Smyth, Spencer T.—"Case of Uterine Hydatids" occurring in a girl, æt. thirteen, who denied having sexual intercourse. *Brit. Med. Journ.*, Jan. 18.

Duncan, J. Matthews.—"On Mechanical Dilatatio of the Cervix Uteri." *Brit. Med. Journ.*, Jan. 25. D Duncan believes the treatment of spasmodic dysmenorrhœa by mechanical means to be best effected by the use of a graduated series of metallic bougies, which are never allowed to remain in the uterus above a few minutes.

Couley, N.—"Strangulation of the Neck of a Prolapsed Uterus by a Ligature of Hair which had accumulated round it." *Obstet. Soc. Lond.*, Jan, 1.

Todd, Walton.—"Ablation of a Cancer of the Neck of the Uterus in a Pregnant Woman." *Pacific Med. and Surg. Journ.*, Dec., 1872.

Pajol.—"Extreme Narrowing of the Orifice of the Uterus—Deviation of this Orifice—Sterility." *Gaz. Obst.*, Jan. 5.

Andreef, F.—"Cases of Cure of Prolapsus Uteri without Mechanical Means."

Goodall, W. H.—"Clinical Lectures on Prolapse of the Womb." *Philadelphia Med. Times*, Nov. and Dec., 1872.

Squarey, C. E.—"On the Causation of Acquired Flexions of the Uterus and their Pathology." *Obstet. Soc. Lond.*, Dec. 4, 1872.

Phillips, J. J.—"On the Treatment of Suppurating Ovarian Cysts by Drainage." *Obstet. Soc. Lond.*, Dec. 4. Dr. Phillips related a case in which, after the main cyst had been treated by drainage and having very considerably contracted, death took place six weeks after the operation with all the signs of acute peritonitis.

Ollivier, A.—"On the Chronic Diseases of Puerperal Origin." *Arch. Gen de Med.*, Jan.

Sheppard, Edgar.—"On Puerperal Insanity." *Med. Times and Gaz.*, Jan. 11 and 25.

DISEASES OF CHILDREN.

Monti, Alois.—"On Constipation in Children." *Wien. Med. Presse*, 13 and 26-28, 1872. He attributes constipation to mechanical impediment, defective and faulty nourishment, deficiency of the intestinal peristaltic action, and deficiency of the intestinal secretion, &c. Constipation is a symptom of diseases of the brain and cord.

Suckling, C. B.—"A Rare Case of Montrosity." *Med. Times and Gaz.*, Jan 25. A large soft fluctuating mass like a pig's bladder hangs from the back of the head; it feels like a bag of water. The mother whilst pregnant was shocked at the sight of a man who had a large pendulous tumour on the side of his neck.

MEDICAL JURISPRUDENCE.

Morley, John.—"Report of Fifteen Cases of Arsenical Poisoning with Unusual Symptoms." *Brit. Med. Jour.*, Jan. 25.

Thompson, Henry.—"Case of Suicidal Poisoning by Oxalic Acid—Cystitis—Morbus Renum—Recovery." Middlesex Hospital. Reported *Brit. Med. Journ.*, Jan. 25.

Way, John.—At the *Path. Soc. Lond.*, Dec. 17, 1872, Dr. Way showed a specimen of part of the alimentary canal of a female who poisoned herself with carbolic acid. She had taken somewhat less than eight ounces; death was instantaneous; the *primæ viæ* for some distance below the stomach were hardened and thickened; the membranes were bluish-white; all parts emitted the characteristic odour.

HYGIENE.

"Rain and Health." Leading article, *Brit. Med. Journ.*, Jan. 25.

"Sudden Deaths and Atmospheric Changes." Leading article, *Student's Journ.*, Feb. 1. A brief but very suggestive article.

Dyke, T. J.—"Outline of Preliminary Report on the Sanitary Condition of the District of a Medical Officer." London, 1873.

Eassie, William.—"Reports on Sanitary Engineering in Houses, Hospitals, and Public Institutions." *Brit. Med. Journ.*

Fox, Cornelius B.—"Ozone and Antozone: Their History and Nature; When, Where, Why, How is Ozone observed in the Atmosphere." London, 1873.

Lewis, Beran.—"Lead Poisoning." *Med. Times and Gazette*, Jan. 25.

Liebreich, R.—"A Contribution to School Hygiene." *Brit. Med. Journ.*, Jan 25.

Mouat.—"Medical Statistics." *Epidem. Soc.*, Dec. 11, 1872. The paper had special reference to cholera and syphilis.

Parkin, John.—"Epidemiology; or the Remote Causes of Epidemic Diseases." London, 1873.

Pettenkofer, Max.—"Verltreilungsart der Cholera in Indien." This memoir of Pettenkofer's is translated by Mr. D. Cunningham in the *Indian Annals of Medical Science*, No. 29.

Rattray, Alexander.—"An Analysis of Ship Air and its Effects." *R. Med. and Chir, Soc. Lond.*, Jan. 14.

THERAPEUTICS.

The *Brit. Med. Journ.*, Jan. 11, has a valuable report on the administration of ether as an anæsthetic in several hospitals.

"Report on Modern Medical Electric and Galvanic Instruments, and Recent Improvements in the Applications." *Brit. Med. Journ.*, Jan. 11.

Binz, C.—"Grundzuge der Arzneimittellehre: ein Klinisches Lehrbuch." Berlin. ("Elements of Therapeutics: a Clinical Compendium.")

Cheadle.—"Severe Salivation and Gastric Irritation following a Single Dose of Five Grains of Calomel." St. Mary's Hospital. Reported *Brit. Med Journ.*, Jan. 25. In this case there was no reason to suspect Bright's disease; the patient had frequently taken blue pill and black draught. She had been taking for epilepsy a mixture of five grains of the iodide of potassium and twenty-five of bromide of potassium. Dr. Cheadle asks whether this would account for the result by supposing that the subchloride of mercury was converted into the more active iodide or bromide.

Dalby.—"Functional Therapeutics of Physical Medicine." *Gaz. Med. de Paris*, Jan. 4.

Oulmont.—"Treatment of Mercurial and Senile Tremor by Hyoscyamine." *Gaz. des Hôp.*, Jan 11.

Rabuteau.—"On the Properties of Sulphovinates in General and of Sulphovinate of Soda in Particular.' *L'Union Med.*, Jan. 21 and 25.

Siebert and Quehl.—"On the Action of Apomorphia." Dr. Lauder-Brunton, in the *Med. Record*, Jan 22, gives a a very terse and complete analysis of the researches of these investigators.

Wilks, Samuel.—"Therapeutic Uses of Electricity' is the subject of an interesting paper in the *Brit. Med. Journ.*, Jan. 11. Dr. Wilks says that by allowing Faradisation to supersede, instead of supplementing, Franklinism, we were abandoning a valuable therapeutic agent.

N.B.—Having already exceeded our allotted space we are reluctantly obliged to hold over some important papers for our next Report.—Ed. Retrospect.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture IV.

Ligaments of the Spine—Dislocations—Caries—Angular Curvature—Ligaments of Atlas and Axis—Injuries and Diseases of Atlas and Axis.

Gentlemen,—Having devoted the three last lectures to the Anatomical Characters of the Vertebræ I propose now to treat of the Ligaments connecting the Vertebræ, the different kinds of Joints met with in the Spine, the motions permitted at them, and the general features of the Vertebral Column as a whole. "There are between seventy and eighty joints in the Spine;" each with its own ligaments, and, "besides these proper ligaments, others" of an accessory nature "pass between the Vertebræ at different points (a). The Bodies, the Laminæ,

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(a) Shaw, "On Injuries of the Back." "System of Surgery," vol. ii., p. 353.

the Spinous Processes, the Articular Processes, and the Transverse Processes, all have their separate connecting links, which will be considered in their order. The Ligaments uniting the first two Vertebræ with each other and with the Skull are peculiarly modified and will need distinct description; the Ligaments uniting the other segments are repetitions of each other, and can be described as a whole.

The *Bodies* of the *Vertebræ* are very securely joined by Anterior and Posterior Ligaments and intervening Discs of Fibro-Cartilage.

The *Anterior Ligament* is called usually the *Anterior Common Ligament* because it extends down the whole length of the column, and is common to all the Vertebræ from the Axis to *the Coccyx*. It is a strong, thick band, consisting of longitudinal threads of white fibrous tissue of different lengths superimposed upon each other, the superficial fibres being the longest, and the deepest fibres the shortest. When fresh it has a bright silvery lustre. It is attached intimately to the margins of the Vertebræ and the Inter-Vertebral Discs, loosely to the central parts of the Vertebræ. The deepest fibres pass between adjacent Vertebræ, the superficial fibres from one Vertebra to the fourth or fifth below it, the intermediate fibres from one Vertebra to the second or third below it. As this ligament serves to fill up in front the hollows of the Vertebræ, it is thicker opposite the middle than at the margins of their Bodies. From the Body of the Axis, where it is narrow and pointed, it gradually widens as it descends along the Spine until it reaches the Sacrum; from the Sacrum to the Coccyx it again narrows, so that it presents the appearance of two pyramids joined together by their bases at the upper margin of the Sacrum. It blends with the Periosteum, and serves to render the surface of the Sacrum and Coccyx agreeably smooth by preventing the natural asperities of the bones from injuring the Viscera and soft structures resting against them. Where it unites the Sacrum and Coccyx it has dwindled to a few scattered fibres, generally described separately as the *Anterior Sacro-Coccygeal Ligaments*, and on the lower part of the Sacrum and Coccyx it may not be distinguishable as a structure separate from the Periosteum.

The *Posterior Common Ligament* can only be seen by opening the Spinal Canal, and will best be demonstrated by removing entirely the Arches of the Vertebræ and the Spinal Cord enclosed in its Membranes. Theoretically, it should extend from the Skull to the Apex of the Coccyx along the posterior surfaces of the Bodies of the Vertebræ. The upper part, however, which reaches from the Axis to the Occipital Bone, will be considered with the special Axo-Occipital ligaments, and the lower part cannot be traced farther than the back of the Bodies of the Sacral Vertebræ, where it becomes lost and blended with the Periosteum.

Thus limited to the space between the Axis and the base of the Sacrum, the Posterior Ligament is seen to be broader above than below, the reverse of the Anterior Ligament, and to present opposite to the Inter-Vertebral Discs prolonged pointed, or dentated processes, separated by concave margins. It resembles the Anterior Ligament in consisting of several strands of fibres of different lengths, in being firmly united to the Margins of the Vertebræ and the Discs, thicker opposite the centre of the Bodies and scarcely attached to them there, if attached to them at all. Between this Ligament and the Bodies of the Vertebræ are large veins, which issue from the apertures which you have already seen on their posterior surfaces.

The Inter-Vertebral Fibro-Cartilages, Substances, or Discs, are highly elastic plates, corresponding in area to the surfaces of the Bodies, which they unite, and, therefore, of necessity, presenting individual variations in shape and size throughout the column. Their thickness varies also, for the Curves of the Spine are produced in great measure by their relative depth in front and behind. They are very firmly adherent to the surfaces of the Vertebræ, and attached intimately as we have seen to the Anterior and Posterior Common Ligaments. If a transverse section be made across one of the Discs it is at once evident that they are composed of two different substances, an *external* or *circumferential*, firm and fibrous, and presenting the appearance of concentric circles, and an *internal*, soft and pulpy, which by virtue of its elasticity rises up above the level of the other. Now these two parts, the Laminæ and the Pulp, fulfil different offices. Both are elastic, but the elasticity of the Pulp far exceeds the elasticity of the circumferential portion of the Disc. Both serve to connect the Vertebræ, but the Pulp in this respect has not a fraction of the importance of the Laminæ surrounding it.

The Laminæ have their edges directed upwards and downwards, towards the corresponding surfaces of the Vertebræ above and below. They are arranged concentrically and in such a manner that the fibres of one Lamina cross the fibres of the Lamina succeeding it. In all, the fibres run obliquely from above downwards, inwards in some, outwards in others. Thus, the fibrous plates present a succession of crucial ligaments. At the circumference they are composed mainly of fibrous tissue, internally of fibro-cartilage, cartilage cells, and interstitial fluid. In the centre the fibres become more irregular, the cells are more numerous, and the fluid is greatly increased in quantity. Professor Humphry denies the correctness of Weber's account of the circumferential fibres, which is copied from text-book to text-book, and which represents them as curved outwards towards the surface, and curved inwards towards the Pulp. In all the sections he has made he has found the fibres straight near the edges of the Vertebræ, and curved slightly outwards near the pulp. When compressed at any one spot this curvature is necessarily increased.

If you look at the surfaces of a Lumbar Vertebra you see that near its margin is an elevated rough circle of bone, while the centre is depressed and comparatively smooth. The circumference attaches the circumferential Laminæ of the Disc, and is rough to allow its fibres to bite the bone better; the centre corresponds to the Pulp, and is rendered much more smooth by a thin plate of cartilage adherent to it. From both parts the Periosteum is absent. In point of fact the Pulp constitutes an elastic ball, compressed on all sides, a cushiony pivot on which the Vertebræ move and rotate, and which infinitely diminishes the force of the shocks continually received and transmitted through the Spinal Column. You will comprehend these functions and the essential nature of the Pulp better if you compare it with the structures found in lower Vertebrates, and as I cannot improve, I will quote, a brief account given by a great master of Anatomical Science. "In certain fishes (*a*) the Spine consists of a cartilage made tough by ligamentous inter-texture. Ascending in the scale of animals we find the Cartilage forming the Spinal Column subdivided by cavities which contain a gelatinous fluid; and these cavities being surrounded with a strong but elastic ligamentous covering, nothing can be conceived more admirably adapted to give a springiness to the whole column. Still ascending, we discover that the bony matter becomes deposited between these cavities; and here the separate Vertebræ first appear. If two of the Vertebræ of the Great Shark be taken out together and the Sac between them punctured, such is the elasticity of the walls of this Sac that the fluid will be spouted out to a distance. In other fishes, as the Cod-fish (an osseous fish), the structure approaches to that of the Mammalia; the inter-vertebral substance is gelatinous. In the Whales circular concentric ligaments join the Vertebræ, and a small portion in the centre consists of a glairy matter. In Mammalia and in Man there are strong and distinct bones of the Vertebræ, and these are joined by a ligamentous cartilage, the outer circle of which is remarkably strong, and the centre soft and elastic. The toughness and strength of the exterior circle, and the soft condition of the centre, make a joint equivalent in action to what might be produced by a ball intervening between the surfaces; a facility of motion is thus bestowed which no form of solid could give, and yet the joint is so strong that the bone breaks from violence, but the ligamentous cartilage never gives way. When the Veterinary Surgeon casts a horse, if he be not careful to restrain him, he will twist himself with a force which will break the Vertebræ. It is a frequent accident in man, but the texture which gives mobility to the Spine never yields." The statement here made by Sir Charles Bell that the Fibro-Cartilaginous Discs uniting the Vertebræ never give way is too absolute, for cases now and then occur in which the Discs have been torn without fracture. If you will refer to the specimens of so-called "Dislocations of the Spine" contained in our Museum, about thirteen in number, in all but three the Body of one of the Vertebræ at the seat of displacement is crushed, fully accounting for any injury done to the Inter-Vertebral Substance. In one of the three remaining specimens (Gbb 19) there is slight splintering at the edges of the Bodies; in the other two (Gbb 10 and Gbb 14), both in the

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(*a*) Myxine, Lamprey, Sturgeon.

Cervical Region, there does not appear to be any fracture whatever of the Bodies, the separation being due to rupture of the Fibro-Cartilages. Similarly, in a recent case of my own, caused by forcible flexion of the Cervical portion of the Spine, the fourth Cervical Vertebra was partially displaced forwards from the fifth without fracture. The Inter-Vertebral substance had been torn, but the Anterior and Posterior Common Ligaments remained entire. In Gbb 10, which is a displacement *backwards* at the fifth Cervical Vertebra, there does not appear to have been any fracture at all. The ligaments connecting the right Articular Processes are torn, and the Inter-Vertebral Substance lacerated. In Gbb 14 the displacement had taken place between the sixth and seventh Cervical, and only the edges of the Articular Facets were fractured. In my own specimen there is no fracture of the Facets, Arch, or Body of the fourth; the left Tubercle of the Spinous Process of the fifth Vertebra has been torn [illegible]

It is interesting to note that in Spinal displacements the upper part of the Spinal Column is generally carried *forwards*, and that in one of the specimens in which the Disc only has been torn, the Vertebræ above the seat of dislocation have been carried *backwards*. It is also worthy of observation that in some of the specimens, as in my own case, the Anterior and Posterior Ligaments remain entire; in others, where the violence had evidently been greater, one or both are torn across. But the Bodies of the Vertebræ are not liable only to fracture and crushing from force accidentally applied, they are often seriously affected by disease. The puny, ill-clad, ill-developed, half-starved offspring of our poorer classes, are prone especially to suffer in their bones and joints. A large portion of the compact tissue of the Shafts of the Long Bones perishes—constituting what we call *Necrosis*, or the Death of Bone; or the cancellous ends of the Long Bones and the cancellous tissue of other bones soften and disintegrate particle by particle, constituting what we call *Caries*, or *Ulceration of Bone*. Now the Bodies of the Vertebræ, made up of cancellous tissue and called hourly into use for the support of the frame in the sitting and standing postures, are rendered specially obnoxious to [illegible] when the laws of health are infringed. Disintegration takes place with or without the formation of matter or [illegible], and large gaps are made in the Spinal Cylinder. The upper part of the Spine, having lost its support, falls forward, a projection becomes visible behind, and Angular Curvature is produced. Rarely, the Intervertebral Discs are the parts chiefly affected, often the two suffer together, [illegible] the Bodies only melt away. On the table you [illegible] see two very interesting specimens. In one (Fb 3) the disease appears to have been mainly confined to the Inter-Vertebral Discs; in the other (Fb 7) the Inter-Vertebral Discs stand out prominently between the spaces now empty [illegible] once occupied by the Bodies of the Vertebræ. The best thing that can happen in such distressing cases is the union of the Bodies of the Vertebræ above and below the gap, granting the patient the loan of life with the discount of deformity (*a*).

The *Laminæ* of the Vertebræ from the Axis to the Sacrum are united by Ligaments which are formed of pure elastic tissue, and, having a yellowish hue, are called *Ligamenta Subflava*. Each Ligament is composed of two symmetrical halves, which together fill the interval between the Laminæ of the Vertebræ to which they belong. Each half extends from the Articular Process in front to the root of the Spinous Process behind, where its edge is contiguous to that of its fellow. The fibres of the Ligament are attached to the anterior surface of the Laminæ of the Vertebra above, about ¼th of an inch from their margins, and to the upper border of the Laminæ of the Vertebra below. Hence they are best viewed from the interior of the Spinal Canal, on the Arches which have been separated for the demonstration of the ligaments of the Bodies. The attachment of the Ligamenta Subflava to the anterior surfaces of the upper Laminæ is for the purpose of permitting the upper Laminæ to slide over the lower in extension of the Spine. The Ligamenta Subflava are thinnest in the Neck and thickest in the Loins. Existing naturally in a state of tension in the Neck and Loins, they preserve the curvature of the Spine, help to maintain the body in the upright posture, counteract the forward traction of the Viscera in front of the Vertebræ, and when the Column has been flexed by muscular action, restore it without effort to its original position. By this means is effected a large economy of muscular tissue and force.

The *Articular Processes* are united to each other by ligamentous fibres attached to the rough surfaces outside the margins of the cartilaginous plates which cover the articulating facets. These fibres being disposed circularly and loosely round the articulations are named *Capsular Ligaments*, and they are lined with a fine smooth membrane, called the Synovial Membrane because it secretes a viscid moisture known as Synovia, and vulgarly as joint-oil.

The *Spinous Processes* are connected by two sets of fibres, called the *Inter-Spinous* and the *Supra-Spinous*. The *Inter-Spinous* are so named because they are placed *inter—between*—the Spinous Processes as bands of white fibrous tissue, variable in thickness and strength, running between the opposite margins of contiguous spines. These Ligaments consist in the Neck of a few insignificant fibres near the roots of the Spines; in the Back of thin diaphanous triangular plates, and in the Loins of thick quadrilateral bands, occupying the margins of the Processes from root to tip. The *Supra-Spinous* are so named because they are placed *supra—over* or *above* the Spinous Processes, forming a cord-like ligament connecting their tips, and extending from the Occiput to the Sacrum. Where it lies over the Cervical Spines it is described separately as the Ligamentum Nuchæ, the mere rudiment of a strong elastic structure which in four-footed beasts plays so important a part by sustaining the weight of the head. It is stronger, broader, and more important in the Lumbar than in the Dorsal Region.

The *Transverse* Processes in the *Dorsal* and *Lumbar* regions are united by some irregular cords or bands of scattered fibres. The use of these ligaments connecting the Processes is obvious.

The *Capsular Ligaments* of the Articular Processes serve to maintain the Facets in apposition with each other without preventing the motions proper to the joints. They are often torn in Dislocations of the Spine.

The *Supra-Spinous* and *Inter-Spinous Ligaments* prevent separation of the Spinous Processes, and thus check forward bending; the *Inter-Transverse Ligaments* prevent the separation of the Transverse Processes, and thus check bending laterally. All contribute to the firm union of the osseous elements of the Spinal Column.

(*To be continued.*)

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 25TH, 1873.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON DISSEMINATED SUPPURATION OF THE KIDNEY SECONDARY TO CERTAIN CONDITIONS OF URINARY DISTURBANCE.

BY W. H. DICKENSON, M.D. CANTAB., F.R.C.P.,
Senior Assistant-Physician and Lecturer on Pathology at St. George's Hospital, Physician to the Hospital for Sick Children, etc.

IN this paper the author proceeds to describe the peculiar suppurative condition which is sometimes spoken of as the "surgical kidney," and is produced, as he shows, by the contact of unhealthy urine. Of all renal disorders, next to those described by Bright, it is the most destructive to life It may almost be said to form the natural termination of.

(*a*) Fb 12 shows some of the Dorsal and Lumbar Vertebræ involved in an Angular Curvature nearly at right angles. The Bodies of the Vertebræ, together with the Intervertebral Substances, have been entirely removed, and two others are extensively destroyed. Anchylosis appears to have been in progress.

Fb [illegible] shows complete destruction of the Bodies of two of the Mid-Dorsal Vertebræ, together with their Inter-Vertebral Substances. The Theca of the Cord is exposed, and a circumscribed abscess cavity, as large as an egg and with a dense wall, is seen in front of the diseased portion. Although the destruction of the Bodies is complete, so that a gap an inch and a half long is left, yet there does not appear to have been any Angular displacement stricture of the urethra, and is the especial danger which attends the use of the catheter and lithotrite.

The renal change which is always associated with signs of pelvic and vesical inflammation, and often with alterations of the gland dependent on wasting pressure and chronic vascular disturbance, essentially consists of a peculiar turgidity and friability of the renal structure, with the formation of small scattered abscesses, or soft yellow deposits antecedent to abscesses, throughout its structure. With these are usually seen conspicuous white lines in the cones, which are morbidly occupied straight tubes.

With this condition the microscope shows more or less dilatation of the straight tubes, distension of, or coagulation within, the blood vessels associated with them, and disseminated intertubular suppuration, the distribution of which is regulated by the course of the veins. (The microscopic appearances were illustrated by drawings which show the dilatation of the straight tubes; the irregular repletion of, or coagulation within, the vessels of the cones and the larger veins of the cortex; and the origination of abscesses around the affected vessels and throughout limited tracts of the intertubular tissues. The swelling of the intertubular tissue where thus unfiltrated by the new cellular formation was strikingly depicted in contrast with the slender network presented by the same structure in a part of the gland exempt from the change.)

Taking the structural changes in their mutual relation, the usual dilatation of the tubular exits, the morbid occupation of the veins, and the general absence of the origin of tubal inflammation, the nature of the process is clear. The disorder has its origin in the regurgitation of urine charged with morbific products. This occupies and generally distends the straight ducts, and thence enters the neighbouring blood vessels, and charges them with an infection resembling in its results that of pyæmia. This is distributed by the veins to the rest of the gland, sowing abscesses in their course, and ultimately causing constitutional symptoms analogous to those of pyæmia when otherwise derived.

The urine being obviously either the source or the vehicle of the morbific matter, it remains to inquire whence and in what circumstances it becomes thus contaminated. To help in answering these questions the author has collected the particulars of 69 cases from the *post-mortem* books of St. George's Hospital. The disorder was traced to mechanical obstacles to the escape of urine (stricture or enlarged prostate) in 31 cases; to paralysis of the bladder in 17; to stone in the bladder or operation for its removal in 15; to cystitis from other causes in 5; and in 1 to a renal calculus complicated with enlargement of the prostate. Looking at the urine as directly connected with the origin of the disease, it appears that three conditions usually concur—retention, ammoniacal decomposition, and admixture with the products of mucous inflammation. Of these, ammoniacal decomposition appears to be essential, or at least to be constantly present. The urine is generally fetid and more or less mixed with vesical products, pus, mucus, and blood. The ammoniacal change, although possibly arising independently of mucous inflammation, produces it so constantly that the origin of the disease is always thus complicated. The clinical antecedents to this condition are fundamentally of two kinds—those which begin with retention, and those which begin with cystitis; both in the end producing an ammoniacal and putrescent state of urine. Mechanical obstacles and loss of expulsive power, belonging to the first and larger class, occasion the retention and subsequent decomposition of urine, and its consequent admixture with the products of mucous inflammation. Stone and other vesical irritants, belonging to the second class, begin by causing morbid vesical discharges, which render the urine prone to decomposition, and ultimately induce in it a putrescent condition, not altogether dissimilar to that which springs from retention. The rarity of the renal disease as a consequence of stone in the kidney is probably to be explained by the less putrefactive tendency of the discharges from the pelvic membrane, or of the urine in that cavity.

In cases otherwise so tending, catheterisation, lithotrity, or some such instrumental proceeding, seems sometimes to act as the immediate instigator of the morbid process, as is witnessed by the common phrase which stigmatises the disease as the "surgical kidney." The disorder, however, may arise independently of any surgical invention, and would perhaps be better distinguished by the term *uriseptic*, which would declare its general clinical relations more comprehensively.

Having regard to recent researches which have associated the lower kinds of organic life with pyæmia, it is worth noting that the condition of urine which causes the disease now in question is one in which vibriones and bacteria abound. From this, however, no inference as to the nature of the virus can be safely drawn, except that it is associated with decomposition.

Passing to the symptoms of the disease, they have a general resemblance to those of pyæmia, being those of blood-poisoning rather than of renal inflammation. Unlike what happens with pyæmia, organs other than the kidney appear seldom to share in the suppurative process. The complaint usually ends fatally within three weeks of the first symptom, though there is evidence that recovery sometimes occurs. Perinephritic suppuration is an occasional result.

In treatment our efforts must be directed chiefly to prevention, to which end, beyond cautious surgery, measures of two kinds suggest themselves. First, the preservation or restoration of the natural acidity of the urine, a matter of most difficulty where it is most needed; secondly, as a suggestion as yet unwarranted by experience, the introduction of antiseptics by injection into the bladder.

To sum up: the form of renal suppuration which may be termed uriseptic has its origin in ammoniacal and putrid urine, poison from which is conveyed by the veins into the substance of the kidney, and then infects the system, causing symptoms in some respects resembling those of pyæmia. As this form disease is little obedient to curative medicine, though necessarily fatal, our efforts must be directed towards correction of the state of urine from which it springs.

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DUBLIN OBSTETRICAL SOCIETY.

At the fifth meeting of the Dublin Obstetrical Society on Saturday, March 8th, the Senior Vice-President in Chair, the following communications were made to Society:—

Dr. **Morgan**, "Specific Inflammation (Dactylitis) of Hands and Feet in Children."

Dr. **Kidd**, "A Case of Vesico-Vaginal Fistula."

A lengthened report of the proceedings will appear in next issue.

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DUBLIN PATHOLOGICAL SOCIETY.

At the meeting of the Society on Saturday, March Dr. **Edward Hamilton** said he was indebted to Bookey for the privilege of bringing the specimen which had before them under the notice of the Society. It been taken from the body of a female, æt. 60, received at Steeven's Hospital School. On opening the abdomen a tumour was found to occupy the right lumbar region. was so large as to displace the liver upwards, and it also placed the cæcum. On examination, it presented the appearance of a large mass of fat in connection with the right They had before them the specimen almost in its shape. The pelvis of the kidney was completely upon by this enlargement, and the structure of the kidney itself was undergoing a certain degree of fatty degeneration On making a section this adipose tissue appeared to be an aggerated condition of the adipose capsule. The bladder perfectly healthy and contrary to what he might have pected; there was no supplementary enlargement of the opposite kidney, which was of the ordinary size. The tumour weighed 1 lb. 6 oz. There was no remarkable development of fatty tissue in other parts of the body. Calcareous concretion existed in the pelvis of the kidney and was moulded to it. It was analysed by Dr. Bell and found to consist of urates with some phosphates. The specimen was of interest with respect to the statement made by Rokitanski, that in certain cases, especially of persons advanced in life, there might be an enormous development of ordinary fatty capsule, but it was very likely to occur where the pelvis of the kidney had been subjected to prolonged irritation. If his (Rokitansky's) statement be correct they had before them a remarkable example of the irritation caused by a renal calculus giving rise to hypertrophy of the adipose capsule.

Dr. A. W. **Foot** exhibited

THE LUNGS, HEART, KIDNEYS, AND SMALL INTESTINES OF GIRL, ÆT. 10, WHO HAD BEEN EXPOSED TO THE POISON OF SCARLATINA.

She had had suppression of urine more or less for two days;

desquamation was observed upon the hands, and the solitary glands of the entire tract of the small intestines exhibited the granular enlargement to which, in the last volume of the "Medico-Chirurgical Transactions," Dr. Harley has drawn attention as very characteristic of the pathological effects of scarlatina. She was brought to the Meath Hospital almost moribund, with effusion into the chest and consolidation of the lung. During the six days which she survived her temperature was subnormal, with the exception of the day of her death. The partial patency of her foramen ovale may have had something to do with this phenomenon. Fibrinous coagula in the right auricle and in the left ventricle had undergone central softening, and become converted into globular cysts containg a puriform liquid. The mucous membrane of the small intestines, from the orifice of the common duct to the ilio-cæcal valve, appeared as if strewn with grains of sago, the solitary glands presenting themselves as visible and palpable whitish firm beads from the size of pin's heads to that of hempseed; this condition is termed by the French pathologists "psorenterie;" by Rokitanski it is described as the "non-typhous intumescence of the follicles;" and by others as granulations of the intestinal mucous membrane. There was no ulceration of any of the enlarged glands; the agminated glands were not affected; 150 of these granular beads could be counted on any two inches of the ileum; they were found on the valvulæ conniventes as well as on the intervening spaces; held against the light on a plate-glass they were seen as black spots; microscopic examination of the contents of one of them showed only molecular granules. He considered the immediate cause of death to be lobular or catarrhal pneumonia and pleural effusion, but that the child was the subject of latent scarlatina.

At the meeting on Saturday, March 8th, 1873, Dr. KENNEDY, in the Chair.

TUBERCULAR MENINGITIS, ACUTE TUBERCULOSIS, DISEASED CONDITION OF SOLITARY GLANDS OF INTESTINE.

Dr. NIXON said the specimens which he exhibited were taken from the body of a boy, æt. 14 years, admitted under his care into the Mater Misericordiæ Hospital on the 14th ult. The particulars learnt regarding the case were briefly as follows: For a period of twelve months he had been subject to occasional attacks of headache. During five weeks prior to admission he complained of loss of appetite, and his manner was noticed to be dull and listless. When he (Dr. Nixon) first saw him his pulse was feeble but infrequent. There was increased heat of skin. The tongue was covered with a white creamy fur. The boy appeared somewhat stupid, and he complained of a slight cough. The lungs were carefully examined, but beyond a slight inequality of breathing on left supra spinous region as compared with same region on opposite side nothing abnormal could be detected. There was no diarrhœa, no inflation of abdomen or abdominal tenderness. Two days after admission the stomach became very irritable. The vomited matters were green in colour and were expelled without effort, severe shooting pains in the head were complained of. The boy became more stupid, the coating on the tongue changed to a dirty-brown colour. The urine was examined. It was acid in reaction, its sp. gr. 1·012, free from albumen and tube casts. It contained a large quantity of phosphates, numerous crystals of the triple phosphate being visible on microscopic examination of a recent specimen. The symptoms complained of were evidently cerebral in their origin, and the case was looked upon as one of tubercular meningitis.

On the 20th, after having blistered the head, the vomiting ceased. The stage of depression set in. The pulse was reduced to fifty-five beats per minute. The temperature in the axilla varied from 94° to 97° F. fluctuating between morning and evening. The heat of the lower extremities had to be maintained artificially. The cerebral stain on the skin was well marked. On the 22nd a murmur developed itself for the first time in the heart. It was post-systolic, and heard most distinctly at the apex. On the 23rd ult. there was ptosis of left eyelid, both pupils were dilated, the left one especially so. The right arm and leg seemed to have lost all motor power, the left arm and leg were flexed and rigid. The respiration was sighing but regular. The following day the temperature rose to 102° F., the pulse quickened, being 120 beats per minute. The boy was in a state of complete stupor. He was attacked by convulsions, they were ushered in by a faint scream and continued with intervals of cessation for twenty-four hours, when the breathing became very rapid, and the pulse quick and feeble. The boy gradually sunk and died about two o'clock on the morning of the 28th. On removing the calvarium the vessels of the dura mater and the sinuses were found distended with black fluid blood. The vessels of the cerebrum were congested. The surfaces of the hemispheres on each side of the longitudinal fissure were coated with headed granular lymph. The arachnoid in several places was thickened and opaque. At the base of the brain, corresponding to the great anterior subarachnoid space, he found a large deposition of lymph involving to a great extent the origin of left third nerve. There was also an effusion of lymph on the surface of the pons varolii. The arachnoid covering lateral subarachnoid spaces was opaque. The lateral ventricles were distended with serous fluid, slightly turbid from the deposition in it of small shreds of lymph. The posterior cornua were considerably enlarged. There was no marked softening of the brain substance. The heart presented no evidences of disease. Its valves were normal. The right cavities were filled with black clotted blood, and portions of dark grumous clots were adherent to the muscular fibres of the ventricle and auricular appendix. He was unable to account for the production of the murmur which had existed, except that it might be caused by the progressive debility of the muscular structure of the heart, which he thought arose in the course of the disease. The lungs presented an example of acute miliary tuberculosis. The liver and spleen also showed evidences of tubercular deposition, and small nodules of tubercle were found in the corticle substance of both kidneys.

A special point of interest in the case was the condition found in the lower portion of the small intestine. The mucous membrane covering the lower third of the ileum, presented a number of little projections scattered irregularly over its surface, and giving the appearance of little grains of sago or small shot being deposited beneath the mucous membrane; moreover, seven or eight of the solitary glands lying near the ilio-cæcal valve were greatly enlarged, the seat of deposition and ulceration. The deposed matter was white and granular in appearance, and presented the same microscopic characters as the heated lymph found on the surface of the brain. The intestine was in the condition described as "psorenterie," a morbid state, associated by Dr. Harley with the pathology of Scarlatina in his paper on the relation of that disease to enteric fever. A recent specimen of the same disease occurring in scarlatina was exhibited to the society at its last meeting by Dr. Foot. There was, however, nothing in the present case to connect the diseased condition with scarlatina. The boy had been a year complaining of occasional headaches, but enjoyed otherwise tolerably good health. There was no history of sore throat or eruption; no glandular enlargements of the neck; no diseased condition of the throat, neither albuminuria nor desquamation of the skin. He (Dr. Nixon) thought the diseased condition of the intestine might, in the present instance, be looked upon as simply the result of the tubercular state of the system affecting the mucous membrane of the intestine, leading to infarction of the solitary glands, and producing ultimately their ulceration.

RUPTURE OF THE AORTA.

DR. YEO showed the heart and aorta of a blacksmith, æt. 44, who died suddenly. He had been a hard liver, had syphilis, and for the last two years had suffered from dyspnœa, pain in the precordial region, occasional hæmoptysis, and œdema of the lower extremities. He had a double aortic bruit, loud bronchial *râles*, and albuminuria. While in hospital a third bruit was developed over the base of the heart, at the end of the second sound, the other two remaining distinct. He died while sitting up in bed. The *post-mortem* examination showed the lungs to be œdematous. The pericardium contained about one and a half pints of soft, dark clots, and one pint of dark fluid. The anterior surface of the right auricle and the aorta were ecchymosed, and on the anterior surface of the latter was a transverse slit three-quarters of an inch long. The auricles were small, the ventricles were dilated, the left hypertrophied. The aortic semilunar valves were enormously large—one measuring one and three-quarters of an inch in length—but they sufficiently closed the immense aortic orifice. The rupture of the internal and middle coats extended for two and a half inches transversely across the anterior aspect of the greatly dilated aorta, immediately above the attachments of the valves. The coats of the vessel were healthy. Dr. Yeo considered the case interesting—1st. From the three distinct bruits at the base of the heart; one of the two diastolic being caused by the blood rushing back to the dilated aorta, and the other by the rupture, allowing one attachment of the valves to yield, and thus permitting regurgitation; 2nd.

From the great amount of dilatation without any corresponding disease of the coats of the vessel; 3rd. From the rupture of the vessel, which he considered was caused by the drag of the enlarged valves on the internal and middle coat during the contraction of the elastic and distended aorta.

COMPLETE TRANSPOSITION OF VISCERA.

DR. NIXON presented to the Society a case of complete transposition of the viscera. The morbid specimens were taken from the body of a boy, aged about 15 years, admitted into the Mater Misericordiæ Hospital on Friday evening last. He was seen by the resident pupil, but died a few hours after admission. No history of the case was obtained. The *post-mortem* examination was made by his colleague, Dr. Browne. The cause of death was recent double pleurisy with effusion. The alteration in the position of the viscera was observed. The apex of the heart pointed downward forwards, and to the right side. The systemic portion was placed to the right, the pulmonic portion to the left side. The order of parts at the base, travelling from left to right, were superior cava, aorta, and pulmonary artery. The arch of the aorta at first passed upwards and forwards, and to the left, then transversely backwards from left to right, crossing over the upper part of the root of right lung. The aorta then passed down the posterior mediastinum, lying to right side of œsophagus. The branches of the arch were given off in the following order, from left to right, and from before backwards, arteria innominata, right carotid, and right subclavian. The arteria innominata passed upwards and forwards to left sterno-clavicular articulation, where it divided into left carotid and left subclavian arteries. The right branch of the pulmonary artery was shorter than the left. It gave off the ductus arteriosus, and entered the lung above its corresponding bronchus. The order of parts forming root of right lung from above downwards, being artery, bronchus vein, that of left being bronchus, artery vein.

The superior cava passed upwards over front of root of left lung, and was joined immediately above left bronchus by the vena azygos major, which passed up left side of posterior mediastinum. The left bronchus was short, wide, and transverse in direction, the right, long, narrow, and oblique. At the bifurcation of the trachea, the septum was seen to lie on the right side of the medial line. The left lung was divided into three lobes, the right into two. The right pneumogastric nerve passed downwards over the arch of the aorta, giving off at right side of ductus arteriosus the right recurrent laryngeal. The left recurrent nerve arose from the pneumogastric, where it crossed the left subclavian artery. Both nerves then took the usual course upwards between the trachea and œsophagus. Both pneumogastrics passed downwards to the back part of roots of lungs. The right one then descended on the anterior surface of the œsophagus and supplied anterior surface of stomach. The left supplied posterior surfaces of œsophagus and stomach. The liver occupied the left hypochondriac region, its great right lobe being directed to the left. The vessels passing up through the lesser omentum were placed as follows:— Hepatic duct to the left, hepatic artery to the right, vena porta behind and between both. The cardiac end of the stomach was directed to the right side, both it and the spleen occupying the right hypochondriac region. The convexity of the duodenum was directed to the left side, lying to the left of the vertebral. In its concavity was lodged the head of the pancreas, the tail of which passed from left to right, and touched the lower extremity of the spleen. The cæcum and its vermiform appendix occupied the left iliac region, the ascending colon lay in the left lumbar region, the descending colon in the right. The sigmoid flexure of the colon was placed in the right iliac fossa. The abdominal aorta lay on the right side of the spine. The left renal artery arose higher up than the right, but it took an oblique course downwards to the left kidney, which was placed lower down than the right one. The right renal artery had in front of it the right renal vein, whilst the left was covered by the right and left renal veins and the inferior cava. The right spermatic vein opened at right angles into right renal vein, the left terminated obliquely in inferior cava. He presumed the right testicle descended lower down than the left, but he had not measured the spermatic cords. The left common iliac artery was longer than the right, and posterior to it lay the right and left common iliac veins and commencement of the inferior cava. The left iliac vein first lay internal to the artery, then crossed beneath it to its left side. The inferior vena cava passed upwards on the spine, lying to left side of aorta, pierced the diaphragm on the left side of mesial line and opened into right auricle.

Dr. NIXON said that this was the third case of the same nature exhibited to the Pathological Society of Dublin. The first case was shown by Dr. Mayne, the second by Professor Smith. He regretted the latter one had not been recorded, as an explanation of the cause of the transposition had been offered.

Professor SMITH believes that the change of position depends on an arrest of the development of the heart. That this organ in its earliest formation, undergoes a movement of torsion, which if arrested, results in an altered position of the cavities of the heart, and of its afferent and efferent vessels, and that this departure from the usual mode of development, is the primary cause of the transposition of the other viscera.

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HOSPITAL OUT-PATIENTS REFORM ASSOCIATION.

A MEETING of the Association was held in the Medical Society's Rooms on Thursday evening, March 5th. Dr. A. Meadows in the chair.

The reforms adopted by the meeting were as follows:—

1st. That each out-patient at every visit to a hospital shall be seen personally by one of the Medical or Surgical staff, and that no unqualified student be permitted to prescribe for out-patients.

2nd. That a lay officer attached to each hospital be instructed to see that the charity is not abused by persons being admitted as out-patients, who are well able to pay the usual fees of practitioners, or to obtain Medical attendance by provident dispensaries or otherwise.

3rd. That patients shall no longer be tempted to crowd to hospitals by the offer of medicine gratuitously. We are therefore of opinion that no medicines should be supplied to out-patients at hospitals, except in the case of in-patients who are made out-patients for a time; but that advice and prescriptions be alone given.

Dr. MEADOWS said that his only right to be President was that for 15 years he had been acquainted with the working of out-patients in hospitals. What was but a floating idea is now becoming fixed. In several of the hospitals the question of out-patient abuse is being taken notice of. The present system is a gross injury to the Medical man, both general practitioner and consultant. The degrading influence on the laity is also very great. In all large towns the abuses are quite as great as in London. The *Manchester Guardian* has lately taken up this question. There are in that city 23 Medical charities, and 111,000 persons get relief from these charities gratuitously. In 1836 the proportion of persons receiving relief was 1 in 8½ of the population; it is now 1 in 4 of the population. Four out of five of these are totally unworthy of relief. When hospitals were founded there were but few out-patients. "Hospital Sunday" has some dangerous features, if the present out-patient system continues, and will require to be jealously watched.

Mr. HOLMES moved Resolution 1. It seemed to him that the proposition was self-evident. He desired that the out-patient system should be utilized by weeding out all trivial and unimportant ones. We ought not to allow out-patients to pay, that would be a bad way. A good number of out-patients come to get an opinion, who have been attending other practitioners. It is a great abuse to have numbers of trivial cases attended by eminent men. It is a gross and monstrous abuse to allow poor patients to be seen as now is done by students. It is impossible to teach any student anything in the short time allotted to each patient at present.

Dr. FORD ANDERSON endorsed heartily all that fell from Mr. Holmes, and regretted much the valuable time he had lost as a student in so rapidly prescribing for hosts of cases. Patients are too often injured gravely by the mistakes of students. The object of this association is to teach the public such facts as these.

Dr. HEYWOOD SMITH observed that students should see trivial cases as well as difficult ones, and was inclined to desire some small change being made in the wording of Resolution 1.

Dr. ROGERS said that no unqualified person is admitted to prescribe for any pauper in Poor-law districts. Why should this any longer be the case in hospitals?

Dr. GLOVER said the remedy appeared to lie more in enlargement of the staffs of the various hospitals, than in lowering the number of cases seen. He desired to add as a rider to this first resolution that the number of the staffs of the hospitals should be increased.

Mr. **Benson Baker** said that the out-patients of hospitals were of three classes; those who can afford to pay a doctor, those who should support provident dispensaries, and thirdly, those who should go to the poor-law dispensaries. Hence the expediency of the resolution was evident.

Dr. **Chapman** thought Dr. Glover's amendment of such importance that he would support it. His experience at his own hospital suggested the advantage of enlarging the staff.

Dr. **Mason** did not agree with the idea of augmenting hospital staffs. Influence should be brought to bear on the present hospital staff. General practitioners might do much for themselves. He had for some years allowed poor patients to consult him for 1s. 6d. or 2s. in the evening. Some plan must be shadowed forth for the working classes to get relief at small cost. The provident dispensaries were not enough. The Hospital Sunday may do much good if only watched.

The resolution was carried, and the amendment lost.

Dr. **Steward** moved Resolution 2. A striking feature, he said, of the present day, is the wholesome criticism of all our institutions. When he came to London he found that Chalmers was wrong when he said that Medical charities were the only ones that could not be abused. The public believe that there is always some *rat* beneath all treatment of poor patients at hospitals. The hospitals have a relation to the poor. Charity which is blind is no charity. It makes the poor thoroughly mercenary. It benefits only two classes—the gin-shop keeper and the lodging-house keepers. The hospital governors have a duty to the public they are bound to discharge, for they pauperise so many at present by indiscriminate relief.

Dr. **C. Drysdale** seconded this resolution. He had become convinced of the importance of changing the ordinary dispensaries of London into provident dispensaries, and had been able to carry a resolution to that effect a day or two ago at the Farringdon General Dispensary. The only difficulty lay in the third class of patients alluded to by Mr. B. Baker, for, unfortunately, all patients at present of poor-law dispensaries were made paupers and disenfranchised. If an amendment could be made in Mr. Hardy's Act preventing this, the question would be simplified.

Dr. **Rogers**, some years ago, found that £118,000 a year was spent by the city of London on Medical charity, and this accounted, he thought, for the number of poor in that union. Pauper Medical relief at present is disenfranchising, because Government wishes to keep down the charges on Medical men. So long as there is so much gratuitous advice from hospitals the poor-law system would work ill.

Mr. **Holmes** said that only 20 patients are admitted as new cases at St. George's Hospital to each practitioner each day. There are not many abuses in St. George's now-a-days, since the numbers of out-patients were so much diminished.

Mr. **Benson Baker** moved the third resolution. It is, he said, reported that many patients use the cod-oil for lamps. The Western General Dispensary is most pauperising in its effects in Marylebone.

Dr. **Staines** seconded the resolution.

Mr. **Holmes** did not wish to oppose the third resolution; but thought that a certain number of in-patients might be treated as out-patients after leaving.

Dr. **Heywood Smith** agreed with Mr. Holmes.

Dr. **O'Connor** also thought this third resolution was rather hurriedly framed.

Dr. **Holmes** added a rider to the third resolution to the effect that in-patients might be seen as out-patients afterwards for a short time and receive medicine.

This rider was added, and the resolution was carried.

Mr. **Streatfield** proposed the following names as members of the Council of the Association:—President: Dr. Meadows. Vice-President: Dr. J. F. Staines. Treasurer: Dr. Walter Smith, 18 William Street, Regent's Park, N.W. Hon. Secretaries: Dr. J. Ford Anderson, 28 Buckland Crescent, N.W.; Mr. H. Nelson Hardy, 21 Fitzroy Square, W. Committee: Dr. Leslie; Dr. A. Grant, Honduras Terrace, Commercial Road, E.; Dr. H. Hanks, 146 Mile End Road, E.; Mr. R. H. S. Carpenter, Union Place, Commercial Road, E.; Dr. Davison, 7 Oxford Terrace, Holloway, N.; Mr. J. E. Richards, 12 Caswell Grove, Hackney; Mr. Benson Baker, 42 Grove Road; Dr. Thomas, 39 Nottingham Place; Dr. Anstie; Dr. C. Drysdale, 99 Southampton Row; Dr. Tilbury Fox.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 12, 1873.

THE NEW ARMY MEDICAL WARRANT.

The long-expected Medical Warrant has at last been issued. The ranks of Medical officers are changed, but the rates of pay remain unaltered. The designation of the administrative grades will henceforward be surgeon-general and deputy surgeon-general; of the executive, surgeon-major and surgeon; their several rates of pay being as follows:—

	Daily. £	s.	d.	Charge pay.
SURGEON-GENERAL	2	0	0	The Principal Medical Officer of an Army in the Field, consisting of 10,000 men and upwards, £1 daily; of 5,000 men and upwards, 15s. daily; of less than 5,000, 10s. daily. Or the Principal Medical Officer of a Colony where the number of commissioned officers and enlisted men is 1,500 and upwards, 5s. daily.
After 25 years' service ...	2	5	0	
" 30 " ...	2	7	0	
" 35 " ...	2	10	0	
DEPUTY SURGEON-GENERAL...	1	10	0	
After 25 years' service ...	1	12	0	
" 30 " ...	1	15	0	
" 35 " ...	1	17	0	
SURGEON-MAJOR	0	17	6	
After 15 years' service ...	1	0	0	
" 20 " ...	1	4	0	
" 25 " ...	1	7	0	
SURGEON, on appointment ...	0	10	0	
After 5 years' service ...	0	12	0	
" 10 " ...	0	15	0	

Their relative rank remains unchanged, except as regards the grade of surgeon. A surgeon, now that the "assistant" has been abolished, shall rank as lieutenant, according to the date of his commission; and, after six years' full-pay service, as captain, according to the date of the completion of such service.

The relative rank of these officers shall regulate choice of quarters, rates of lodging money, servants, fuel, and light, or allowances in their stead, detention and prize-money, as well as allowances granted on account of wounds or injuries received in action, and pensions and allowances to widows and families; except that in the case of Medical officers attached to regiments their choice of quarters shall be according to their regimental seniority.

Forage shall be granted to officers of the Army Medical Department for such number of horses as are necessarily kept by them for duty, and in this paragraph we think we see the germs of some little difficulty to the Medical officers in regard to the actual numbers of horses they may severally draw forage for.

We regret to observe that no provision for accelerating promotion appears in the Warrant; the tenure of office in the highest rank remains unlimited as it has been since the famous Warrant of 1858, and the rates of half-pay granted to all below that rank are unlikely to prove attractive. The following are the paragraphs bearing upon these points, viz.:—

"Medical officers shall have a right to retire on half-pay after twenty years' service. Medical officers of the rank of surgeon-major or surgeon shall be placed on the retired list at the age of fifty-five, and all surgeons-general and deputy surgeons-general at the age of sixty-five years; unless in any special case it would be for the good of our service that the officer shall continue in employment.

"Our Secretary of State may, when he shall deem it fit, employ Medical officers on the half-pay list in special situations at such daily rates of pay, in addition to half-pay, as he shall from time to time determine; but such officers shall vacate their appointments on attaining the age of sixty-five years.

"A Medical officer who, having voluntarily resigned his commission, has subsequently been permitted to re-enter the department, shall not, except under very special circumstances, to be approved by our Secretary of State, be allowed to reckon his former service."

A Medical officer placed on half-pay by reduction of establishment, or on the report of a Medical Board in consequence of wounds or ill-health, caused in and by the discharge of his duties, or on account of age (under Article 20), will be entitled to half-pay in accordance with the following scale:—

	Daily.		
	£	s.	d.
Surgeon-General, after 30 years' service	1	17	6
,, ,, 25 ,, ...	1	13	6
,, ,, 20 ,, ...	1	10	0
Deputy Surgeon-General, after 30 years' service...	1	5	6
,, ,, 25 ,, ...	1	2	6
,, ,, 20 ,, ...	1	1	0
Surgeon-Major, after 25 years' service	1	0	0
,, ,, 20 ,, ...	0	16	6
,, ,, 15 ,, ...	0	13	6
,, ,, 10 ,, ...	0	11	6
Surgeon, after 10 years' service	0	10	0
,, ,, 5 ,, ...	0	8	0
,, under 5 ,, ...	0	6	0

Here follows a paragraph, however, which considerably restricts the rates allowed to Medical officers who have looked forward to retirement on £1 per day after twenty years' service, as many of them have done, namely:—

"The rate of half-pay awarded to officers retiring for their own convenience, after twenty years' service on full pay, under Article 20, shall not exceed one-half of their full pay at the time of retirement."

In other words, a surgeon-major can only claim the right to retire after twenty years' service upon the munificent allowance of 12s. per day, that is a little more than the price of a quarter of a ton of coals at the present "quotation" of the latter. There are some special regulations as to Medical officers engaging for service on the West Coast of Africa, viz.:—

"Service of Medical officers upon the West Coast of Africa shall be voluntary, except for those who enter the department especially for African service.

"Each year or portion of a year shall be allowed to reckon double towards retirement, but not towards increased pay, provided that the officer shall serve at least twelve months on the West Coast of Africa.

"For each year's service on the Coast a Medical officer shall be entitled to a year's leave at home, and for every additional period beyond a year he shall have an equivalent extension of leave.

"Officers who may enter the Army Medical Department expressly for service on the West Coast of Africa, and those who may volunteer for that service from the General Department, after the date of this Warrant, shall receive double pay while actually serving on the Coast.

"Officers who enter the department expressly for service on the West Coast of Africa shall pass the same examination as other Medical officers, but they may be admitted at a later age. They will be required to complete three years' actual service on the coast, after which they shall be eligible for general service. If it shall be certified by a Medical Board that any such officer is unfit for further duty on the West Coast of Africa he may be employed elsewhere, notwithstanding that he may have served for less than three years on the coast."

A careful perusal of the Warrant leads us to the conclusion that it will fail to satisfy the Medical officers.

HOSPITAL OUT-PATIENT REFORM.

It is questionable if anything fresh can be said on the subject of hospital abuse; yet the matter is one on which it is better to continue "saying the same sad thing" than to allow it to rest. We are glad to see the agitation now going on in many quarters against a system in every way so objectionable. Some pamphlets (*a*) published recently treating on the question are singularly happy in their statistics and illustrations, exposing the mean wicked farce which is daily growing greater, not only in London, but in all great towns, and is really doing much more injury to the public than to the Profession.

Certain of the facts would, we think, startle not a little some readers unacquainted with the working of our hospital out-patient systems; for instance, that at one of our largest and most celebrated institutions "120 patients were seen and dismissed by one Medical officer in an hour and ten minutes, or at the rate of thirty-five seconds each." Thirty-five seconds each to examine and prescribe for patients, many of them of course seriously ill, what would a dyspeptic duchess say to the same treatment? Now, Medical advice is either worth something or nothing, if half an hour be not long for the wealthy patient, it is pretty clear that those unfortunates who each received their thirty-five seconds would have been just as well without any doctor at all, and would not have lost their self-respect by coming to beg.

The only hope for out-patient reform is in the possible return of common sense to the public, and their perception of that which is to us so obnoxious, namely, "that which is obtained for nothing is usually worth just exactly what it costs." Possibly the hospital doctor would, on quitting the hospital, drive to some ailing grandee and pass at least half-an-hour in her luxurious drawing-room, and if he arrive late will heartily wish he had given his hospital patients fifteen instead of thirty seconds each. The answer to this by the public often is—but this doctor is guilty of a breach of contract, he undertook to attend to those patients when he took his position; no doubt he

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(*a*) "Hospital Out-Patient Reform." By Nelson Hardy, F.R.C.S. 'Letter to the Governors and other Subscribers to St. George's Hospital.' By One of Their Number. "Letters to the *Times* and *Lancet* on Famine Fever and Public Charities." By Sir Charles Trevelyan, K.C.B.

did, but if he acted like a perfect individual he would do so, but alas, he belongs to our poor human nature, he thinks of those he has to support at home, and he "gets through" impatiently, and runs away quickly from those who pay him nothing, and to whom he does little or no good, to visit those by whom he makes his living and whom having time he can hope to relieve or cure.

The only remedy we can see is to bring home to the public mind the conviction that it is not worth while to go to a hospital as it is at present, that if they desire the privilege of waiting some hours in a close, unhealthy, and possibly infectious atmosphere, with the prospect of a half minute's interview with a tired, hurried, and possibly irritable doctor at the end, in fact, for the advantage of being looked on as beggars (and being such) and receiving corresponding treatment, they can obtain this blessing gratis; but that if they are ill and are seeking the restoration of health, they must apply elsewhere, and in other form than as mendicants, and receive Medical attention without loss of self-respect, that by paying for what they receive they may get something worth having. It is a poor gift to give for nothing that which must usually be useless and sometimes pernicious.

AUTHORS AND EDITORS.

Last Friday a barrister was charged at the Guildhall Police Court with having stolen a book from the Library of the Inner Temple. During the examination a second-hand bookseller was called, whose evidence disclosed a very reprehensible practice—one which cannot have too great publicity. This witness stated that "he bought the book from the defendant knowing him to be a barrister and an editor; *he supposed it to be a presentation copy sent for review.*" To authors who have not been amongst the favoured few to gain a notice of their works, this will explain much, and at the same time the thought will not afford them much consolation, that their labours have gone to enrich the pockets of those whose duty is not unnaturally supposed to be that of criticism, and not barterers of other people's brains and money. We have heard of one editor who makes £600 annually by the sale of books sent for review, and we doubt not that there are higher figures reached even than this. As conductors of an organ of the press, this is a sorry confession to make, but we hold it as incumbent upon all honest journalists to frankly avow their disapprobation of a practice which is nothing short of robbery. From the evidence given one would imagine that the practice is more common than is generally supposed. Of course we do not contend that every book and pamphlet sent should of necessity be reviewed; and, even after criticisms have been given, it may be an open question whether the sale of the works may not be strictly in accordance with literary probity; but what we do complain of is that, in the majority of instances, not one in every twenty books sent for review is even opened, so that the critics are unable to pass an opinion one way or the other, and valuable and useless brain-work alike is quietly consigned to the shelves of a second-hand bookseller, and a proportionate, or, as it would seem in the present instance, a disproportionate, sum is coolly pocketed by men who sink a noble profession to one of the most detestable depths. We are aware that we shall be accused by our brethren of the press of undue severity, and by some reminded that half of the works sent never reach them at all; we admit and deplore this, but the whole system is bad, and the sooner it is altered the better will the literary world and the public be for the change.

Notes on Current Topics.

Vaccination from the Heifer.

Dr. E. A. Carleton, of Boston, U.S., gave a lecture on vaccination, on Thursday, March 6th, to the students of the "Ladies Obstetrical College of London." In the course of the lecture the lady M.D. referred to the fact that in Boston, Mass., the practice of heifer vaccination has for some time past been carried out by Dr. H. A. Martin, who could boast recently of having made 500,000 vaccinations from the heifer with perfect success, and never followed by any grave results. The young cows are taken at the age of from six weeks to four months old; and 100 such heifers are kept in stock. Two new heifers are inoculated daily, and lymph is distributed to the different States of the Union from Boston, a dozen points being sent off for a dollar—or four shillings. Dr. Martin has vaccinated 9,000 persons with his own hands at home; and has bought an estate quite recently for the purpose of feeding a herd of cattle, in order to have always healthy heifers ready for inoculation. Dr. E. H. Carleton had herself used the lymph furnished by Dr. Martin on many cases, and with best effects. The enterprise and energy of Dr. Martin contrasted most favourably with that of the French Government, which had only made use of 60 heifers a year. At the close of the lecture Dr. C. Drysdale said that he heard from Mr. George Critchett that, in Brussels, Dr. Warlomont was in the habit of keeping up heifer vaccination in the Zoological Gardens, and distributing supplies, like Dr. Martin, of Boston, to the practitioners of Belgium.

Filaria Sanguinis Hominis.

In a recent number the *Indian Medical Gazette* drew attention to the remarkable and important discovery by Assistant-Surgeon T. R. Lewis, M.B., of a hæmatzoon inhabiting the human blood. Dr. Lewis has published a complete account of his observations in the Report of the Sanitary Commissioner with the Government of India. In March, 1870, Dr. Lewis discovered the existence of a nematoid worm in cases of chylous urine. Since then he has had from 15 to 20 similar cases under observation and has found the microscopic filariæ in question in the urine of every one of them. It was not, however, till July, 1872, that he ascertained the presence of the same nematoid in the human blood. The discovery was made accidentally, while examining the blood of a native suffering from diarrhœa in the Medical College Hospital. After satisfying himself that the worm now found in the blood was the same as he had previously found in the urine, Dr. Lewis endeavoured to follow up the history of the case, but the man had meantime disappeared, and could not be traced or found. Other cases of chyluria, however, soon presented themselves, and in all of them he was able to detect the nematoid not only in the urine but in the blood; nay—strange to say—the very man in whose urine the worm was originally discovered, was found to be a printer in the office where Dr. Lewis's paper was being typed, and actually engaged in setting up the letter-press describing his own malady. His blood was forthwith searched, and the nematoid, which two and a half years previously had been found in his urine, was now found in his blood. The anatomy of the worm is most carefully described. It is an apparently structureless organism about 1-75″ long and 1-3,500″ broad. The number of these organisms inhabiting the blood is marvellous. As many as six worms have been found in a single specimen of blood; and Dr. Lewis estimates that the blood of an adult thus infested may contain some 140,000 individuals. It seems to inhabit every part of the circulating fluid, and has been found in the secretions of the kidneys and conjunctivæ. We transcribe his general conclusions :—

1. The microscopic filariæ are hitherto not identified with any known species, but may continue in the system for months or years without any marked evil consequences being observed, but which may, on the contrary, give rise to serious disease, and ultimately be the cause of death.

2. The phenomena, if any, are probably due to the mechanical interruption offered (by the accidental aggregation perhaps of hæmatozoa) to the flow of the nutritive fluids of the body in various channels, giving rise to the obstruction of the current within them, or to rupture of their extremely delicate walls, and thus causing the contents of the lacteals, lymphatics, or capillaries to escape into the most convenient excretory channel.

3. As a rule, the chylous condition of the urine is only one of the *symptoms* of this state of the circulation, although it appears to be the most characteristic symptom that we are at present aware of.

4. And lastly, it appears probable, that some of the hitherto inexplicable phenomena by which certain tropical diseases are characterised, may eventually be traced to the same or to an allied condition.

Glaucoma.

THERE still, unfortunately, remain several important questions for solution relative to the pathology of this disease, and the nature of the action of the great remedial discovery of V. Græffe. It is a subject for regret that national prejudices should be allowed to appear in the discussion of such questions. Dr. Fano can hardly keep his temper when writing about the "*errements regrettables propagés par l'école allemande*," and the "*therapeutique irrationelle*" to which oculists of that school have resorted. He expresses his opinion very decidedly against the mechanical theory of the manner in which iridectomy diminishes intra-ocular tension, and cures the disease. Having premised that the chances of the operation being successful in acute glaucoma, are greatly enhanced if there be free hæmorrhage into the anterior chamber, Dr. Fano asserts that this depletion is an energetic antiphlogistic; the blood thus drawn from the AA. ciliar. ant. supplying the iris, and communicating with the AA. ciliar. post. which go to the choroid, being a *direct* drain on the vascular system of the membranes of the affected eye. There is much to be said in favour of this view, especially as contrasted with others in vogue. But we do not think that some of the other opinions expressed by Dr. Fano (a) are equally well-founded. For example, he states, that without doubt, the optic papilla is not excavated in the majority of cases, and again that the iris is retracted, and not pushed forward. But still, one interested in this important subject will find Dr. Fano's letters will repay study.

Medical Inventors.

THE Medical Profession is one that opens a vast field of observation to its members; and in some instances on subjects apparently outside orthodox medicine, but really not so, as the study of nature in all her perfect laws is the province of our craft.

This week, a most rakish but beautiful schooner, of about 50 tons burden, leaves the Thames with the designer and owner, Dr. Collis Brown, for an experimental trial of her buoyant qualities at sea. Dr. Brown has taken his design from a fish of the Eastern waters, and so names his vessel "Ralifish," which, in Hindostanee interpreted into English, means black fish, and really such is the extraordinary-looking craft. The model of this vessel has attracted much notice, particularly at the Admiralty. The chief constructor there does not refuse to inspect a doctor's invention, especially as Dr. Brown engages to iron plate such a plan of vessel with metal three feet thick, having great buoyancy withal in a sea-way; so, perhaps, the great gunmakers may have to puzzle their brains for an efficient "iron pill" to penetrate such a vessel as a war steamer. We hope very soon to be able to report on the performance of the "Ralifish" at sea. Several gentlemen of scientific attainments will be on board, amongst whom is Dr. McGrigor Croft, of screw paddle-wheel and fish-tail celebrity. The "Ralifish" cost Dr. Brown at least two thousand pounds, and we wish his invention all success.

Electro-magnetic Paper.

IF the extent of the employment of electricity as a therapeutic agent can be measured by the number of apparatus brought before the public from time to time, it certainly must be very widely used. The *Aerzt. Literat. Bltt.* speaks in the highest terms of Royer's electro-magnetic paper in the treatment of rheumatism, neuralgia, gout, &c. In point of constancy, utility, and cheapness, it is stated to be unsurpassed.

Ice in the Treatment of Facial Neuralgia.

M. WENTERITZ reports a case of very intense facial neuralgia which resisted every mode of treatment, that finally yielded to the application of ice along the affected side of the face laid on at periods of five minutes. The pain disappeared in twelve hours, and after an interval, now of ten months, has not returned.

Dislocation of the Thumb.

A CASE of dislocation of the last phalanx of the thumb on the first with the very rare complication of the interposition of the flexor tendon between the articulating luxated surface is reported in the *France Médicale* of Feb. 17th, from the wards of M. Trelat in La Charité, Paris. The usual means were employed to reduce the dislocation without effect, Lüer's apparatus being used. An incision was made, as a last resource, on the anterior face of the thumb, in the direction of its long axis, and opposite the articulation in question. A blunt hook was introduced into the wound, and by means of it the flexor tendon was drawn first on one side and then in front, and then into the osteo-fibrous channel it normally lies in. The dislocation was reduced by this means, but suppurative osteitis of both the osseous extremities involved, followed. Instead of amputating, M. Trelat determined to save, if possible, the second phalanx, and succeeded, anchylosis of the joint becoming established, with a loss of about one centimetre in the length of the thumb. The result may be regarded as satisfactory, and a similar method of reduction should be tried before amputation is resorted to in the case of such an important finger.

(a) *La France Médicale*, No. 11, 1873.

Galvano-puncture in the Treatment of Aneurism.

Prof. Cotronei sums up the conditions which are most likely to lead to a successful employment of this means of treatment as follows :—

1.—The aneurism should not involve a main artery.
2.—The sac should be of small dimensions.
3.—The current of blood in the aneurism should be small and slow.
4.—The needles should be very steadily introduced to avoid causing any oscillation in the blood, which would act as a mechanical cause of inflammation.
5.—The artery should be compressed above and below the sac, both to retard the current of blood and to aid the formation of new clots (as well as prevent the disintegration of old ones).
6.—The needles should be introduced subcutaneously in such a way as to prevent the opening in the skin being opposite the opening in the sac, in order as far as possible to diminish the possibility of hæmorrhage.
7.—The needles when introduced into the sac should be directed so as to cross the outlet, and thus retard the current and prevent the escape of clots from the sac.
8.—The needles ought not be left longer than four or five days *in situ*.
9.—Cold applications should be employed simultaneously, as they help the formation of clots and diminish the chances of inflammation ensuing.

The author, while admitting that the employment of galvano-puncture has not been a success, and that Italy has had a good share of failures, is still of opinion that the operation modified and improved may be expected to lead to more satisfactory results than have hitherto been obtained.

Gonorrhœal Orchitis.

Prof. Richet gives a case at L'Hotel Dieu of specific epididymitis with effusion into the tunica vaginalis, treated by making an incision into the tunica vaginalis. Rest and keeping the parts raised with cold applications constantly used in the shape of spirit lotion. It is argued that a cure was effected in eight days, and that the patient was free from any danger of hydrocele or of occlusion of the ducts.

We doubt if this treatment will find favour with surgeons in this country.

Leucocythemia.

Prof. Mosler suggests that by the more frequent use of the microscope the connection of several scrofulous conditions, rickets, &c., in children with leucocythemia can be demonstrated very frequently. In 112 cases of leucocythemia he has seen but four which developed the symptoms after intermittent fever. He relates an interesting case of leucocythemia following a wound of the spleen.

Bichloride of Methylene as an Anæsthetic in Ophthalmic Operations.

In the **Medical Press** of Feb. 12th, Mr. Morgan, the house-surgeon of the Moorfields Hospital, in discussing the relative safety and efficacy of ether and other anæsthetics, says—In the bichloride of methylene we have an anæsthetic so very convenient in eye surgery that I should be unwilling to give it up in favour of any other until that had been proved by other people's experience to be decidedly safer than it is. I have had a comparatively large experience of this agent (about 2,800 cases) and have never been seriously alarmed by it, but I do not think it is absolutely safe, and would willingly adopt ether if it can be proved to be safer.

The London correspondent of the *Canada Med. and Surg. Journ.*, in its last issue, quotes the following opinion of bichloride of methylene, which he says he has received from Mr. Morgan himself :—

"On the bichloride being first administered to the patient, a sense of suffocation, compared to fainting, is felt, giving rise to struggling on the part of the patient, after which he falls into the same state as characteristic of chloroform."

This description certainly does not realise our idea of an anæsthetic "so convenient for ophthalmic operations that we should be unwilling to give it up in favour of any other." It seems to us that rapidity of action and elimination is the only good quality of the methylene anæsthetic, and that characteristic—however useful it may prove in the slap-dash surgery of big hospitals—is not to outweigh the perfect tranquillity which may be obtained in a very little less time by the undiluted ether vapour.

Venereal Diseases in the principal Armies of Europe.

The *Lyon Medical* quotes from the *Temps* some statistics of venereal diseases amongst the troops in the principal armies of Europe. In the French army during the year 1869 the proportion was 103 per 1,000 affections, and 60 per 1,000 sick from all causes; in Algeria, 113 per 1,000 affections, 87 per 1,000 sick; in Belgium, 100 per 1,000 affections; in Austria and Hungary, 63 per 1,000 affections; in Portugal, 95 per 1,000.

Marches of Armies.

Colonel Hamley gives, as a rule, as the fair length of a day's march, 15 miles for a division, 20 a long march, and over 20 a field march. Napoleon the 1st marched his army from the Channel to the Rhine in 1805, a distance of 400 miles, in 25 days, or 16 miles a day continuously. In 1870 the army of Prince Frederick Charles marched from Metz to the Loire, averaging 12½ miles a day. The 9th Corps averaged 13½ miles for the first 9 days, and then pushed on from Troyes to Fontainbleau, 76 miles in 4 days, or 19 miles a day. The same corps afterwards marched, on the 16th and 17th of December, 1870, nearly 50 miles in 36 hours on heavy roads in bad weather. The proportion of stragglers among the infantry varied from 12 per cent, to more, the average being under

4 per cent. An eye witness states, however, that some at least of the men seemed to have exhausted their nervous energy. It is added that cavalry and artillery ought to be prepared to march 25 miles a day for several days, and that Colonel Tod Brewer's battery of horse artillery marched in 1871 after the Autumn manœuvres, from Aldershot by Hounslow to Woolwich in one day, a distance of 44 to 46 miles, and appeared on parade the following day apparently not much the worse for it. In 1859, however, the French army of 100,000 strong marched only 4½ miles a day between the victory of Magenta and battle of Solferino.

Medical Handbook for Naval Officers.

Naval Officers, already reported the most highly-trained and scientific among those of the public services, have now—thanks to the energy of the Medical Director-General—been provided with easy lessons in yet another branch of knowledge, and it certainly is one of the most useful, if not the most ornamental, namely, that of treating diseases and injuries. The *Medical and Surgical Hand-Book*, lately issued for use in cases where the services of a Medical officer are not immediately available, is a model in its way, and reflects great credit upon whoever has been entrusted with the duty of compiling it. The remarks on the various subjects treated are concise and to the point, those subjects including such as refer to the hygienic condition of men and ships; the diseases to which sailors are most liable; the accidents and wounds most frequently met with among them; rules for restoring the apparently drowned, and some other matters useful to know.

We entirely agree with the author of this Handbook that "it is obviously the first duty of an officer in charge of the health of a number of men to ascertain what are the means most likely to insure its preservation." We would add that this duty is just as imperative upon officers in command of ships as upon their surgeons; and we would hope that the *brochure* now placed in the hands of the former will be the means of directing their attention to some of the methods by which this can most easily be affected, much to the advantage of the sailor in various ways. The instructions relative to sleeping accommodations on board small vessels are judicious, and the observations regarding the objectionable practice so often followed on board some naval ships of constantly washing decks, whatever be the state of the weather, will, it is hoped, be the means of drawing the attention of commanders to the fact that, in respect to it there may be too much of a good thing. The practice so common among sailors of eating portions of their salt pork in an uncooked state is pointed out as liable to be followed by the occurrence of tape worm, and that of some kind of prepared food, as sausages, shown to have unpleasant effects.

In the part devoted to the first treatment of accidents and wounds, illustrations are given showing the readiest means of applying such apparatus as may be necessary. The illustrations are excellent; but it seems to us that in the directions for putting up fractured limbs there is too much bandaging shown; that it would be better were there for example, special apparatus with buckles and straps, put on board small vessels for application in such cases, than such as the long splint, which at the best of times it is difficult to apply, and the bandages connected with them receive manipulation by a practised hand.

Abortive Treatment of Boils and Whitlow.

Dr. Simon de Forges (*Rev. de Therap.*) advises the topical use of camphorated spirits as an abortifacient in boils and whitlow. In the former case the boil is to be rubbed eight or ten times by the finger dipped in the alcohol. He asserts that it is rare that after this treatment a boil goes on further towards suppuration. In cases of whitlow he advises the patient to dip the finger for some ten minutes in camphorated spirits. This almost always gives great relief of the pain, and often cures the complaint.

Treatment of Cancrum Oris.

C. S. Kittredge, M.D., of Oakland, Cal. (the *Western Lancet*), late Assistant Physician at the Nursery and Child's Hospital, Randall's Island, N.Y., publishes 19 fatal cases of this formidable affection—which is a malignant form of ulcerative stomatitis—induced in children under five years of age, predisposed to tuberculosis. The duration of this disease is from six to sixteen days, running a most rapid course when commencing in the cheek or throat, but somewhat slower in its progress when commencing in the gums. The disease demands prompt and energetic attention. He commences with the chlorate of potassa, in from five to ten grain doses every four to six hours, and continues it during the whole progress of the disease. The mouth must be frequently washed with a weak solution of liquor sodæ chlorinatæ, ʒj. to water ℥xij.; and after mortification has commenced, a pledget of soft linen, wet in this solution, should be constantly kept between the sore and the adjacent tissue. Tonics and stimulants should be freely given on account of the great prostration, and iron with bark or quinine in as heavy doses as the child will bear, and strong beef-tea in place of solid food. Out of 67 cases of stomatitis treated during the year, there were 19 deaths, or 28 per cent. Of the fatal cases, 12 were males and 7 females. The average age was two years and eleven months. In 16 cases, the primary disease was rubeola. Fourteen autopsies were made, and in every case, tubercles were found in great abundance. In 13 cases the tubercles were in the lungs, and in the other, the mesentery was filled with miliary tubercles. He remarks in conclusion that cancrum oris has a close connection with tuberculosis; and believes that it can exist only in children of a tuberculous diathesis.

Cold Applications in Croup.

Dr. E. Tefft, Topeka, Kansas, recommends cold applications in croup. Communicating to the *Jour. Mat. Med.* his experience during a period of more than thirty years, during which time not a case in his practice has terminated fatally, he writes:—"I invariably use cold applications to chest and throat, and have had the satisfaction of seeing every case without a single exception recover. Even though I did not see my patients until in the last stage of the disease. I always applied ice to the throat and chest. This course of treatment gave prompt relief by detaching the false membranes. I occasionally administer expectorants as adjuvants, though the ice is my main reliance."

Napoleon's Case.

Last week Sir H. Thompson lectured at University College on the treatment of calculus. Seven cases were made the subject of the clinique, and of these lithotrity had proved beneficial to six.

A Learned Company, Limited.

A PROJECT is on foot for the erection of a good building for the use of the learned societies. The want of accommodation for Science is notorious, and as the State is not likely to help we welcome a limited company.

Case of Laryngeal Stenosis Cured per Vias Naturales.

THE *Gazz. Med. Ital. Provin. Ven.* records a case of which the following is the substance. Dr. Massei had under his care a person, æt. 40, in January, 1872. The patient had contracted syphilis in his youth, and had had manifestations of it at various times and in divers places, the throat suffering among others. He had undergone the mercurial treatment, and subsequently had taken iodide of potassium. Dyspnœa afterwards slowly became developed, for the cure of which intra-laryngeal application of sol. arg. nitr., and of electricity were employed with benefit to the difficulty of speaking, but not of the dyspnœa. Laryngoscopic examination showed neoplastic bands stretching from the false to the true chord. vocal., with detritus of mucus, &c., between. The treatment was begun by incising the bands with Mandi's scarificator. The respiration was markedly improved. Electricity was then employed by means of Mackenzie's electrode, daily for one month, every second day for another month, and twice weekly for a third. The case improved in every way under this treatment, the rima glottidis assuming almost its normal size.

DR. LLOYD ROBERTS, Physician to St. Mary's Hospital, Manchester, has been elected a corresponding member of the Obstetrical Society of Berlin.

DR. RADCLIFFE will lecture at the Royal College of Physicians of London on Wednesday next at 5 o'clock "On Mind, Brain, and Spinal Cord in certain Morbid Conditions."

THE Medical Society of the College of Physicians of Ireland will meet this evening. The following communications will be made to the society:—1. Dr. McClintock "On the Semeiology of Intemperance;" 2. Dr. Eames "On a Case of Combined Spasm and Anæsthesia."

IT has been proved by M. Pouchet, experimenting on fish, that their colouration is in great part due to the action of light transmitted by the eye to the nervous system, and so to the colour cells of the skin; by section of certain cutaneous nerves M. Pouchet was enabled to interrupt the nervous vibrations and render the parts answerable to the stimulus of the surrounding medium, and by this means produce zebra-coloured fish.

THE annual meeting of the Royal Medico-Chirurgical Society of London has gone off with its usual *éclat*, and Mr. Curling, F.R.S., took his leave of the Presidency in an address which gave satisfaction to all. He naturally spoke among other things of the two great topics that had signalised his year of office, vaccino-syphilis and arterio-capillary fibrosis. Of both of these debates we have given such full accounts that it is unnecessary to allude to them further.

The death-roll of the year always claims a place on these occasions, and Mr. Curling had to notice the decease of the following Fellows of the Society who have died during his presidency:—

Dr. James Alex. Gordon, Dr. C. J. B. Aldis, Mr. F. C. Skey, Mr. Alfred Poland, Mr. Thomas Hewlett (of Harrow), Mr. Martin Ware, Mr. James Startin, Mr. Holmes Coote, Mr. Caleb Burrell Rose (of Yarmouth), Dr. Alex. Browne (of Kirkcudbright), Mr. James Spark, Mr. William E. Masfen (of Stafford), Mr. Weedon Cooke, Mr. Bowyer Vaux (elected in 1806, and the Senior Fellow of the Society), Dr. T. T. Roscow (of Brussels), Dr. John Davies (of Hertford), Dr. Benjamin Godfrey (of Enfield), Mr. W. R. Cooke (of Slough), and Dr. James Walsh (of Limerick).

After the address the formal business of the Society was got through, and the following officers and Council were declared to be elected for the ensuing year:—President: Dr. C. J. B. Williams, F.R.S. Vice-Presidents: Dr. A. W. Barclay, Dr. Sieveking, Mr. White Cooper, Mr. J. A. Kingdon. Treasurers: Dr. Wegg, Mr. John Birkett. Secretaries: Dr. Symes Thompson, Mr. Cooper Forster. Librarians: Dr. Sibson, Mr. Timothy Holmes. Other Members of the Council: Drs. Frederick Davies, H. J. Sanderson, C. J. Hare, J. W. Ogle, Owen Rees; Messrs. William Adams, Thomas Bryant, W. O. Chalk, J. T. Clover, and Edwin Saunders.

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Literature.

POSOLOGICAL TABLES (a).

THE intention of Dr. Griffiths in issuing these tables would appear to be to supply the Profession, especially dispensers and Poor-law Medical officers, with a convenient and ready means of information as to doses when they are in the act of prescribing or compounding, and where access to the Pharmacopœia or to Macnamara's Medicines would be troublesome and tedious.

Having this object in view, Dr. Griffiths has issued his tables in the form of a wall chart, and has grouped the agents and pharmacopœial preparations according to their medicinal form, and not by their chemical or therapeutic relationship. By this means Dr. Griffiths has been able to condense the information and make it more immediately comprehensible, and, by the addition of Gaubin's and Young's calculations of the comparative doses for children, has perfected the chart. Dr. Griffith's tables should be especially useful to practitioners, who are obliged to prescribe and dispense at the same moment, and, it strikes us, would be of great convenience to the dispensary physicians of Ireland, and a valuable safeguard against mistakes which might occur in the hurry of daily work. The Local Government Board might advantageously consider the propriety of supplying each dispensary and workhouse in Ireland with a copy, the cost of which would weigh little against the benefit which such ready information would be to the service. The chart is carefully compiled and creditably turned out, and is a desirable addition to the prescriber's *armamentum*.

(a) "Posological Tables": being a Classification of the doses of all officinal substances for the use of students and practitioners. By W. Handsell Griffiths, Ph.D., L.R.C.P., Assistant Librarian to the Royal College of Surgeons in Ireland.

CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN (a).

THIS re-issue of Dr. Atthill's sterling little book, the notice of which in our columns has been unavoidably delayed, follows quickly on the heels of his first edition, and within little more than a year from the publication of the lectures in the MEDICAL PRESS AND CIRCULAR, the revised edition is in our hands. A quick sale, such as Dr. Atthill's book has met with, is seldom the lot of Medical works, and is an assurance that the author has been happy enough to provide the Profession with literary food, suited to its digestion and its taste. Dr. Atthill's lectures are apparently written to be read and not to astonish the reader with a display of erudition—an object which is the *raison d'être* of many books. He gives as plainly, concisely, and exhaustively as possible the results of his reading and practice, without thinking it necessary to interlard a German professor, or a reference to some unheard-of authority into every third line, and his book is accordingly relished by plain people and busy practitioners. The author has added an important chapter on enlargements of the uterus, and has otherwise rectified sundry omissions in his first issue, and has produced a little book which does him credit, and which bids fair to be a standard manual of the diseases on which he writes. Dr. Atthill's first effort at book publication has advanced him to the foremost rank of obstetric writers, and leads us to hope for many valuable additions from his pen to the literature of gynæcology.

◆

Correspondence.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your impression of the 26th of February last, I observed that the Council of the College intend to make progress regarding "the members left out in the cold." I think an act on the part of the Council, which I beg to suggest, may be satisfactory to members elected *without examination many years* ago, is that the Council offer to all members elected as stated, the Fellowship of the College, if they accepted it.

Yours truly,

M.R.C.P.

London, March 6th, 1873.

THE COPYIST AND ORIGINAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to hand you a statement for kind insertion in your columns, as a record of advance in microscopical science. In support of my statements therein, I am ready to deliver a lecture on the "History, Progress, Present State of the Science, and proposed future study of the subject," with discussion afterwards, before any class of persons, if sufficient interest therein can be collected within four walls.

I am, Sir, obediently yours,

WILLIAM PARKER, M.R.C.S.

11 Southcot Place, Bath, 17th Feb., 1873.

"Sir Christopher Wren and Dr. Anthony de Leeuwenhoek, F.R.S., were born in 1632, and died in 1723, aged 91 years. A brief account of each may not be amiss in these days of professed scientific enterprise and research amidst acknowledged defects in art and design, by Mr. Forster, in *Fraser's Magazine*, December, 1872, and Sir Arthur Helps at Portsmouth, in these words, "Let us get rid of inaccuracy, &c.," on the occasion of his distributing prizes in a school of art.

"We will begin with our own countryman, the first esteemed architect by the public, and conclude with the Dutch naturalist, the little, or not esteemed by scientific men, especially by the microscopists of the day. The 'London Encyclopædia' supplies us with the following:—"Sir C. Wren was the son of Christopher Wren, Dean of Windsor, and was born in 1632. He studied at Wadham College, in Oxford, where he took the degree of A.M., in 1663, and was chosen Fellow of All Saints' College. In 1657 he was made Professor of Astronomy at Gresham College, London, which he resigned in 1660, on his being chosen to the Savilian Professorship of Astronomy in Oxford. He was in 1658 created LL.D., and in 1662 was elected F.R.S. He was one of the commissioners for the reparation of St. Paul's, and in 1665 travelled into France (and Italy) 'to examine the most beautiful edifices there, when he made many curious observations.'' We here see a good beginning of the great man from his birth onwards, and the world has largely esteemed his fame as an architect of public buildings in London. The whole, or his chief works, are the resulting of copying from others, or result of natural talent, from which no detraction can be offered. Dr. Anthony de Leeuwenhoek was a celebrated Dutch physician and naturalist, born in Delft, 1632. He was of an ancient family, and acquired great reputation throughout all Europe by his experiments and discoveries. He particularly excelled in making glasses for the microscope and spectacles. He died in 1723. His letters to the Royal Society of London were printed at Leyden, in 1722, in 4to.' This brief account of the foreigner is no very great amount of praise or inducement for men of the 19th century to look further into his merits, as we shall show by microscopists of the day, entirely ignoring his beautiful objects of illustrations, in proof of this statement. The late Mr. Thos. Joseph Pettigrew, F.L.S., sold Leeuwenhoek's work by Samuel Hoole, in 1800 (in my possession), some years before he died, in 1865, and Dr. Carpenter has excluded Leeuwenhoek's illustrations in his three editions of microscopical display; Dr. Lionel Beale, Mr. Erasmus Wilson, and others of equal public notice also exclude Leeuwenhoek's illustrations of nature, which is the same now as 200 years ago; furthermore, the Quekett, Bristol and Bath Microscopical Societies are frequently at a loss for interest in the science because they ignore Leeuwenhoek. With these considerations of exclusion what degree of merit can there be given to outsiders, viz., literary men unconnected with microscopical science? none whatever. Thus we have a 'cold blanket' cast on the greatest naturalist and microscopist on the animal, mineral, and vegetable kingdoms, up to his death, that ever lived in any country, so far as his history and works show us.

"*Fraser's Magazine* contains an article 'On the True School for Architects,' by Forster. Quoting the following:—"'There is one school,' cried Hogarth, 'and that is kept by Nature.'" The subsequent remarks of the author tell us of '*a solution of all our difficulties*,' without his giving a single solution, besides in building palaces and chateaux, which may have been copied from Galen about A.D. 131. Thus, the literary man is nowhere in the science of Nature—Physiology, having supplied the Right Honourable W. E. Forster, M.P., with ten specimens of microscopical drawings from Nature by Leeuwenhoek for the purpose of superseding present plans of patterns of nothing, as adopted in schools of art, and receiving a brief acknowledgment only. It now remains to be seen whether any alteration in our schools will take place. The contrast between Sir C. Wren and Dr. Leeuwenhoek will be more clearly seen by asking which man should have the greater merit—the one who is a copyist, or the one who is an original?"

ECONOMY IN COALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You are perfectly right in your remark on your correspondent's suggestion for the more economical use of coals by the *solid iron-plate* bottom stove. The suggestion is by no means new, as I am, however, perfectly convinced of its value, you will perhaps permit me to say that I got Messrs. Adams and Son, of the Haymarket, to make a stove for me on this plan for the wards of the Charing Cross Hospital some three or four years ago. This stove has in every way answered my expectations in economising fuel, and as a means of enabling us to maintain better ventilation in the wards. My experience of the solid iron bottom stove in my own house also enables me fully to corroborate your view, that "it should be more widely known and adopted."

(a) "Clinical Lecture on Diseases Peculiar to Women." By Lombe Atthill, M.D., Univ. Dub., Obstetric Physician to the Adelaide Hospital, Examiner in Midwifery in the King's and Queen's College of Physicians in Ireland. Second Edition, revised and enlarged. Dublin: Fannin. Crown 8vo, pp. 241.

I enclose you a drawing of the stove, and which can be seen in use at the hospital. The grate consists of an open fire, with a *solid iron bottom plate*, sides lined with fire-brick, or Stourbridge-lumps, at the back, and immediately over the fire, is a small aperture communicating with the flue, which forms the only exit for the products of combustion. The fire is fed with coal or coke (any kind of combustible rubbish will burn in these stoves), placed as near the front bars as possible, the smoke from which, passing over the clear fire behind, is immediately converted into a flame. If this plan of feeding is observed the stove is practically converted into a smokeless grate. The upper part of the stove, as seen in the drawing, is especially adapted for hospital use. It is a hot closet, deep enough to take a dinner plate, and has been found very useful for keeping a patient's meal hot for a long time without deterioration, should he or she be unable to take it when it is sent up to the ward. On each side of the hot closet is a ventilating grating, by means of which a current of fresh air is admitted into the ward, having first been thoroughly warmed in its passage from the external part of the building by passing up the back and sides of the grate. The *hob* is retained for the convenience of convalescent patients and nurses, who prefer making their own tea; kettles or saucepans of hot water are thus always kept ready for use. The coals being almost entirely consumed, a small ash-pan receives the white ash which falls, and keeps the fireplace always clean and tidy. The stove, I am convinced, generates four times the amount of heat of those formerly in use in the wards; it ensures an equal circulation of pure air, with perfect freedom from dust and smoke; a great saving of fuel is the result, the fire requiring less feeding, and every particle is completely consumed. In a private house, the stove should be *set well out in the room*, the draught obtained by the narrow aperture communicating it with the chimney removes all danger of smoke rushing back into the room, let the wind be ever so gusty. In this way, too, the heat generated is equally distributed and retained in the room—not lost and driven up the chimney as in the old-fashioned grate.

I remain, yours most obediently,

Bedford Square, Feb. 15, 1873. JABEZ HOGG.

SECRET POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Upwards of twelve months since, my attention having been directed to this subject, an article from my pen was published in your valuable journal on the 1st of January, under the title of "The Arts of Secret Poisoning," practised by the Thugges of India, whose use of *Aqua Tofana* was alluded to, as also an extract then given from *Parson's*, the Jesuit's, *Leicester's Commonwealth;* cited from Sir Walter Scott's "Kenilworth," under letter G in the appender title Dr. Julio, in reference to which contribution you were pleased to remark that the paragraph under this head was "inserted in deference to the very distinguished position of your correspondent, but that you were of opinion that we are not in such danger as supposed from these practises."

Subsequently, another article appeared in your journal on the ensuing 6th of March, under the heading of "Secret Poisons," referring to Oliver Goldsmith's letter, No. 106, in the *Citizen of the World*, and also to an article in the *Saturday Review*, upon the same subject, followed by an extract from the *Daily Telegraph* of the 28th of the previous month, detailing the very sudden death of General Cugia, from the effects of poison, supposed to have been administered in a nosegay, intended for the Prince Umbert, "and to the expressed opinion of an English resident" *that such things were not uncommon in Rome*, and also alluding to the averment of a Monsignore "that there would be more of such attacks," which the clerical papers of Rome designated "*as the finger of God*," and which circumstances now lead me to revert to these reminiscences of last year's events.

It is not a little singular, that the Archbishop of Canterbury in his subsequent sermon at St. Paul's, on the Public Thanksgiving Day, for the recovery of H.R.H. the Prince of Wales, made use of the same stereotyped expression "*the finger of God;*" and, if I remember rightly, at a funeral sermon preached at Reading on the occasion of the death of the late Prince Consort, the Prelate of Winton made use of a similar expression, in rather stronger language, namely, *the judgment of God*. As the Imperial Princes of Russia and Prussia, have each, since the recovery of H.R.H. the Prince of Wales, equally suffered from the same inscrutable but not altogether unexpected malady, it may not be considered amiss to give an extract from Sir Walter Scott's "History of Scotland," of an incident (which most probably led to his having introduced the character of the clandestine poisoner in his romance of "Kenilworth"), and which is cited from "The Secret Correspondence of Sir Robert Cecil with James VI., King of Scotland, page 190."

The circumstance that Sir Robert Cecil carried on this correspondence is stated by Sir Walter to have been a "secret that was, however, carefully kept, although at one moment upon the verge of transpiring," under the following circumstances:—"Queen Elizabeth was taking the air in a carriage where Cecil occupied a seat, when one of the Royal posts passed them." "From whence?" the Queen demanded; and the answer was, "From Scotland." "Give me your packet," said the Queen. It was delivered accordingly. "Open it," said she to Cecil, "and show me the contents," As the packet contained some part of Cecil's correspondence with the King of Scots, this command placed the crafty statesman within view of ruin and the scaffold. To have attempted to suppress or substract any of the papers which the packet contained, would have been a hazardous experiment, in the presence of the most sharp-sighted and jealous of sovereigns. Cecil's presence of mind found an expedient. "This packet," said he, as he pulled his knife out to cut the strings with which it was secured, "*has an uncommon odour, and must have been in some filthy budgets.*" The Queen was alarmed; she had been all her life delicate in the sense of smelling, and was apprehensive of *poison which she believed could be communicated by that organ.* "Take it," said she to Cecil, "and let it be aired before the contents are presented to us." The wily secretary obeyed her commands, and obtained the desired opportunity to withdraw such papers as he deemed it important to conceal.—*Lardner's Cyclopædia, edition* 1857. *Vol.* 2., *pp.* 421-3.

It may be allowed to be remarked that history repeats itself, and having since seen two English friends who have both had considerable experience in Italian life, and were resident in Rome at the time of the death of General Cugia, they were each strongly of opinion that "*the finger of God*," was a metaphorical expression intended to convey an opinion that a death had occurred; but not quite according to the ordinary laws of nature—in the just defence of Sir Walter Scott's views on this subject.

I am, yours, &c.,

VINDEX.

NITROUS OXIDE DEATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I now enclose the three letters of Dr. Chas. Kidd to which I referred in my last communication, and I trust that in justice to him and to me you will print them, in order that your readers may judge whether I have in any way misrepresented him. It will be remembered that my charge against him was that he had put forth in one letter emphatic statements with regard to the comparative safety of various anæsthetics, and had contradicted these statements in the next, and that he had employed expressions calculated to cause unnecessary alarm in the mind of the public, and so to restrict unduly the use of nitrous oxide—an agent which thus far has proved of incalculable service in mitigating suffering and in curing disease. Dr. Kidd does not now deny that his "impressions" did suddenly vary, but he says that his opinions are not worthless because he has changed them; and he implies that I think that the judgment of men who conscientiously change their opinions is valueless. I respect conscientious opinions based upon reason however often they may have been changed, but I object to the reckless publication in the daily newspapers of vague assertions on matters of Medical science unsupported by facts or by argument and totally opposed to the deliberate opinions of eminent men—opinions arrived at after profound research and exhaustive discussion.

Dr. Kidd reiterates the statement that there have been four deaths from nitrous oxide. In answer to this, reference may be made to the second report of the Committee read at the November meeting of the Odontological Society. At page 31 of that report the Committee say that "out of the thousands of cases of its administration of which they have records, and the thousands of unrecorded cases both in *this and other countries*, not a single death referable to this gas has occurred." It is true that at the December meeting of the Society Dr. Kidd remarked that one death had taken place; but when challenged to authenticate it he could only reply that it happened in America. If Dr. Kidd wishes us to believe in these deaths he must give the dates and the names of the administrators, together with an account of the legal inquiry which in America as in England would be certainly held.

If Dr. Kidd in his *Daily News'* letter meant after all that the gas was "safer in proper hands than any other anæsthetic," and that it was "only in hands of the average dentist's assistant" that it was more deadly than chloroform, he certainly did not say so—as may be seen by reference to the correspondence. This statement, as well as another in Dr. Kidd's letter in your last, "that in chloroform accidents, the scientific mode of arresting danger seldom or never fails in saving the patient," is, however, altogether wrong. The gas has been used to an enormous extent by unqualified practitioners, many of whom are barely acquainted with the physical signs of anæsthesia, and who could not distinguish between syncope, apoplexy, and mechanical asphyxia. Yet the Exeter fatality is the only one directly or indirectly due to the gas which has occurred in qualified or unqualified hands. Chloroform, on the other hand, causes frequent deaths although never given except by Medical men. Moreover, it is admitted by the best writers—including Dr. B. W. Richardson, the highest living authority—that the mortality from chloroform appears to be a necessary mortality, just as there is a mortality from accidents and acute diseases; that it is impossible to predict the result of any case in which the agent is used; and that patients die under it who are entirely free from organic disease, whilst others of extremely feeble constition inhale it repeatedly with safety. These writers also unanimously agree that when a fatal issue is impending from chloroform we are frequently powerless to avert it. The last death from anæsthetics in London furnishes an instance in point. The admistrator was a surgeon of the highest qualifications and of great experience, and there were present three or four first-rate surgeons. Before the patient had lost consciousness, suddenly the pulse became irregular, then stopped. Proper means were instantly adopted and were persevered in without result—the patient was dead. No warning sign existed before the administration, and no organic disease sufficient to account for death was discoverable at the *post-mortem* examination. If Dr. Kidd knows of any "scientific method" of preventing accidents of this kind, of which at least one has occurred in the experience of most chloroformists, it is to be regretted that he has not yet published it for the benefit of suffering humanity.

Your obedient servant,
HENRY SEWILL, M.R.C.S., &c.
6 Wimpole Street, W., March 7th.

[Pressure upon our space precludes the insertion of the letters from the *Journal of Dental Science* and the *Daily News* referred to by our correspondent, but we may remark that the statements in Mr. Sewill's letter are fully borne out. The fact that this one death, out of perhaps a million cases, has created such an unusual amount of interest and controversy, proves to demonstration the value of the anæsthetic attacked; and here the correspondence must close in our columns. Having on several occasions protested against the proclivities which certain members of the Profession display for rushing into the daily press upon matters which should only be discussed in Medical journals, we would instance this as a case in point, and express a hope that those whom "the cap fits" will for the future refrain from such unprofessional practices.—Ed.]

"ECONOMY OF COAL."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In "Notices to Correspondents" in your issue of the 12th inst. (which I have only now seen), there is a paragraph under the above heading which, as it embodies a very prevalent delusion, I do not think ought to be allowed to pass unchallenged in a scientific journal.

All such expedients as "metal plates at the bottom of the grate" and those so-called "fire-balls" made of vitrified earthenware, are mere shams. The first can only act by exclusion of the air, an essential element of combustion, and simply prevent that process going on actively, and *pro tanto*, diminish the evolution of heat while augmenting the smoke, which means waste of that very dear commodity coal.

The "fire-balls" are simply "a mockery and delusion" only suitable for genteel people who like the appearance of a large fire in their sitting-rooms, while in reality it is a very small one, and the room a very cold one. Being non-combustible they cannot evolve heat, and the common fire-clay backs to modern grates serve the purpose of retaining heat much better.

It would be very obvious to any one familiar with chemical laws that merely withholding one of the elements of combustion cannot be economy except in so far as it is an economy of heat, or absence of it rather. If people must have a fire let them get a grate judiciously constructed, proportioned to the size of the room, and then, by a little care, keep the coals burning with as little smoke as possible, or if they still will believe in "metal plates" and "fire-balls," let these expedients be tried by their cooks. I venture to say these sapient and cozy individuals will soon give their mistresses "a bit of their minds" when accounting for raw meats.

I mention the subject because I heard it all discussed in a railway carriage some time ago by two intelligent gentlemen; both seemed gratified by the interchange of economical nostrums. I professed to listen, but have since speculated on the possibility of their trying both expedients at the same time diminishing the coals to a minimum and the oxygen ditto —a comfortable look out of a cold day.

Your obedient servant,
Dublin, Feb. 19, 1873. L. D.

[Our Correspondent is quite right in theory, but suppose "genteel" people want to have a cheerful fire at a low price and are content with a moderate temperature, the "economical nostrums" may be a better alternative than a miserable little grate with capacity for a handful of coals which fly up the chimney in a minute or two and leave desolation and shivering behind.—ED. M. P. & C.]

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly inform me if there is any work which treats at some length on the different departments of our Medical Profession. I have made repeated enquiries concerning such a publication, but always with the same unsuccessful result, so I now consult you, hoping that you will be able to lend me your valuable assistance. If such a work be not published, is certainly shows a great blank in our literature, as in my humble opinion there is no book whieh would be so valuable to a young doctor about [illegible] the world.

I am, Sir,
yours faithfully,
A YOUNG SURGEON.

[There is no such work as our correspondent indicates, although its utility would be undoubted. Mr. Baxter Langley's "Via Medica," is a complete treatise on one part of the subject, the relation of Medical assistants in England to Medical Practitioners. A small book published by Edmonston and Douglas, of Edinburgh, under the title of "Everything about them," gave a very succinct and intelligible account of the Naval Medical Service as it then existed. The Student's number of the MEDICAL PRESS AND CIRCULAR, is the only publication which contains any practical epitome of the whole subject.—ED. MED. PRESS.]

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Medical News.

Anonymous Gift of Ten Thousand Pounds.—At a meeting last week of the governors of St. Peter's Hospital for Stone and Urinary Diseases, it was resolved that the anony-

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1873.

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HOSPITAL GANGRENE (*a*).

By Mr. Arthur E. Barker.

Mr. President and Gentlemen,—In the few notes which I have the honour to bring before the society this evening there can be but little which might be called entirely new; and yet let me hope that the description of the nature and treatment of a disease formerly better known owing to its frequency, and now but rarely met with, thanks to the advance of Medical science—let me hope, I say, that a short description of this affection, as observed by myself, a young member of the Profession, may not be without a purpose, as showing that we are not yet rid of a scourge dreaded so much by surgeons of an earlier time, and which we had begun to imagine we might never again be called on to deal with, owing to our improved sanitary arrangements.

These few remarks may be of interest in another way; they may serve to remind us of the vast importance of the most rigorous attention to hygienic measures wherever many human beings suffering from wounds, whether surgical or otherwise, are brought together—a fact which cannot be dwelt on too often. They may serve to cheer us also with the contemplation of the advances made by modern Medical science towards the extermination almost, of certain diseases in these countries, formerly of frequent occurrence, and stimulate us further to fresh endeavours to bring our sanitary arrangements to a higher state of perfection.

I do not deem, then, any further apology necessary for presenting this society with a short sketch, however humbly and imperfectly executed, of that terrible disease, Hospital Gangrene, as it came under my own notice.

Gentlemen, it may be advisable, before giving you the substance of the notes taken at the time, to devote a very few words to the circumstances under which this affection made its appearance.

During the late war between France and Germany the fearful numbers of wounded to be attended to, necessitated their being massed more or less at those points where Medical and other aid could be most easily procured, and thus most towns came in for a large share of them. In that small town in which my lot was cast, whose population amounted to 22,000, we had treated, a few months after I had been there, over 4,000 severely wounded. Among these the mortality had been smaller than in most other towns, although all the most terrible injuries which can accompany war had passed under treatment. This, I have no doubt, was partly owing to the general healthiness of the locality and partly to the fact that the liberality of the richer classes, who are largely represented in that neighbourhood, supplied not only necessaries but comforts to the victims of the war, not so easily procurable in other parts of the country.

Otherwise, things were pretty much as elsewhere, that is to say, the Medical assistance must have been supplied from the same class as at other places, and the shelter of various kinds hurriedly provided for the reception of the wounded was as multifarious in its nature as could well be conceived. Thus we had empty private houses turned into Lazarets, public houses, saw-mills, a brick-mill, a riding-school, and wooden huts. These were fitted up, as well as possible in such haste and excitement as then prevailed, with stoves and beds obtained, for the greater part, from the barracks left unoccupied by the departure of the hussar regiment always quartered there. At first, of course, the men had to be put up on straw laid on the ground.

In the remarks which are about to follow, reference will be particularly made to two Lazarets in which I was myself active, and in which alone the hospital gangrene made its appearance. In one of these, an old tumbled-down public-house, built of wood, there were between forty and fifty men suffering from the usual wounds inflicted by the weapons of the present day. Here might be seen bullet wounds in all parts of the body, others produced by shells, &c.; fractures, simple, compound, compound comminuted, and so on. In the other Lazaret, metamorphosed between morning and night from a riding-school, with its racks round about and straw on the ground, into a large sick

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(*a*) Read before the Surgical Society of Ireland.

room, with one hundred and twenty severely wounded, there were as I joined between ninety and one hundred suffering from all kinds of mutilation.

Of these men the greater part may be said to have been progressing favourably at the time at which the gangrene made its appearance. Some had been struck in the first engagements, and were already walking about; others were sitting up and able to read; while the lighter wounded were many of them able to take part, to a certain extent, in the easier offices of attendance on their maimed comrades.

Things were in this state as we heard of the approach of a hospital transport train coming from the north of France, from which we were to receive about forty or fifty men, who had, for the greater part, been wounded in those fierce fights about Amiens, St. Quentin, and Bapaume.

Being near the railway-station at the moment of arrival of this train I went with the first of those who were being lifted out and carried on stretchers to the nearest of the Lazareths mentioned, which was about sixty yards from the station. Here we were engaged from about three o'clock in the afternoon until nine o'clock in the evening in getting the men arranged in beds and taking off their bandages, some of which had been left on three days without change. Almost the whole lower extremity of one unfortunate was found like a vast boggy slough, within an enormous plaster-of-Paris bandage, in which it had been encased tightly for several days with but little attention. In consequence of this it had to be removed on the second day following by the circular operation at about the junction of the middle and lower thirds of the thigh. The patient died, however, on the next day, apparently of septicæmia. No trace of reparative action could be seen in the dirty-looking flap. This death was followed a few days after by another, caused apparently by the same disease, in a man wounded in the hand.

I mention these few points merely to show the state in which we received the men. They were most of them much depressed and weak, and had been for some time but very insufficiently dressed and otherwise attended to while at Amiens, owing to the numbers to be looked after. At this town the gangrene had already broken out.

The second Lazaret referred to, which I visited in the morning, had also received several of the same set of men, who, though as weak and broken, could hardly on the whole be said to be in so dangerous a state as those first mentioned. These patients were distributed through the ninety men already in the riding-school.

Neither in the large building just alluded to nor in the other near the station had the hospital gangrene made its appearance at this time; but a few days after, some of the wounds presented appearances unfamiliar to the doctor whom I was assisting, but which were sufficiently extraordinary to cause him grave apprehensions. He had never seen hospital gangrene before, and did not recognise the affection as such. The timely arrival of the surgeon-general a day or so afterwards, however, settled the question beyond doubt, as he had dealt with the matter at its source in France. By his directions, the first man attacked was isolated completely from the others, and put by himself in one of the fifty huts just completed on the adjacent parade-ground for the reception of French prisoners.

This, however, did not prevent the spread of the disease, for within a short space of time three or four men were one after another infected, among whom was one who had been wounded in the arm at the commencement of the war, and who was almost quite recovered; the fracture of the humerus being united by a large mass of callus.

All this being quickly remarked, and also that only those patients were attacked by the malady who were under the care of one particular Medical man and his assistants, more perfect and effectual isolation was resolved on. I was considering the advisability of offering myself to take charge of these men in the huts, giving up my evening visits to the Lazaret at the other side of the town, and avoiding all communication with the main building or any of its staff, when I was asked by the surgeon-general and the Medical man, Dr. Alfter, whom I was assisting, to do this very thing.

Two assistants were then told off to aid me, with orders not to enter the riding-school or any of the other Lazarets, and not to employ any basins, buckets, or other utensils but those given out specially for their huts.

There were now seven men in the first hut severely affected, and the disease seemed to spread no farther in the main building, if we except several other cases which about the same time were removed to a neighbouring shed on account of their wounds looking very suspicious. In these, however, if the process had been set up, it ran but a short course, and soon disappeared.

The disease now made its appearance in the Lazaret first referred to as situated near the railway-station; but its dangerous nature being at once recognised by Geheim Busche, the surgeon-general, the single case was promptly carried over to the hut in which the other seven men had been placed. The man affected had also been wounded at St. Quentin, and had arrived from Amiens by a transport train with some of the others. His large wound, caused by amputation high up in the thigh, appeared, however, at the time of arrival perfectly healthy. This renders the fact of his being subsequently attacked by the gangrene of some interest, as there was no communication between the two Lazarets, except Dr. Busche's visit, which, as he said himself, he never made on the same morning on which he had been to see our patients at the riding school.

The isolation may now be said to have been complete; the many Medical men engaged were on their guard, and the gangrene spread no farther.

Turning now to the consideration of the disease itself, I shall endeavour to sketch briefly the outlines of its mode of commencement, its course, and the treatment adopted; taking the notes of four or five of the severest cases to illustrate what was observed.

The following short description of the manner in which the process commenced in wounds is the substance of an imperfect sketch made at the time:—

In those cases in which large wounds already found were attacked by the disease, the granulating surfaces may have been looking very healthy until then, and covered by laudable pus. The commencement of the gangrenous affection was then indicated by the granulations assuming at certain points a peculiar "lardy" appearance, like the fat of raw bacon, as the word "speckig," made use of among Medical men there, signifies. At these portions an exudation somewhat similar to that of croup was thrown out, and adhered to the subjacent granulations with great tenacity. This thin elastic coating could be peeled off with some difficulty, but its removal gave rise to considerable oozing of blood from the raw surface underneath. The edges of the wound then became of a dusky tint, and at first slightly elevated. Then the connective tissue between the skin and muscles began to break down, with the formation of a thick curdy pus, which required to be squeezed out from under the skin. The latter now appeared folded in round the edge, being completely undermined; then holes were formed in it and enlarged until the whole edge broke away. In some cases the skin so undermined became again adherent to the surface underneath, remaining so for a shorter or longer space of time, perhaps days, sometimes, however, loosening almost immediately again.

In most instances the muscles manifested considerable capability of withstanding the corroding influence of the morbid action, more even than the other tissues, as, for instance, the aponeurotic structures. They could be seen lying in the wounds completely denuded of areolar tissue, and covered with heavy florid granulations. In the case of Ludwick Rodeck, to be referred to presently, the large muscles of the calf were regularly dissected out, while between them and back behind the tibia, which was laid perfectly bare for about three inches, large slits were formed where the areolar tissue and other inter-muscular structures had suffered; the latter could be drawn out with a forceps in long shreds.

The bones, which were laid bare in several instances, presented nothing peculiar in appearance, except, perhaps, that while the destructive process was going on at the edges of the wounds, they threw out granulations from their surfaces, pointing to the fact of the existence of an effort at reparative action at one spot of the wound, while fearful ravaging of the tissues was going on at other parts of the same. The re-adhesion of undermined skin indicated something similar.

The different forms into which this affection has been divided could well be seen here; they seemed, however, to depend more upon the position of the wounds than on any difference in the nature of the morbid action. Thus, the creeping or spreading form was observed at those points where much areolar tissue was interposed between the skin and subjacent structures; while the burrowing or penetrating action was remarked where much fatty or cellular tissue passed into the substance of the limb, as in the case of Jacob Kralzak, who had a large cavity in the neighbourhood of the ante-cubital fossa, while the extensive wound on the outer and back portion of the elbow-joint spread rapidly without growing much deeper.

On the whole there was not apparently much suppuration, and the pus seemed to adhere at many points to the surface of the wound. At other portions, the latter presented a peculiar appearance; islands of raw surface were to be seen in the midst of the granulations; these did not present the ordinary characters of granulating surfaces, but were simply red vascular patches, perfectly clean, having more the appearance observed in deep abrasions of the skin.

While rapid destruction of parts was going on but little pain was complained of, but on the process becoming checked in any way, the suffering seemed fearful, if one is to judge by the incessant shrieking which accompanied the most careful dressing. This I shall never forget. Notwithstanding the gentlest manipulation of the two assistants and myself, the men generally shrieked up in our faces from the moment the limb was lifted until the dressing was finished, and so loud as to earn for the hut in which those bad cases were placed the title of "the chamber of misery" from those outside.

The pulse, during the increase of the disease, was high, ranging from 120 to 145. One point which I find dwelt on briefly in those jottings made at the time may be mentioned here, namely, the remarkable fall in the pulse, lasting for some time after the severe cauterisations to which many of the cases had to be subjected. I find the [illegible] note in my book made on the evening of the last [illegible] which case No. 2 had been cauterised. About [illegible] irons at a white heat and varying in size had been [illegible] very severely to the wounds. The pulse for several days previously had ranged from 115 to 120 :—Evening.—Pulse 90. Complains of no pain. It is remarkable that the pulse has become slower in each case [illegible] application of the actual cautery; the same was observed to take place with the other men who were [illegible]. On the evening of the day following the pulse [illegible] again risen to 112."

As regards the rapidity with which the tissues were destroyed, I find the following brief note among my papers :—

"Nothing analogous would give an idea of the rapidity with which the disease can spread at times, even after having remained stationary for a considerable period. Of this we have an example to-day in the case of Heinrich [illegible]kohl, whose two wounds, situated one upon the back of the upper arm, and the other on the posterior and external surface of the forearm, seemed the day before yesterday to be stationary. Chloride of zinc had been applied [illegible] the day previous, and the wounds for the following days were dressed with wet charpie alone. [illegible] the edges were further undermined, but to-day the two wounds, formerly separated from one another by [illegible] skin about three inches broad, had almost become [illegible] ulcer. The edges, for more than an inch in [illegible], were quite undermined, falling in all round, [illegible] requiring to be pulled or cut away before applying the actual cautery, which was energetically used under chloroform."

The usual appearance presented by the pus in those parts yielding rapidly to the process of corrosion was that of curdy whey. It was not, however, poured out in any large quantity as a rule, but could be squeezed out from under the edges in the form of thick whitish clots, mixed with an ichorous fluid.

The duration of the destructive morbid action, judging from a comparison of the cases in my note-book, appears to have been from four to six weeks. This is reckoned from about the time at which it became apparent that a gangrenous process had commenced in the wounds, until that period at which the same seemed to progress no farther, or to be extinct.

Before referring more particularly to the treatment employed in the various instances, I shall, with your permission, devote a few moments to the briefest possible digest of four or five cases taken from my note-book, commencing with that of the man in whom the disease first manifested itself.

(To be continued.)

LICHENOID ECZEMA OF THE FACE CONNECTED WITH THE ATHRITIC DIATHESIS, PROBABLY DUE TO LACK OF INNERVATION OF THE FIFTH PAIR OF NERVES.

By F. M. Luther, M.D., Cappoquin, co. Waterford.

I have arrived at the conclusion that defective innervation of the fifth pair of nerves, caused by cerebral congestion, is a chief cause of lichenoid eczema of the face, which cerebral congestion again is due to the action of the rheumatic or gouty diathesis, latent or suppressed. The poison, instead of locating itself in the joints, floats about in the system, and is in some cases arrested in the brain, causing, with other disagreeable symptoms, want of sleep, and following on this, with so much regularity, as to look like cause and effect, a lichenoid eczematous eruption most noticeable at the termination of the lashes of the fifth pair of nerves, and which is more amenable to treatment by cholagogue or alöetic purgatives, followed or alternated by chloral draughts, so as to ensure sleep, and abate the cerebral congestion, than to any other method of treatment. As acidity impedes the hypnotic action of chloral, I usually direct a glass of fluid magnesia to be taken half an hour before it. Probably, in the case indicated above, alkaline bitters, potash, or soda and gentian, taken thrice daily, would contribute to hasten the cure, by relieving in some measure the dyspepsia which, if not the "fons et origo malis," at all events reacts upon the brain; but, in those conditions of depressed cerebral power, the patient is too apathetic to take any remedy three or four times a day. Purgatives alternated with chloral, then should be our chief reliance. A long course of Turkish baths may prevent relapse, which is very usual since either exposure to cold or worry induces it.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture IV. *(continued).*

Before entering on the general features and movements and development of the Spine, it will be convenient to complete the description of the Ligaments by describing the mode of union, first of the Sacrum and Coccyx, and then of the Atlas with the Axis and of both with the Skull.

The Sacrum and Coccyx are united by an Inter-Vertebral Disc liable to be turned into bone after middle life, in front by the continuation of the Anterior Common Ligament called the *Anterior Sacro-Coccygeal Ligament*, and behind by the *Posterior Sacro-Coccygeal*, which descends from the margins of the lower orifice of the Sacral Canal, and from the Sacral Cornua to the Cornua and Posterior Surface of the Coccyx. The pieces of the Coccyx are similarly united. A synovial membrane exists in the Sacro-Coccygeal and, perhaps, in most of the other Discs. If now, passing to the other end of the Column, you take a Skull and look at its under surface, your attention will at once be arrested by a large aperture placed behind its centre, which is called the Great Hole or Foramen Magnum. Through this Hole the Spinal Cord passes to join the Brain, and the Vertebral Arteries, after leaving the holes in the Transverse Processes, continue their upward journey. This Great Hole is the commencement of the Spinal Canal, and when the Skull rests on the Vertebral Column, lies over the posterior and larger part of the Hole in the Atlas. The Posterior *Segment* of the Skull, which carries this Hole, the *Occipital Bone*, bears a strong resemblance to a Vertebra, and you can readily recognise on it the parts corresponding to the *Body*, the *Arch*, the *Hole*, the *Articular*, the *Spinous*, and the *Transverse Processes*. Thus, in front is a thick process, which forms in the Skull the strongest part of its floor, its centre or Axis, and corresponds to the *Body* of the Vertebra. Bounding the Hole behind is a prominent margin which represents the *Arch*, and flanking the Hole are the two convex eminences called *Condyles*, which are the *Inferior Articular Processes* of the Occipital Vertebra. Beyond the Condyles on each side may be seen an eminence, the *Jugular Eminence* or *Transverse Process*. It is only necessary to add here that on the inner aspect of the Condyle is a rough surface, and in front and behind is a depression called *Condyloid Fossa*, *Anterior* or *Posterior*, as the case may be. It is to these parts of the Occipital Bone that we shall have to refer in our account of the Ligaments uniting it with the Atlas and Axis. It will be convenient to describe—

I. The Ligaments connecting the Atlas and Occipital Bone or Atlo-Occipital.

II. The Ligaments connecting the Atlas and Axis or Atlo-Axial.

III. The Ligaments connecting the Axis and Occipital Bone or Axo-Occipital.

I. In *Birds* and *Reptiles* the Skull is joined to the Vertebral Column by a *Single* Condyle. In *Mammals* the necessity for a wider and firmer basis of support for the Head is met by the formation of two symmetrical joints between the Atlas and Occipital Bone, on each side of the central axis of the Spine. Each Occipital Condyle articulates with the corresponding Superior Articular Process of the Atlas. The surfaces of both are covered by Cartilage, and are kept in contact by the loose *Capsular Ligament*, which is thrown round the articulation and attached above to the circumference of the Condyle, below to the margin of the Articular Process. Synovial Membrane lines the joint. By means of the reception of the convex converging Condyles of the Occiput by the concave converging cups of the Atlas, the nodding movements of the Head are secured. In these movements the Occipital Bone performs hinge-like motions on an Axis passing transversely through the Condyles. By the obliquity of the articular facets from without downwards and inwards a certain amount of lateral inclination is permitted. The latter movement is not extensive and appears to be a mixed gliding and rotatory movement, taking place not as a simple lateral gliding movement would have done on an antero-posterior axis, nor as a rotatory movement would have done on a vertical axis, but on an oblique axis drawn midway between the antero-posterior and vertical axes. In this movement the face is turned to one side or the other, obliquely upwards and downwards. True lateral inclination of the Head to the Shoulder is performed between the Cervical Vertebræ, and free flexion and extension of the Cervical portion of the Spine will greatly increase the forward and backward bending of the Head.

The other Ligaments which bind the Atlas and Occiput together are two *Anterior*, a *Posterior*, and two *Lateral* Ligaments.

The *Anterior Ligaments* are the *Round* and *Broad*. The *Round* Ligament is a strong cord which passes from the anterior tubercle of the Atlas to the Basilar Process of the Occipital Bone. The *Broad* Ligament is a thin membranous band which stretches from the upper margin of the Anterior Arch of the Atlas to the fore border of the Great Hole and fills in the interval seen in the Skeleton between the Atlas and the Skull. Its fibres run for the most part obliquely from above downwards and outwards.

The *Posterior Ligament* occupies the space between the Posterior Arch of the Atlas and the posterior margin of the Great Hole of the Skull. It is comparatively weak and lax, and does not interfere with the nodding movements of the Head. It is perforated at the sides behind the Articular Processes to give passage to the Vertebral Artery and the First Cervical or Sub-Occipital Nerve.

The *Lateral Ligaments*, sometimes called the Anterior Oblique Ligaments, are analogous to the Inter-Transverse Ligaments of the other Vertebræ, and run between the Transverse or Jugular Processes of the Occiput and the Transverse Processes of the Atlas. Their fibres are directed obliquely downwards and outwards. Some stronger oblique fibres over the Posterior Ligament have been named the Posterior Oblique Ligaments by Professor Humphry.

II. Between the rotatory ring called the Atlas, and the stationary pivot bone or Axis exists a *central* and two *lateral joints*. The *Central* joint is formed by the reception of the *Odontoid Process* into a socket of the Atlas, the *lateral joints* are formed between the Inferior Articular Processes of the Atlas and the Superior Articular Processes of the Axis. In the *central joint* the socket or collar for the Odontoid Process, is made partly by the scooping out in front of the Anterior Arch of the Atlas and partly by the *Transverse Ligament*, which stretches across between the rough inner surfaces of the Articular Processes of the Atlas embracing the neck of the Odontoid Process. A cartilaginous facet on the posterior surface of the Arch of the Atlas, corresponding with a similar one in front of the Odontoid Process, and the joint is furnished with a little synovial sac. A second [illegible] and joint is found between the Transverse Ligament and Odontoid Process. These Sacs permit the Atlas to play smoothly round its pivot, which is held securely in its place by the disposition of the fibres of the Transverse Ligament, and by other sets of fibres of which we shall presently have occasion to speak.

The *lateral* articulations are held together by loose Capsular Ligaments passing from the circumference of one surface to that of the other, and permitting the free gliding movements which take place in the rotation of the Head. The usual synovial membrane lines the joints.

The *Ligaments* which bind the *Atlas* and *Axis* together, as distinguished from the functional ligaments just described, are two *Anterior*, and one *Posterior Atlo-Axoid*. The two *Anterior* are the *Round* and the *Broad*. The *Round Anterior Atlo-Axoid Ligament* is a cord which stretches down from the tubercle of the Atlas to the base of the Odontoid Process and Body of the Axis. It remains tense in all positions. The *Broad* is a deeper membrane attached above to the anterior surface of the Arch of the Atlas, and below to the anterior surface of the Body of the Axis. The *Posterior Ligament* is connected with the lower edge of the Posterior Arch of the Atlas and the upper border of the Laminæ of the Axis.

III. The *Ligaments* which connect the *Axis* and *Occipital Bone* will be demonstrated by removing the Arches of the Atlas and Axis, and lifting the cord and its membranes out of the Spinal Canal. By a little dissection, the following ligaments will be rendered plain, arranged in four separate layers from behind forwards :—(*a*). The prolongation upwards of the *Posterior Common Ligament*. (*b*). The *Occipito Axoid Ligament*. (*c*). The *Cruciform Ligament*. (*d*). The *Check Ligaments*.

(*a*). The *Posterior Common Ligament* ascends from the body of the Axis to the Basilar Process of the Occipital Bone in front of the Great Hole. Its fibres can be traced upwards to the Sphenoid and Temporal Bones. It is a broad membranous sheet, and when *in situ*, it completely shuts out from the Spinal Canal, and conceals from view the—

(*b*). Second Stratum *Occipito Axoid*, *Cervico Basilar Ligament*, or *Apparatus Ligamentosus*. This Ligament is separated by a few filaments of areolar tissue from the Posterior Common Ligament. It is thick and strong and fan shaped, with the broader end at the Occipital Bone. It is attached below to the contiguous margins of the Third Cervical Vertebræ and Body of the Axis, and above, beneath the Posterior Common Ligament to the Basilar Process of the Occipital Bone, some little distance from the Foramen Magnum. Throwing it down we expose a ligament in the form of a cross called,

(*c*). The *Crucial Ligament.*—This consists of a very thick and strong horizontal portion a quarter of an inch deep, already described as the *Transverse Ligament*, and an upper and lower Vertical slip derived from the centre of the upper and lower margins of the Transverse Ligament respectively. The upper slip is long and passes upwards to be attached to the margin of the Great Hole, the lower slip shorter but stouter, passes downwards to join the Body of the Axis. The Vertical slips steady the Transverse Ligament and keep it tense in all positions, and act as an additional stay to the Odontoid Process. Throwing down the upper slip a clear view is gained of all—

(*d*). The *Odontoid Ligaments.* These are the special ligaments of the Odontoid Process, and are three in number; two *lateral* or *Check* ligaments, and a *Central* or *Suspensory* ligament. The *lateral ligaments* pass from the rough sides of the Summit of the Odontoid Process almost directly outwards, but with a very slight inclination upwards, to be implanted into the inner rough surfaces of the Occipital Condyles. They are stout and strong, and are called *Check ligaments*, because they limit the movements of rotation of the Head. The *central ligament* is not always present, it is well shown in this dried specimen as a small fascicular band, which extends from the tip of the Odontoid Process to be attached to the margin of the Great Hole underneath the Vertical Portion of the Crucial Ligament.

If you lay open the joints formed between the Articular Processes of the Atlas and Axis, and examine them carefully, you will notice that they present a different shape from the surfaces seen on the dry, denuded bone. Instead of being concave, the Inferior Articular Processes of the Atlas are flat or convex; instead of being nearly flat, the Superior Articular Processes of the Axis are convex both antero-posteriorly and transversely. The highest point of each process is near the middle. If you make a vertical section of these surfaces, you will find that this alteration in shape is due to the Articular Cartilage on each facet, being thick in the middle, and thin at the circumference.

In consequence of this disposition, the surfaces of the Atlas and Axis are in contact only in the centre when the face is directed forwards, and a wide interspace exists in front and behind filled by a fringe of synovial membrane. When the Atlas carrying the Head is rotated on the Axis, the middle parts of the articular facets of the Atlas leave the middle parts of the facets of the Axis, and glide down the inclines which the Axial surfaces present beyond their centres, both anteriorly and posteriorly, while the facets of the Atlas project beyond those of the Axis, forwards on one side and backwards on the other. Owing to this descent of the Atlas, the Head is brought to a lower level during the rotatory movement, and by this means, the ligaments passing between the Axis and the Occipital Bone are kept tense in all positions. Had there been no descent of the Atlas the ligaments must have been made more loosely to permit rotation at all, for during rotation, the distance between the points of attachment of the ligaments is necessarily increased. As it is, this increase of distance is counteracted by the descent of the Atlas, rotation is permitted, and the ligaments remain tense (*a*). Rotation is prevented from being carried too far by the Check Ligaments. The extent of the horizontal motion permitted by the movement of the Atlas round the pivot of the Axis, does not, according to South, exceed an arc of the sixth of a circle, but is increased to an arc measuring one third of a circle, by the rotatory motion permitted between the Cervical Vertebræ (*b*). Other anatomists do not allow that so much increase of rotation is due to the Cervical Vertebræ.

It will serve as a recapitulation if you will refer to the following:—

TABULAR VIEW OF THE LIGAMENTS OF THE SPINE.

	Mode of Union.	Chief Features.
Bodies of the Vertebræ ...	Inter-Vertebral Discs	Composed of a central elastic Pulp and circumferential fibrous Laminæ. Thickest in loins, thinnest in back. Curves of spine in neck and loins due mainly to thickness of Discs in front.
	Anterior Common Ligament	Strands of white fibrous tissue of different lengths. Extends from Axis to Sacrum. Narrow above, wide below; attached to edges of Vertebræ and Discs.
	Posterior ,, ,, ...	Axis to Sacrum. Wider above than below. Dentated processes opposite the Inter-Vertebral Discs. Strands of fibres of different lengths; attached to edges of Vertebræ and Discs.
Laminæ ...	Ligamenta Subflava	Yellow, elastic; attached to anterior surface of Arch above, and to upper border of Arch below. They restore Spine after flexion, and save muscular tissue.
Articular Processes ...	Capsular Ligaments and Synovial Membranes	Arthrodial or gliding joints. The obliquity of the processes in the Neck permits displacement without fracture. Capsular ligaments loose in the Neck, free motion being permitted.
pinous Processes ...	Inter-Spinous Ligaments	Insignificant in the Neck, thin in back, thick in loins.
	Supra-Spinous ,, ...	Join tips of Spines from Occiput to Sacrum. In Neck rudiment of Ligamentum Nuchæ.
Transverse Processes ...	Inter-Transverse ,, ...	Irregular cords or bands of fibres joining transverse processes in Back and Loins; rounded cords in the Back.

(*a*) For a fuller exposition of this subject see, "Humphry's Human Skeleton," p. 310, 311. I have followed his account, having verified it by reference to the dead subject.

(*b*) South's Article on Anatomy, "Encyclopœdia Metropolitana".

TABULAR VIEW OF THE LIGAMENTS OF THE SPINE.—*Continued.*

	Mode of Union.		Chief Features.
Atlas and Occipital Bone ...	1. Anterior Arch of Atlas and Basilar Process joined by ...	Two Anterior Atlo-Occipital Ligaments	*a.* The Round. *b.* The Broad.
	2. Posterior Arch of Atlas and Arch of Occipital Bone joined by	Posterior Atlo-Occipital Ligaments ...	Broad loose membrane perforated by Vert bral Artery and Sub-Occipital Nerve.
	3. Condyles of Occipital Bone and Superior Articular Processes of Atlas joined by...	Capsular Ligaments and Synovial Membrane	Flexion and extension and oblique glidi movements permitted.
	4. Transverse Processes of Atlas and Transverse or Jugular Processes of Occipital Bone joined by	Lateral or Inter-Transverse Ligaments	Strong fibrous bands.
Atlas and Axis	1. Anterior Arch of Atlas and the Body of the Axis joined by ...	Anterior Atlo-Axial	*a.* Round. *b.* Broad.
	2. Posterior Arch of Atlas and the Laminæ of the Axis joined by	Posterior Atlo-Axial.	
	3. Articular Processes joined by	Capsular Ligaments and Synovial Membrane.	
	4. Retention of Odontoid Processes effected by	Transverse Ligament. Attached to rough surfaces on inner par Lateral Masses of Atlas. A vertical slip comes off from it ab and below, and the whole Ligament is called the Crucial Li ment.	
Axis and Occipital Bone ...	1. Posterior Surface of Body of Axis and Basilar Process are united from behind forwards successively by	1. Continuation of Posterior Common Ligament. 2. Occipito-Axoid or Apparatus Ligamentosus. 3. Vertical Piece of Crucial.	
	2. Odontoid Process and Occipital Bone are united by	*a.* Two Check Ligaments. *b.* Suspensory Ligament.	
Sacrum and Coccyx ...	Inter-Articular Fibro-Cartilage.		Contains a Synovial Sac.
	Anterior Sacro-Coccygeal Ligament.		
	Posterior " " "		

The rarity of displacement implicating the Atlas or Axis, is due to the strength of their ligamentous union with each other, and with the Occipital Bone. Cases are related in which the Odontoid Process has been separated from the Axis by violent twists or jerks. The specimen in our museum marked (Gbb 27), was presented by Mr. Robert Debenham, of Stepney, a former pupil of the Hospital. It shows the Atlas with the Odontoid Process displaced forwards, tilted downwards and a little to the left, and encroaching greatly on the Spinal Foramen of the Axis. The Odontoid Process has been broken through at the base, and has become anchylosed to the Atlas and the Axis. There is anchylosis also of the Inferior Articular Processes of the Atlas, with the front of the Axis, and with the third Cervical Vertebra. The Articular Processes of the Axis and the Third Cervical Vertebra are anchylosed. Mr. Debenham states that the man from whom the specimen was taken (by trade a shoemaker) was compelled by reverses to resort to field labour. One day, whilst wheeling a loaded barrow weighing half a hundredweight, the handles of which were partly supported by a strap over his neck, the wheel passed over a large stone, severely jerking him, and causing great pain to his neck in the position of the strap. He did not fall, but felt obliged to sit down, and his chin dropped upon his breast. He was able, however, in a short time to rise and walk half a mile to his home, by raising and carefully supporting his head between his two hands; and the next day using the same precaution, he walked several miles to his doctor. Three weeks later he went to the Infirmary of a Union, where he remained six months, went home, returned in a week worse than ever, kept his bed for two months, and thirteen months after the accident, lost all power of motion in the arms and legs. His head inclined to the right side, the chin resting on his breast. He died at the age of twenty-eight, in a state of great emaciation, a little more than two years after the accident. "The history of the case," says Mr. Hutchinson, "renders it probable that in the first instance a fracture occurred without much displacement. The dislocation forwards was most likely brought about gradually afterwards, with increasing compression of the cord." (See "London Hospital Reports," vol. iv., p. 210.)

Although there is no certain evidence of disease affec the bones in the specimens just described, there are suspicious appearances indicative of atrophy, if not of c of the neck of the Odontoid Process, and it is highly pro ble that some previous changes had been going on w predisposed to the accident. It is by no means clear the jerk which occasioned the fracture and ultimate placement was sufficient to snap a healthy Odontoid Pro protected by healthy ligaments. Displacements with union or anchylosis, may occur from disease in early Caries again may supervene at a later period, and lea the separation, the destruction, or the liberation of Odontoid Process. The Specimen marked Fb. 57, the four upper Cervical Vertebræ. The Odontoid P is wanting, and the adjacent parts of the first and Vertebræ are Carious.

The specimen marked Fb. 1 shows extensive of the ligaments. The Odontoid Process is eroded, a been so completely liberated, that on the slightest ment of the head forwards, it presses back on the S Cord.

The specimen marked Gbb. 23 shows fracture of the 3rd, and 4th Cervical Vertebræ. The entire ring of Axis has been detached from the body of the Axis by vertical fracture through the Articular Processes. T arch of the 3rd Vertebra is separated from its body with displacement, and the fracture of the 4th Vertebra imp cates the pedicle on one side, and the lamina on the other Unfortunately there is no history.

The last specimen (Gbb. 16) which I will show you to-da is probably unique. It shows the Odontoid Process existing a separate bone, articulated with the Second Vertebra. Thi is the ordinary condition in the Turtle. Here two slend ligaments attach the Odontoid Process to the Axis near i Superior Articular Processes, but what is most remarkab is, that the Transverse Ligament is larger than usual, fla tened horizontally, polished above and below, and forming a distinct interarticular ligament between the Odonto Process and the Body of the Second Vertebra. Where th Odontoid Process rests on the ligament, it is smooth, flat tened, tipped with cartilage, and the corresponding part o the Second Vertebra presents a distinct articular surface This singular specimen was removed by Mr. Curling, from the body of a man who died in the Hospital in 1838, from the effects of a fall from a ladder on to the back of his head. Mr. Curling views it as either an original malformation, or a case of separation of the "Odontoid Apophysis" before the third year (a).

To sum up the affections to which this region is obnoxious, Dislocations of the Occipital Bone from the Atlas only occur in connection with fracture of the Atlas(a). Complete dislocations of the Atlas from the Axis may be produced by the dangerous practice of lifting up children by the head, or by the barbarous manipulations of an unskilful executioner. Heavy falls on the Head may cause fractures of the Atlas and Axis, separation of the Odontoid Process with laceration of ligaments and displacement or rupture of the Transverse Ligament, liberating the Odontoid Process, and producing compression of the Cord. Disease of the Occipito-Atloid joints may end in anchylosis of the Occipital Bone to the Atlas, the ordinary condition in the Sturgeon. Caries may invade the Odontoid Process. Necrosis may affect the Arches of the Atlas. Anchylosis sometimes occurs between the Atlas and the Axis, either in the lateral joints, or uniting the Odontoid Process with the Anterior Arch of the Atlas. Anchylosis of the Atlas and the Axis is the normal state of these two bones in the Dolphin. Sandifort, in his Musuem Anatomicum, instances a specimen in which the Occiput, all the Cervical and the two upper Dorsal Vertebræ were firmly united by bone, the union involving not the Bodies, but the Articular Processes and Laminæ, as well as the Odontoid Process and Arch of the Atlas, and occurring in such a manner, that the Head was strongly twisted to the right side. Fusion of the Atlas with the other Cervical Vertebræ, is found in Whales, constituting a species of Cervical Sacrum (Mivart). It may be compared with the pathological fusion of the human Cervical Vertebræ, which was illustrated in my second lecture by the specimen marked Fb. 35.

Anchylosis between the upper Cervicals and the Occipital Bone is generally the result of a previous affection of an inflammatory nature, destroying the cartilages, and ligaments, and causing more or less dislocation. Affections of this nature attack children especially, and the most favourable result is the termination in anchylosis. In some of these cases forward displacement of the Atlas carrying the Head narrows much the space devoted to the Spinal Cord (b). The large size of the Spinal Foramen in the Atlas and Axis being provided for the purpose of permitting the rotatory movements, the diminution of the space is not necessarily attended with pressure on the Cord. It is surprising how much narrowing of the foramina may occur without affecting the functions of the Cord, provided that it is produced gradually, and attended by a cessation of the natural mobility of the bones.

Rheumatic Arthritis more commonly attacks the joints between the Atlas and the Axis, than any other joints in the rest of the column, and may be attended with an unpleasant snapping noise, audible at some little distance from the patient. In this affection, the Odontoid Process becomes considerably enlarged, and may be prolonged upwards to the extent of half an inch; the facet for the Odontoid Process on the Arch of the Atlas is hollowed out into an oval fossa, and from its upper margin a bony growth has been seen to project and even to overlap the Odontoid Process (c). The Articular Processes of the Atlas have been found so much increased in size, as to encroach on the Spinal Canal, and the Superior Articular Process of the Axis enlarged to the size of a shilling.

This may seem a considerable catalogue of maladies, but the very rarity of their occurrence, is the exception which proves the rule of a cunning and admirable art in the contrivance of these joints, by which, day after day, and year after year, without injury and without fatigue, they support and transmit the weight of the Head, permitting the performance of incessant movements, forwards and backwards, and from side to side, and movements oblique and rotatory, holding their own against no feeble jars and shocks, yet all the while so protected by strong ligamentous sheaths, as to do no hurt whatever to that most delicate, important, and vital portion of the Spinal Cord which lies immediately behind them.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 28th February.

The Vice-President of the Royal College of Surgeons, Dr. Denham, in the Chair.

Mr. H. G. Croly exhibited a specimen of disease of the knee-joint occurring in a child, æt. 8, and which he considered was interesting in several respects. The child had been several weeks in hospital with a bent knee. He endeavoured to straighten the knee by suitable splints and to get the limb into a proper position. The disease appeared to be more in the soft parts than in the bone, and an incision was made to liberate matter. Symptoms of hectic, however, set in, and it was decided to remove the limb by amputation at the lower third of the thigh. On dissecting the joint he found that the semi-lunar cartilages were removed, and that there was disintegration of the cartilages on the head of the femur and the tibia. There was an abscess in the head of the tibia showing that the disease was not confined to the knee-joint, and another large abscess burrowing into the ends of the condyles of the femur. He intended to have this specimen preserved in the Museum with the object of showing how low down the bone may be divided in amputation by Teale's method. The child was in hospital six weeks, and had been ill a year before admission.

INJURY OF THE SPINAL CORD.

Mr. Croly then made the following communication:—

A boy, named Patrick Donohoe, æt. 8, was admitted to th City of Dublin Hospital, on the 12th of February, under hi care. The history of the case was the following:– Thre days before admission to hospital the child was playing wit the steel rib of an umbrella, one end of which he had put i his mouth. He was on a bed, and fell off it on to the floo The end of the umbrella rib went deeply in through the bac of the pharynx, and the child pulled it out himself. Hi mother came home two or three hours afterwards, and foun the child with his head resting against the chimney-piec He had been sick in his stomach, and bled from his mout and nose. She thought the child had been smoking, an beat him without inquiring into the cause of his illness. Sh was told, however, by a sister of the boy what had occurre and on looking into his mouth found a wound in the back the throat. The child raved that night, and on the followin morning, finding that he was not getting better, she broug the child to him. She stated that, in addition to the feveri symptoms, the child had double vision. There was a dre of one of the children hanging on a line across the room, an he said he saw two dresses. On examining the child's thro Mr. Croly saw a punctured wound at the back of the phary on a level with a probe passed back under the velum witho raising it. On being put on his legs the child tottered. H had convergent strabismus, some intolerance of light, an very marked febrile disturbance. Mr. Croly concluded from these symptoms that the rib of the umbrella had penetrated to the spinal cord between the first and second cervical vertebræ, and he came to that conclusion from the history of the case and the paralytic symptoms. He had the child's head shaved, leeched him on each side of the spine, and treated him with calomel and James's powder. There was a difficulty of swallowing. The temperature was taken and it was found that it ran up from 98, which it was on the 14th of February, to 102 and 105. He whistled, he screeched, he had the knitted brow, and he threw back his head. These symptoms became very alarming, and he had to be kept in a room with a subdued light. The treatment with mercury and James's powder was persevered in, and ice was applied to the head; all the symptoms had now disappeared, and the child had in fact recovered. He had tried in the dissecting-room the effect of passing in a sharp piece of wire at a place in the dead subject corresponding with the wound in the child's throat; and on removing the spinous processes and the laminæ he found the wire went in between the first and second cervical vertebræ and wounded the spinal cord. The case was, he believed, unique. He had looked into some of the best surgical works, but could find no instance of an injury of the spinal cord having occurred through the mouth.

(a) The case is given in detail in the "London Hospital Reports," vol. i., pp. 142, 143, 144.

(a) A man who came under the care of Mr. B. Phillips, fell headlong from a hay-rick. He lived twelve months. The Specimen now in the Museum of the Middlesex Hospital, shows the Atlas fractured behind the Articular Process, fracture of the Odontoid Process, dislocation forwards of the anterior part of the Atlas, with its Articular Processes and the Occipital Condyles Supported by the Axis. This case is well known, having been quoted by several authors, *e.g.*, Sir A. Cooper, Shaw, Hamilton, Humphry, &c. It will be found related in vol. xx., page 78, of the "Medico-Chirurgical Transactions."

(b) Two specimens of dislocation of the Atlas from disease are described in vol. xxxi., p. 285, of the "Medico-Chirurgical Transactions," one by Mr. Paget, and the other by Mr. Shaw. In Mr. Paget's case, the space left in the middle line between the Odontoid Process and the Atlas, was only the sixth of an inch, and at the sides a fourth of an inch. In Mr. Shaw's case, a bridge of bone connected firmly the Odontoid Process and the Arch of the Atlas. The greatest distance between the Process and the Posterior Arch was 8-10ths of an inch. There was no history, with either specimen. In Mr. Debenham's specimen the space left for the Spinal Cord between the posterior arch of the Atlas and the body of the Axis measures from before backwards, at its widest part, 8-10ths of an inch. Mr. Lawrence has related a very interesting case in a child, and collected a number of others in a paper, published in vol. xiii., of the "Medico-Chirurgical Transactions."

(c) Adams, on Chronic Rheumatic Arthritis.

Mr. **Arthur E. Barker** read a paper on

HOSPITAL GANGRENE,

Which will be found at page 243.

Mr. **Tufnell** asked Mr. Barker why he preferred to use the acid nitrate of mercury, instead of the concentrated nitric acid, in cases where the fluid caustic was employed?

Mr. **William Stokes** said there could be no doubt of the great interest and importance of Mr. Barker's communication. He would merely touch on one of the points that it involved: It was a question whether the term "Hospital Gangrene" was not a misnomer? Mr. Barker endorsed the generally received opinion that it was a disease which was the result of defective hygienic measures in the hospital, defective ventilation, want of cleanliness and so on. He (Mr. Stokes) had long been of opinion that that was very questionable. Fortunately, in Dublin, they had seldom an opportunity of seeing cases of this description. He had not seen a case since he was a student. At that time there was an outbreak of the disease in the Richmond Hospital in the practice of the late Mr. Hutton. There had not been for many years previously an outbreak of the disease in this city, and none had since occurred. There was some doubt whether the disease called hospital gangrene was not the result of epidemic influences, rather than the result of defective sanitary arrangements in the hospital and in houses. This view was held by many eminent continental surgeons. With reference to a large number of the cases seen by Mr. Barker it was not improbable they arose to a great extent from the nature of the dressings that were used. He mentioned that several of these desperate wounds were cased in plaster-of-Paris bandages. This he (Mr. Stokes) thought was a most fatal proceeding to adopt. Although plaster of Paris bandages might be useful in the treatment of certain fractures, he thought the Berlin School had ridden that hobby to death. He thought the treatment of compound fractures and gunshot wounds by imprisoning in that way the morbid secretions, was a very disastrous proceeding, and it was not at all improbable that many of these cases of so-called hospital gangrene had their origin in that procedure. He had little to say with reference to treatment. He had not seen the treatment by actual cautery, but the treatment he had seen attended with most benefit was the free application of fuming nitric acid, subsequent irrigation, and a weak solution of chlorine water. As to constitutional treatment they were all ready to endorse everything Mr. Barker had said.

Mr. **Stapleton** said that from what he had seen he believed that certain forms of what he might call diphtheritic erysipelas were caused by want of care in dressing, and were propagated by contagion from one person to another. When he first became surgeon to Jervis Street Hospital sponges were used indiscriminately in the dressing of wounds, and he believed disease had been communicated in that way. He abolished that system, however; tow was now used, and the affection to which he alluded—a sort of diphtheritic affection which spread through the wards—was now never seen in the hospital. With regard to treatment he should wish to know whether Mr. Barker meant to distinguish between a white and a red heat, and which of them he used? Their action was essentially different. If white heat were used it carried away the eschar with it and left the part bare to be freshly attacked. It could be used, however (to stop hæmorrhage), by bringing it close to, without touching the part. By using the red heat an eschar was produced, and remained there, arresting the progress of the disease. A preparation which he had used most successfully in sloughing sores was, equal parts of sulphurous acid and glycerine, applying it on lint and changing two or three times. As to the plaster-of-Paris dressing, he agreed with Mr. Stokes in thinking that it was much abused in Berlin, and that it was very frequently most injurious. Mr. Barker had not mentioned the tonics he used. He (Mr. Stapleton) found quinine alone would not do, but if it were used dissolved in muriated tincture of iron, together with wine and brandy, many cases that seemed hopeless would recover.

Mr. **Barker** in reply said he was unable to explain why nitrate of mercury was preferred to nitric acid. Having tried some of these strong caustics, without their producing any beneficial effect on the wound, they naturally grasped at the first that seemed to have power over the fearful ravages that were going on. They tried the hot iron, which was observed in the first case to check the disease. After the first application of the iron the disease remained stationary for several days. Mr. Stokes believed that gangrene was not referable to want of cleanliness. His (Mr. Barker's) limited experience prevented him from offering a decided opinion on the point, while at the same time he thought the occurrence of the disease during war time, when there were vast numbers of wounded men to be dressed under most unfavourable circumstances, pointed to the conclusion that it was induced by want of cleanliness. That it was propagated from one case to another by the germs of lower organisms, favoured by dirt and want of cleanliness, he believed. A number of experiments instituted by a friend of his proved this. He took a quantity of juice from some erysipelatous patients and injected it into rabbits and produced the disease in those animals. He put some of this juice into a solution of sugar and water, which he boiled. There was nothing to be seen in the fluid by the microscope, but on examination some days afterwards it was found to be full of bacteriæ. He took some of this fluid and put it into a solution of the same fluid, and it was found to be swarming with bacteriæ. He introduced it under the skin of a rabbit and it produced erysipelatous inflammation. If they took some of the juice of a gangrened limb it would be found to contain baeteriæ. This, of course, was not conclusive, but it opened a wide field for inquiry. As regarded gypsum he was of Mr. Stokes's opinion that it was overdone. It had the advantage, however, of keeping the limb perfectly quiet. He had seen a case in which a ball passed through the thigh shattering the bone. It was put up at once in gypsum, with two little pledgets of lint steeped in carbolic oil, and the bone perfectly united, and there was but half an inch of shortening. Professor Langenbeck saw this among other cases. He had seen other cases of wounds in the knee-joint which were kept in a perfect state of repose by gypsum. It was necessary in war time to have something that could be used at once. Starch bandages were not always available, or sufficient for the purpose; splints were good if they could have enough of them, but gypsum was found to be the readiest where there were a great many cases to be attended to in haste. No doubt if the patient had to go on a long journey it was a bad thing to confine the limb in a case of gypsum, and in one instance where this had been done the whole limb was in a state of gangrene. With regard to Mr. Stapleton's question as to red and white heat, he would say that it was found necessary to use the white heat. There was an immense amount of pulpy tissue around the wound, to such an extent that he had to tear it out, and to use force to get it out from under the surface. If, as Mr. Stapleton said, the eschar came away with the iron, when the white heat was employed, so much the better. As a matter of fact they were rarely able to take the gangrenous part away entirely. The tonics used were sulphuric acid and quinine, with urine, the latter being used as largely as it could be given.

The Society then adjourned.

DUBLIN OBSTETRICAL SOCIETY.

At the meeting of the Society on Saturday, March 8th, 1873, Dr. **Sibthorpe**, Vice-President, in the Chair,

Dr. **Henry Kennedy**, for Dr. Beatty, exhibited a boy, æt. 12, affected with

SPINA-BIFIDA FROM BIRTH.

The boy was in all respects healthy. The tumour grew from the lumbar region, and was the size of an orange. It had an impulse when the boy coughed. The feeling of the meeting was that no surgical treatment should be adopted at present. The case seemed to create much interest.

Dr. **Morgan** said, that having recently seen some instances of

CONGENITAL SYPHILIS AFFECTING THE FINGERS AND TOES OF CHILDREN,

he thought it desirable to lay an account of some of those cases before the Society. Everyone knew, of course, the difficulties that surrounded the question, with regard to congenital syphilis, as to its latency, more particularly as the early syphilitic evidences sometimes seemed to glide into what might be called the tertiary stage. They knew, for instance, that within the first month a vast majority of children showed syphilitic evidences, but sometimes they were delayed. The peculiar affection to which he begged to draw their attention did not come under any such rule, but came on at no definite period. Thus, the first case he would illustrate as suffering from this dactylitis, described recently by Dr. Taylor, of New York, and very lately again by Dr. Parry, of Philadelphia, was that of a woman, infected by her husband originally, and suffering from ulcerations of the gummatous character. She had ulcerations of the leg and body, and suffered upwards of nine months from this peculiar affection of the finger. If they went to examine the deformity more particularly, it presented certain peculiarities. The dactylitis had been described as being of two kinds—that where it did not affect so much the deeper structures or the bones, but more the connective tissue around the joints. In these cases it would be seen that it was a very mild affection; they had generally a globular swelling of the finger, and if it was examined it would give sometimes a creaking and semi-elastic feel, which was not painful. Even in children it could be freely examined. Another form of the disease was, where it was much more marked, where, from being simple, the disease became more intense, the skin red and discoloured, finally giving way, and giving exit to yellow gummatous matter. They had before them some illustrations of cases which showed that very remarkably; the first was that of a child under treatment during the last year. That child was unquestionably the produce of parents who had been infected with syphilis. Both parents were in a respectable walk of life, but the husband had contracted syphilis, and communicated it to his wife. The case before them occurred after she had had two healthy children. The disease was of a globular form—the thumb got much the appearance of having been thrust through an india-rubber ball; after some three or four months the tumour became coloured on the surface. On the foot there was a similar affection, where it extended to the deeper structure, and assumed the peculiar red appearance characteristic of the affection in its extreme condition, with the skin drawn so tightly, that it was not capable of being pinched up. On opening these, the peculiar material, similar to what is often seen in scrofulous affections, escaped in small quantity, and at the bottom of the opening the peculiar gummatous matter could be seen. That was the only case in which he had seen the bone so diseased. It might be supposed that that was not a case of inherited syphilis at all; but the child came under his (Dr. Morgan's) notice in such a condition as to do away with that supposition, for it had abundant syphilitic rash. It took upwards of seven months from the time it first formed until the sore healed. He had met with another case, which he had seen with Dr. Cronyn, in which the child suffered from an affection of both feet; the tumour was exactly similar to that existing in the child who had also the diseased thumb. The tense purplish red skin, the cachectic condition, and, above all, the syphilitic rash which covered the child, formed conclusive evidence. The case was one occurring in private practice, and the father admitted and showed evidences of having suffered from syphilitic infection; the mother was always and still remained healthy, so that a point of interest was presented as to whether the influence was more powerful in the father than in the mother. That was a debated question in reference to congenital syphilis. In the two former confinements the produce were healthy children, but the third child showed evidences of suffering from syphilitic poison. Another illustration he had to offer the Society was the case of a boy, nine years of age, who had been under his care in hospital. That boy had evidently suffered from syphilitic taint, for there were scars here and there over the body from the ulcerations, which he had from time to time. In this instance the disease was on the back of the hand. The case was more advanced, and when he saw it it had become thin, and he let out a peculiar thin fluid by a lancet, and the members could see in the drawing the peculiar gummatous matter. He considered those as typical cases. They had the disease in a person of forty, not very long ago affected; then they had it in children varying from two years of age to three; and, in another instance, in a boy nine years old. The case of another boy was perhaps the most remarkable, for he never saw a greater sufferer from inherited syphilis. The boy had no less than eight marks of large syphilitic gummatous ulcerations, which he had from time to time. The thumb became diseased; it did not affect the back so much as the front of his hand, but the same course took place, the tense appearance of the peculiar violet red colour was notable, and on opening it the peculiar gummatous matter exuded. He (Dr. Morgan) could never find any evidence of bone disease. The boy had an enormous gummatous abscess in the ham. The drawing showed also a man suffering from the tertiary stage of syphilis where, the gummatous matter was exposed. The appearance was very much the same as that seen in the cases of the syphilitic children before them. The question would arise, no doubt, as to whether that was a truly syphilitic symptom? Some might suppose that it was a scrofulous symptom or disease originally in the bone itself; but the history of the case, he thought, put that out of the question. The evidences they had were of syphilitic taint—the peculiar rash on the body, and in the more advanced case of the last-mentioned boy, they had him covered over with every evidence of syphilis, and eighteen years previously his mother had been affected. She had been a widow for thirteen years, and was infected six years before the birth of this boy. Her other children previously born are healthy up to the present moment. That seemed to be a long lapse for the disease to remain latent. With regard to the gummatous matter, it could hardly be said that in so young children they could have a gummatous stage; but he brought the cases before the Society for the purpose of showing how rapidly the gummatous stage advanced in children. They had also, as in a drawing exhibited, that peculiar syphiloma of the liver. On inspecting the liver it seemed as if little masses of semola were scattered over the liver. The child was born of a mother admitted into hospital under his care. Its mother was in the gummatous condition, and her health broke down when carrying the child, who scarcely exhibited any early rash or patches, but was affected by an intense gummatous ulceration of the ear, and also of the labium and on the body. When it was six weeks old they had thus the sudden transition from the earlier stage of syphilis to the tertiary. That was a thing they were prepared for, because in adults the same thing occasionally occurred. He had seen the tertiary stage often take the place of the secondary. Dactylitis usually took place in the first joint of the finger; the swelling was more marked on the dorsal than on the palmar aspect, the finger on section presented a triangular outline with the base on the dorsum. There were two points of interest in the cases which he had brought under the notice of the Society—first, as to the very vexed and debated question concerning the influence of the father or mother in producing syphilis. He thought they might draw some practical conclusion from one of the cases, as neither of the first children presented any trace whatever of disease, and remained perfectly healthy. When the third child was born the mother remained healthy, and it did not develop any syphilitic symptoms, but carried latently the inherited infection. They might admit that the influence of the mother was greater than that of the father. He (Dr. Morgan) believed that the father could infect the child without infecting the mother; but they knew that that was not the more general rule. He saw not long ago in the hospital a mother produce the finest child he ever looked at, and it remained so for two years. The mother was so bad a case of syphilis that she had to remain in hospital during that time, and it was not until two years that the child showed signs. As to the treatment of this affection, he found that it yielded under the anti-syphilitic treatment. He found most successful the mercurial inunction used steadily and gently, or the administration of the bichloride in small doses; continued the use of a solution of a drachm of tincture of iodine to one ounce of flexible collodion painted over the part. As bearing on the question of inherited syphilis and its development in children, he thought the subject would interest the Society.

Dr. **Cronyn** said he had not much to add to the description so faithfully and accurately given by Dr. Morgan; but, as affecting the obstetrical view of the question, he thought it right to state that the mother of the child referred to had produced two perfectly healthy children, a boy and a girl, and the child who was the subject of the disease was the third. He had seen all the children, and to complete the history of the case he might mention that the mother had since given birth to a fourth child, who was perfectly healthy. It was, therefore, more remarkable that before and after the birth of the syphilitic child she had had healthy children. When Dr. Morgan was called into consultation with him he had some doubt that the case was one of syphilitic taint or rash, and when Dr. Morgan told him his views he was rather startled. However, on further investigation and inspection of the parent he began to see they were on the right track.

Dr. **MacSwiney** referred to the influence of the parents in the propagation of syphilis, and to the efficacy of submitting both parents to a process of mercuralisation, as recommended by the late Dr. Beatty.

Dr. **Kennedy** said it had struck him latterly, particularly within the last four or five years, that the Profession in London were certainly carrying their views to an extreme measure as regarded the effects of syphilis on the system. He thought he could mention a number of cases to be as syphilitic, while in the opinion of anyone present they would be strumous. He must say the same of the five cases mentioned by Dr. Morgan. They would all recollect perfectly well how forcibly Dr. Abraham Colles brought forward the fact of syphilis affecting a strumous constitution. He (Dr. Kennedy) would give far greater weight to the idea that the cases described by Dr. Morgan were strumous than that they were syphilitic.

Dr. **Morgan**, in reply, said that Dr. Kennedy argued on what he had not seen, whereas he (Dr. Morgan) argued on what he had seen. The body was covered from the head to the sole of the foot. One of those children had a little patchy ulceration on the side of his mouth. He did not agree that children, 15 years, 14, or 9 years of age usually showed patches on the mouth. They all knew that symptoms were familiar in older persons, but they did not meet with such in children so young. There was no doubt that the gummatous was very like the scrofulous material. He had treated two or three cases with mercurial inunctions, but he confessed that if it was a scrofulous child he would not like to use mercury in that form. He could, in conclusion, only adhere to what he had previously stated—that the cases were those of well-marked syphilitic rash.

Dr. **Kidd** then read a paper

ON A CASE OF VESICO-VAGINAL FISTULA,

and a discussion followed, after which the meeting adjourned.

DUBLIN PATHOLOGICAL SOCIETY.

At the meeting on Saturday, March 8th, 1873, **Dr. Henry. Kennedy**, Vice-President, in the Chair,

Dr. A. W. **Foot** brought under the notice of the Society a well-marked specimen of a cirrhosed liver, taken from a boy, æt. 7. He had been tapped thirty-four hours before death, and eighty-one ounces of clear greenish serum, sp. gr. 1,006, removed with apparent relief. Twelve hours after the operation he began to moan, and slipped into a semi-comatose state, in which he died. The tapping was necessitated by the aggravation of dyspnœa, which an acute attack of pleuro-pneumonia of the left lung induced; till that event he had tolerated well the distension of the abdomen, and the pressure of the ascites on the diaphragm. The belly and chest were covered with blue veins, especially on the right half of the body. There was not a trace of recent peritonitis. The liver weighed 35¼ oz.; measured from right to left 7¼ in.; from thick to thin border (vertical measurement) 5¼ in.; its thickest part was 3 inches deep. The condensed peritoneal investment presented milky opacities surrounding the prominent islets of parenchyma, and was, as it were, extensively smeared over the convex surface in particular; the callus web at extreme left margin was in process of formation; the ligaments were vascular; the adhesions numerous; substance of gland tough, granular, dull orange colour; gall bladder small; contents, viscid orange bile. The spleen weighed 3 ounces, was 3⅜ inches long, and 2⅜ inches broad. The left lung was in a condition of red hepatisation, and the pleura of that side of the chest violently inflamed. The fibrinous exudation was peculiarly red. There was nothing abnormal in the brain. The state of the lung was very unfavourable for the operation of tapping, but the state of the liver was as unfavourable for inflammation of the lung. The double disease in abdomen and thorax were reciprocally hostile to life. The child, who was a lean, sallow, melancholic looking object, yet had a large amount of adipose tissue connected with the intestinal canal. Dr. Foot also laid before the Society some specimens taken from the body of a boy, æt. 19, who had been admitted into the Meath hospital with a history of seven weeks' illness, referred to the left side of his chest, and which was the result of chronic pericarditis, and an inflammatory exudation in the lung, in a state of softening, and which he (Dr. Foot) regarded as the starting-point of the numerous "tubercles" disseminated through various organs. On admission it was found that the right pleura was full of fluid. Soon after it was ascertained that the pericardium also was filled with fluid, its dulness extending from one nipple line to the other, and from the second rib above, till it was merged below in the downwardly displaced left lobe of the liver. The impulse was *nil*, sounds distant and feeble; pulse, which was seldom countable at wrist, averaged 150 in minute; dyspnœa constant, and often extreme; œdema of feet and legs. The pleural-effusion was recent—the result of exposure to cold. The pericardial effusion, and the inflammatory deposit in the left lung existed before his admission. Stimulants afforded temporary relief. The chest was tapped late, 105 oz. clear greenish-amber serum withdrawn, with trifling relief, and he died quietly sixteen hours after the operation. The right pleural cavity presented no traces of inflammation, but its walls were bestrewn with miliary crystalline granulations; opaque whitish, boiled-sago-like tubercles were disseminated through the right lung. In summit of lower lobe of left lung was an inflammatory deposit, greyish-yellow, size of a date, covered where it came to the surface of lung with pleuritic adhesions and exudation, of pappy consistence in central parts, surrounded by redder and firmer belt of albuminous exudation. Through this lung also were numbers of sago-like tubercles, most numerous in the vicinity of the deposit. The pericardium looked like a uterus in sixth month of pregnancy, and swagged over the vertebral prominence into either pleural cavity; it contained 33 oz. of brownish serum, was half an inch thick, leathery, gristly, and coated with dirty-white exudation; the epicardial deposit was everywhere at least half an inch thick. Extreme hypertrophy of the left ventricle (without valvular disease, atheroma of aorta, or granular kidneys), due, no doubt, to an effort to overcome the effects of the load of superincumbent solid and liquid exudation. The retro-bronchial glands were greatly distended; the diaphragmatic and mediastinal pleuræ were sown with miliary tubercles. The splenic peritoneum was roughened with crystalline nodules, giving to the finger the sensation of the finest sand, and almost invisible to the naked eye.

At the meeting on Saturday, March 15th, 1873, Sir **Dominic Corrigan**, Bart., M.P., in the Chair,

Dr. **Hayes** exhibited a case of

OVARIAN TUMOUR.

Dr. **Finney** a specimen of

A PECULIAR DEVELOPMENT OF THE URETER FROM EACH OF THE KIDNEYS, WITH TOTALLY DISTINCT TUBES PASSING INTO THE BLADDER.

Dr. **Tyrrell** showed a specimen of

AMPUTATION OF THE ELBOW-JOINT PERFORMED ON A GIRL, ÆT. 14.

Dr. **Foot** laid before the Society a case of

ADVANCED STAGE OF CARDIAC DISEASE.

The Society then adjourned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 19, 1873.

THE NEW TAX ON VICE.

THE new Warrant Regulations as proposed will apply with peculiar harshness to the soldier, with regard to the contraction by him of contagious diseases. A forced celibacy is enjoined on the men, they are well fed, well housed, and well cared; they are young, healthy, and vigorous, and have time on their hands unemployed. It can hardly be supposed, with the moral constitution peculiar to men of this class and temperament, that the procreative instincts can be either entirely suppressed or be absent; indeed, as was remarked by an army surgeon of many years' experience, "it would be a sad day for the country when the British soldier is so emasculated as not to be influenced as other men of his age are." The proposition is made—that during the period that a soldier may be confined to hospital while suffering from any venereal disease, his pay shall be stopped from him. Is it to be supposed that even this arrangement would control the stimulus of the sexual appetite in such subjects? Why, the soldier might fairly ask, keep me a celibate, and punish me if I chance to yield or be led astray, as a vigorous human machine, to which condition the state desires most to assimilate me, might be? Why punish me for a lapse which my superiors in command practise fully within my cognizance, yet are unpunished, and yet they have liberties from which I am necessarily restrained?

Naturam expellas furcâ, the system cannot work, it seems to be one of those spasmodic efforts made by those unacquainted with the true conditions of the human organisation and its relation to vigorous health, to restrain by other than moral aids the indulgence of a passion, admittedly one of the most intense and ungovernable which are human. It is mere "amateuring" to suppose that the possible prospect of a loss of pay under some conditions which are, at all events, fortuitous, will restrain the vigorous and half-tipsy soldier from the risk. Quackery in its worst form will do serious damage; the soldier will resort to every means to avoid his being found out—if he should be affected—he will allow his constitution probably to be undermined by the subtle action of a disease he is offered a bonus for concealing his being the subject of. Seduction and the pursuit of females, who, from not having altogether entered on a vicious life, may be supposed free from disease, will become more the object of the soldier's attention, and instead of the man himself being the sufferer, a more widespread mischief will be encouraged by such a system of punishments. Worse, and more debasing results may even ensue, and have not been unknown where numbers of men of forced celibacy are congregated. Desertion will doubtless become more frequent. It is not to be supposed that licentious indulgence of the passions is to be encourged or facilitated, but the idea of restraining an evil by the method contemplated, of inflicting a fine in case of *accident*, by stopping pay from the soldier only, while on his superior such a proposition seems to be inapplicable, cannot be looked on as either just or politic, the soldier must be regulated in such matters by *moral* force and elevation of the ideas, not by the physical force remedy, as it may be styled, of stopping pay, not for indulgence in a vice, it is to be remembered, but for incommoding the service by an accident.

A sensible and practical letter of Mr. Acton's in a contemporary confirms our views on this subject, he remarks truly,—

> "The moralist, after reading this portion of Mr. Cardwell's financial speech, will probably congratulate himself that in future, vice in the soldier shall be punished. I only wish I could believe that the penalty would tend to improve the morals of the service. Those, however, who, like myself, have for many years closely studied the subject cannot fail to have arrived at the conclusion that punishing vice by the withdrawing of the man's pay has been again and again tried, and proved a failure. Experience teaches us that penalties, instead of deterring a man from exposing himself to the chance of infection, only aggravate the worst consequences of the diseases in the individual, cause invaliding in the service, and hereby injure society. In attempting to legislate for the masses our feelings must not warp either our judgment or experience."

Every hospital surgeon cannot fail to have observed how readily a young man of the student class is overome by passion, it is notorious that students, who, the very day they have witnessed the most excruciating agonies inflicted by syphilis, and observed the wasting strength of its victims, will, nevertheless, yield to temptation within a few hours of such lessons, and run the risk of enduring similar, if not worse penalties, with which a pecuniary fine would, indeed, weigh lightly.

Far better for Mr. Cardwell to introduce a scheme by which the men would be encouraged to disclose the occurrence of disease before it had advanced too far, and before that it had been extended in a wider radius amongst the female, and necessarily amongst the male, population of military districts; far better adopt a system of more liberal governmental support to Lock Hospitals so as to attract, and ensure the admission of the unfortunate contagion bearers, who will still, we believe, hover round a vigorous and lusty military force, where passion will ever and anon get the better of reason or of the absurd tax on indiscretion of 1s. per day.

THE SURGICAL KIDNEY.

The paper read by Dr. Dickinson at the Medical and Chirurgical Society, and of which an abstract appeared in our last, was of such importance, and the points it raised are so full of interest to all members of the Profession, that we proceed to offer as briefly as possible some of the observations made in the debate which it raised.

Sir Wm. Gull said the paper explained to him the pathology of this form of disease, which he had not previously known. He had pointed out a state of urine attended by decomposition, from the presence of mucus as the cause. As ammoniacal urine began in the bladder rather than in the kidney, it would be better to employ injections into the bladder. There were cases in which the urine was alkaline and remained so for years, but when it became ammoniacal the acute change described set in.

Mr. Barwell said that there might be for a long time alkaline urine without this condition being produced. He could hardly conceive so many cases of surgical disease with reflux of urine to the kidney. If the urine found in the kidney was not from reflux, how was the disease communicated to the mucous membrane of the pelvis? Perinephritic abscesses, he thought, might arise apart from any such cause as rupture of a superficial abscess through the capsule.

The President asked Dr. Dickinson if he had met the disease of kidney in every case of death after fracture of the spine? In paraplegia the urine may be for a long time ammoniacal, and yet recovery take place. The urine might be ammoniacal when passed from the bladder, and yet acid when passed from the kidney. If drawn at frequent intervals, so as to be only a short time in the bladder, it would then be found to be acid.

Dr. D. Powell asked why Dr. Dickinson regarded these cases as analogous to pyæmia? Was the temperature high or intermitting? As the pathological change was local, he thought the disease should not be called pyæmic, and he did not understand how the poison could be communicated from the bladder to the kidney by veins.

Dr. Green admitted the pathology offered was correct, but asked if it were true that suppuration was the earliest result of the decomposition of the urine or internal conditions of the bladder?

Mr. T. Smith thought there were cases to which Dr. Dickinson's explanation could not be applied.

Mr. Marcus Beck said that, with regard to pyæmia in these cases, he had noticed that the temperature was always low three or four days before death; in one case even 96° F., in another it remained at 97° F. for three weeks. He mentioned one case in which quinine and sulphuric acid were injected two or three times. The urine became acid, and the patient improved. After the third relapse the bladder never became again sweet, and so the inflammation spread up the ureters, and he passed decomposed urine, and at the *post-mortem* examination diffused abscesses were found in both kidneys.

Sir W. Gull mentioned an experiment of Dr. Rees to prove when urine was found alkaline in the pelvis of the kidney, it was never secreted so.

Dr. Symes Thompson said, assuming Dr. Dickinson's conclusions to be true, it was difficult to understand how many cases of long-standing ammoniacal urine went on for so long without kidney complication.

Dr. Goodhart had noticed in many cases of old stricture where the urine had been ammoniacal, the kidney-substance scarred and granular as from old embolic patches. One kidney might be contracted and the other suppurating, or inflammation might have been set up in the first, and after its arrest an atrophied condition resulted.

Dr. Dickinson, in the course of an able reply, said that, though the renal mischief did not follow every instance of paraplegia from disease or accident, it was exceedingly common as the result of spinal causes. He admitted that the urine was probably secreted acid, and in such cases became alkaline by decomposition in the bladder. As to the conveyance of the morbid influence from the bladder to the kidney by veins, Dr. Dickinson disclaimed any such opinion, since there were no veins which could serve such a purpose. He supposed that the urine conveyed the influence from the bladder to the kidney, and carried it into the straight tubes, whence it contaminated the neighbouring veins.

◆

Notes on Current Topics.

Medical Officership of Health for Sheffield.

We are glad to learn that Sheffield is about to appoint a Medical Officer of Health. Still more pleased are we that so important a town has the opportunity of securing the services of so able a man as Dr. Thomas Whiteside Hime, whose diplomas, professional position and writings, point him out as one of the most eligible candidates for such a post it would be possible to secure.

Our readers will not have forgotten the valuable practical communication from Dr. Hime's pen that lately appeared in our columns on the subject of "Anthracosis," the Coal-miners' Disease, which alas, is too commonly met with in the locality. His address on "Phenomena and Force," before the Philosophical Society was marked by great breadth of scientific thought, and as much must be said for his "Sources of Vital Activity," while his *brochure* on "Healthy Houses," shows that his attention has been directed to the questions with which an officer of health has to deal. Dr. Hime is a graduate in arts, as well as in medicine—which should recommend him to all who can appreciate culture. Not only so, he was Royal scholar, first placeman, and double honorman at Trinity College, Dublin, and those who know what these distinctions mean will not be surprised to learn that Professor Stokes, and other leading members of the Profession are among those who have given him testimonials. Sheffield is not likely to forego the chance of electing one of her most distinguished townsmen, for Dr. Hime now fills other important positions in her school of medicine, and in her hospitals.

Ignipuncture in the Treatment of Arthritic Affections.

Several cases are at present under treatment in *l'Hôtel Dieu*, treated by this method, which consists in plunging a pointed cautery into the bone itself, and across any elevation or "fungosities" of the joints.

Sanitary Regulations.

In the present state of the relations of the Corporation Sanitary Committee, and the rival Sanitary Association in Dublin, the following hint may not be inopportune How far the sanitary measures which have been hitherto adopted have really succeeded to any practical amount may be a matter of opinion, or how far any sanitary regulations, however well carried out, will ultimately succeed, in the present obscure state of our knowledge of the true nature of epidemic and endemic disease, may be also a matter of opinion. However, while the public mind is unpleasantly perturbed in the matter, the rules proposed by the Lambeth vestry at their last meeting seem practical, having for their object the sanitary improvement of the district, and especially the lessening of overcrowding in dwelling-houses. Rule 1 is as follows:—That the Medical officer shall keep a register of houses, with a cubical measurement of the several rooms. Rule 13 is a very bold one, and gives the Medical officer or inspector of nuisances the power of entering at any time any house subject to the operation of the rules (other than a common lodging-house), and punishes any persons obstructing their entrance.

The Anti-Contagious Diseases Bill.

If "brevity is the soul of wit," the Bill presented to Parliament by Messrs. Mundella, J. Bright, and Fowler, for the repeal of the Contagious Diseases Act, is typical. The preamble contains ten, and the only clause in the bill, twenty-six words.

The Conjoint Examination Scheme.

WHILE from Ireland a Conjoint Examination Scheme has been forwarded, embodying the conclusion of the Royal College of Surgeons, the University of Dublin, and the King and Queen's College of Physicians, it is to be regretted that as yet, while the meeting of the General Medical Council is imminent, at which this question should be discussed, in England a definite solution has not been arrived at. We find that—"'Sir James Paget, as chairman of the Committee of Reference for a Medical Examing Board in England, has written a letter to the Vice-Chancellor of the University of London, expressing the wish of the Committee that all the Medical authorities in England should take part in the conjoint scheme, and the gratification that would be felt by the Committee if it should learn that the University of London was taking steps to remove the legal disabilities which prevent its co-operation.' It is not encouraging, within a very few weeks of the meeting of the Medical Council, to find that the Committee of Reference is apparently uninformed as to whether the London University has taken any action in this matter."

Alcohol in Hospitals.

SOME commotion has been excited by the reports circulated of excessive liquor supply being given in hospitals. At Guildford, the chairman, Dr. T. J. Sells, quoted the words of the matron of an hospital, who stated that "patients died drunk in the wards," and "that spirits were poured down the throats of patients, and they died drunk," while this may be looked on as sensational, it may be questioned how far stimulants are excessively administered. In private life there is so vast a difference of opinion and practice in the amount of stimulant taken that the same may extend to hospital practice, but when we hear of half-a-pint of spirits or more, with a liberal proportion of other stimulants in the way of food luxuries being commonly allowed to patients for a considerable time as a daily ration, the question of permitting an unlimited license in this respect becomes open, and the experience of the majority of practitioners should be taken as against what may be the peculiar crotchet or idea of an individual on a subject of such importance, not only to the institution, but to the future welfare of the patient, who, supposing he survives such an alcoholic dietary, may become addicted ever afterwards to intemperance. While a liberal margin might be left for special cases, the subject might well occupy the attention of governors of institutions and of Poor-law Guardians in the expenditure of funds intended only for the best interests of the patients, and to yield the maximum amount of good.

On the Employment of Auscultation in the Diagnosis of Œsophageal Diseases.

To Hamburger is due the credit of having discovered the valuable aid afforded by auscultation in the diagnosis of diseases of the œsophagus. Essays had previously been made in this direction, *e. g.*, by Prof. Lippich, of Vienna, but neither was his method so scientific, nor were the results in any way comparable with those embodied by Hamburger in his work on diseases of the œsophagus; a source to which the late distinguished v. Oppolzer did not think it unworthy to acknowledge his indebtedness for the materials of that portion of his *Specielle Pathologie u. Therapie* which treats of œsophageal diseases. Future observations must test the value of the method.

An elaborate abstract of the views of Oppolzer and Hamburger, prepared by Dr. v. Stofella, of Vienna, and translated for me by Dr. Clinton Wagner (now of New York), appeared last year in my Report on Diseases of the Throat (*a*).

The following case is an important contribution to the study of œsophageal murmurs, and especially so, as the pathological evidence obtained at the autopsy assigns grounds for the signs presented during life (*b*). Dr. Fried. Betz had under his care a tradesman, æt. 49, whose occupation compelled him to taste, and swallow large quantities of wine. For several years he suffered from pulmonary tuberculosis, complicated at a later period by dysphagia. The date of commencement of the latter is uncertain, but it was certainly not acute, the difficulty becoming slowly aggravated. It was at first attributed to inflammation of the mucous membrane of the mouth and fauces, which occurred from time to time. The cough produced by the œsophageal disease was combined and confounded with that arising from the pulmonary disease. The patient for a long time suffered from anorexia. Hence it was not unnatural for him to drink more than he ate; and thus his attention was completely withdrawn from the œsophageal ailment, the existence of which was accidentally discovered by Dr. Betz. Careful examination gave the following information: swallowing required considerable effort, solid food had to be very finely subdivided; pressure on the trachea, when grasped on both sides, caused no pain; coughing frequently followed eating and drinking, frothy mucus or particles of food being ejected; an unpleasant odour issued from the mouth; no tumour was apparent in the neck, which was rather thin than otherwise; palpitation in the neck produced a peculiar murmur, *pressure on the trachea in the fossa suprastern. evoked a tremu-*

(*a*) MEDICAL PRESS AND CIRCULAR, 1872; Oct. 23, Nov. 6, 13, 20.

(*b*) V. *Memorabilien*, XVII., Oct., 1872.

lous note audible throughout the room. This experiment was successfully repeated at various times before the patient's death. A similar sound, only not so loud and clear, was produced during swallowing. No attention had been given to it, though it had existed for some time. The impression made by the sound was as if air was being driven through an abnormal opening into the cavity of the pharynx, and in the neighbourhood of the larynx. This led to the diagnosis of perforation of the larynx.

Digital examination gave no result. A No. 12 catheter could generally be passed down the cervical portion of the œsophagus, but it frequently was arrested, thereby causing pain. Mucus and particles of food used to come up in the eye of the catheter, proving that there was a cavity in which accumulations of food existed. Auscultation of the larynx gave no evidence of a lateral current of air, or any variation from the normal respiratory murmur, so that the perforation from the pharynx into the larynx which had been diagnosed, was no longer supposed to exist. Auscultation posteriorly gave a continuous sound of swallowing extending from the neck down to the thorax. The advanced state of tuberculosis, and constantly aphthous condition of the mouth and fauces, contra-indicated attempts at dilatation.

The autopsy showed extensive tuberculosis of the lungs, with numerous caverns at the apex of each; the mucous membrane of larynx, pharynx, bronchi, and trachea covered with roundish aphthous ulcers; the pharynx formed a diverticle about two inches deep, and as much wide, which occupied the space between the cervical vertebræ and the cervical portion of the œsophagus, and was filled with mucus and remains of food. The walls of this diverticle were about as thick as the back of a knife, and callous. The orifice of the œsophagus was situated high, at the lower third of the cricoid cartilage, where it presented a somewhat square orifice, the posterior margin of which was edged by a dense band as thick as a knitting-needle, the ends disappearing in the direction of the cricoid cartilage. The stenosis was sufficiently large to admit easily a No. 12 catheter. The œsophagus, below the stenosis, was normally distensible, but somewhat atrophied.

The tremulous sound was caused by air getting into the cervical portion of the œsophagus and being expelled from it. The act of swallowing produced a similar effect, but in a less degree. As the orifice of the œsophagus could not be firmly closed owing to the band before mentioned, air entered into the cavity after deglutition.

Partial Excision of the Sac in Lachrymal Fistula.

M. **Monozer** recommends the radical cure of some forms of lachrymal sac tumours, by means of partial excision, followed by systematic catheterism and the injection of solutions of sulphite of soda.

Sulphate of Cadmium in Opacities of the Cornea.

M. **Ansiaux**, professor of clinical surgery at Liége University, recommends as an application, a solution of sulphate of cadmium with mucilage and opiate solution in varying strength; it should be dropped over the opacity and the lids be then kept closed for some minutes, the application should be repeated three times a day.

Forged University Diplomas.

Another batch of about forty of these worthless documents have been distributed to greedy buyers *in absentia* in various parts of the United Kingdom, who are now disporting themselves in their ill-gotten plumage, as proudly as if the feathers had been stuck in their coats after honourable University competition. This time the M.D., Ph.D., B.A., M.A., &c., have been forged upon the Marburg and other German Universities, the authorities of which, to their credit be it observed, have telegraphed the news to this country. Our readers therefore, must exercise some little caution before accepting the *ipse dixit* of newly pledged Doctors in their neighbourhood.

OPERATIONS BY THE GALVANO-CAUTERY.

On Jan. 20 the operation of castration was thus performed by M. Amussat. A platinum wire connected with the galvanic pile was carried upwards through the scrotum so as to separate the testes, it was then carried upwards towards the cord, and was carried through the cord itself, the testes were then separated; there was no loss of blood; the incisions were as accurately made as with the bistoury itself. Chloroform was not administered. The reactionary fever was slight, and only lasted three days, and the wound healed on the 16th February. The testis was extensively diseased by tuberculosis.

REMOVAL OF THE BREAST BY GALVANO CAUTERY.

A woman, æt. 72, mother of two children, and hitherto in good health, required amputation of the breast for cancer. On January 19, 1873, she insisted on being chloroformed; the galvano-cautery blade was used steadily and slowly by repeated cuts and the tumour so separated. Three arteries had to be restrained by the application of the flat part of the galvano-cautery; there was hardly a tablespoonful of blood lost. The reactionary fever was slight; on the 31st the greater part had cleaned. Notwithstanding her age, and the operation which had been undergone, the patient has fully recovered and has been able to go out of doors.

A HINT FOR THOSE INTERESTED IN THE TREATMENT OF THE DEMENTED.

At the Chaussé d'Antin, an octogenerian, the Count de L——, has just died, he was formerly a great traveller, but was obliged to give up his trips over the world from loss of his fortune and becoming blind. "A faithful servant, however, in spite of his misfortunes, invented an ingenious mode of having him re-enjoy the sensations he had had during his travels. At one time he would shed throughout his apartment an odour of fleur d'orange, and have the temperature raised to a tropical degree; the old man directly thought himself in Algeria; to complete the illusion, the servant, who spoke several languages, chanted the invitation to prayer which the Mussulman addresses to believers from the top of the minaret. At another time the Count's chamber would become cold; the odour of tar was diffused through the room with that of the sea, and the servant imitated the peculiar language of English sailors, the Count fancied himself in a Scottish port, where he had once had very good fortune. He travelled thus by turns over all the points of the globe, and so through Mexico, China, United States, and Spain, in which country he had taken service, and had been appointed cabicilla of an important and heroic band.

Who but our lively and imaginative continental neighbours could have enjoyed such a treat?

M. Bonnafont recommends the use of bougies, coated at the extremity with solution of silicate of potash, with opium extract and caustic potash, added in certain proportions. A smooth coating is formed, which incorporates itself with the bougie, this is then passed into the urethra or into the eustachian tube, in cases of narrowing of these canals. A little rotatory motion may be communicated to the instrument to hasten the dissolution of the silicate.

L'Union Médicale favourably reviews the addition to Medical science during the past year, and cites in illustration of some of the most important—

The action of belladonna against sweatings.
The use of acetate of lead in pneumonia.
Electricity in the cure of Addison's disease.
Sulphate of copper in icthyosis.

These remedies have not as yet been so largely tested in this country, and are worth consideration.

Dr. Bleynie, *Revue Médicale de Toulouse*, recommends the use of phenic acid in puerperal fever epidemics, by having the lying-in chamber saturated with the odor and vapour, by means of cloths saturated with the solution and of open vessels, which would constantly diffuse it through the air. Doctors and midwives should also perfume themselves with it. Much better (says the doctor) carry a disagreeable odor more than the germs of a fatal malady.

Foreign Medical Literature.

TREATMENT OF COLLAPSE IN FEVERS BY COLD AFFUSION.

(Translated by Francis M. Luther, M.D., Cappoquin, from the *Bulletin Général de Thérapeutique.*)

It sometimes happens that in the middle of a fever, when the thermometric rise has attained its maximum, a sudden fall takes place in the superficial temperature. Measured in the axilla, where a few minutes before it indicated 40 or 41 degrees, it all at once falls to 34 or even 32 degrees (Centigrade). But if you are careful to measure the internal heat, you will speedily perceive the persistence of the febrile heat previously noticed. At the same time the skin is covered with cold clammy sweat, the cardiac pulsations become weaker, the radial pulse extremely frequent, small, and thread-like. It is to this clinical tableau that Wunderlich and his disciples have given the name of collapse. The striking disproportion between the internal temperature and that of the skin is owing to the latter no longer being supplied with blood, the heart not having strength to send it to it in a sufficient wave. As to the weakness and the cardiac paresis, they are in all respects comparable to what one sees, when, in experimental physiology, the pneumogastric nerves are divided; acceleration and weakening of the cardiac contractions, shown by the diminution of arterial tension, chilling of the surface of the body, and stagnation of the blood in the viscera. In order to complete the analogy with the effects of the section of the pneumogastric, let us note the parallel disturbance of the respiratory functions; the inspirations short and superficial, often unequal and intermittent; one would say that the patient forgot to breathe. Auscultation reveals all the signs of vaso-motor paralysis and rapid congestion of the lung, with augmentation and accumulation of the bronchial secretions, which the patient has no longer power to expel; in short, everything takes place as in pulmonary congestion following on section of the pneumogastrics.

We may, then, consider collapse as a sort of paralysis of the nerves which govern circulation, calorification, and respiration, or rather of the nervous centre which presides over this governing function. It is, then, the activity of this centre that it behoves us to awake by reflex excitation. The most potent and likewise the most manageable of those reflex agents consists in the brusque application of cold to the surfaces; in a word, the employment of douches and cold affusions.

Behold the *modus operandi*, elementary it is true, as we have seen it applied almost daily, and nearly always with complete success in the wards of Professor Hirtz. A waterproof sheet is slipped under the patient, carefully arranged in channels so as to conduct the flow of water into tubs placed beside the beds. The patient, stripped of his shirt, is held sitting upright, and you pour over his head and trunk, from a height of about from fifty centimetres to one metre, one or two tubs of water at a temperature of 10° or 12° Centigrade.

You then witness a striking spectacle. The patient, although plunged in a half stupor, is vividly impressed by the sudden subtraction of caloric. A prolonged reflex contraction of the diaphragm is produced, determining a deep gasping inspiration. The stroke has told; the respiratory rythm is at once modified, becoming slower, more regular, less shallow. On the parts of the circulation, like results; the cardiac ataxia is calmed, the contractions become successively less hurried and more powerful, the pulse rises at the same time that it slackens, and upon the sphgymographic tracing one can follow with the eye the modifications imprinted upon the circulatory functions. Before the affusion the tracing represented a horizontal line hardly accentuated by some feeble undulations; during the action even of the affusion one sees the line of ascension mounting up and becoming sharply accentuated, indicating thus the augmentation of the force of the cardiac systole, and increase of arterial tension.

The affusion terminated (it should only last two or three minutes at the most), the patient is rubbed dry and covered up. If the thermometer be then applied in the armpit, it shows that the surface refrigeration has, in a great measure disappeared, and the temperature reached, or even exceeded, the normal standard; as to the internal temperature, taken in the rectum, it, on the contrary, evinces a notable diminution. In a word, the diminution of heat appears to be regulated anew, dissipating that rupture of equilibrium between the deep and superficial temperature which is in some sort characteristic of collapse.

If by auscultation you seek to be informed as to the changes which have been effected in the lungs under the influence of the treatment, the following facts are noticed: The respiration becomes more active, the *râles* have diminished and the passive congestion dispelled, probably under the influence of the excitation of the vaso-motors of the organ.

It is easy to arrive at an explanation of the physiological action of this mode of treatment by the hypothesis of a moderate excitation of the centre of origin of the pneumogastric; thence the slackening and increased strength of the pulse, thence the more powerful impetus communicated to the circulation, the reparation of the sanguineous fluid takes place more uniformly, it ceases to stagnate in the visceral cavities and is more abundantly diffused upon the surface; thence the unloading of the gorged pulmonic vessels, and the greater activity of hematosis. Perhaps, even the affusion may produce a transient excitation of the general vaso-motor nerve centre which for a moment checks the excessive production of heat.

We see, then, that, employed under the form of affusion, that is to say suddenly and momentarily applied, cold water acts, not by withdrawing caloric, for the quantity so removed is altogether insignificant, but in exciting by reflex action the nerve centres which regulate circulation and calorification. The treatment acts then in the same sense and in the same manner as antipyretic medicines, properly so called, especially digitalis; only, if digitalis has a more powerful and prolonged action, it is also slower to be produced, demanding hours and often days before manifesting itself; cold water, on the contrary, provokes, so to speak, immediately and at our will an excitation which, it is true, is as promptly extinguished as kindled. Nevertheless, it constitutes the most powerful agent at our disposal every time that there is danger in the house and that the imminence of the symptoms does not allow us any longer to have recourse to remedies which operate slowly, as is the case particularly in collapse.

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HALLUCINATIONS, LYPEMANIA CONSEQUENT ON DYSPEPSIA.

[Translated from the February number of the *Journal de Medicine et de Chirurgie Pratiques.* By FRANCIS M. LUTHER, M.D.]

A WOMAN was admitted to hospital for intestinal derangement, repeated vomiting, accompanied by serious mental disturbance. This woman, after a series of violent and prolonged chagrins, became subject to very pronounced illusions and hallucinations. As regards this, M. Potain remarked, that hallucinations do not necessarily imply insanity. With some, fatigue suffices to bring them on. A physician tells us, for example, that after night-work if he raises his eyes he sees strange creatures moving on the wall or bed-curtains.

The state intermediate between sleeping and waking is favourable to hallucinations, especially if one is rather fatigued. M. Potain relates, that having been appointed physician to an asylum, he went to bed, after having visited in detail the establishment and inspected a great number of patients. It was the first time he saw so many, and, moreover, he was very tired. As he was beginning to doze, he thought he heard a noise, and saw entering the room the patient that had the most impressed his imagination during the day. She walked up to the mantle-piece and lighted a candle, M. Potain sat up and all had vanished.

In the febrile state, even though not serious, hallucinations are observed. Andral, during an influenza, thought he saw a corpse in his room.

Certain intoxicating agents produce them, opium, belladonna, alcohol; it is even remarkable that up to a certain point the hallucinations have a relation to the intoxicating agent. Belladonna causes us to see small creatures—mice running over the bed; alcohol, enormous and fantastic objects, &c.

Hallucinations are not ominous when they have an exciting cause of this kind. But when they occur without sufficient motive, when they are frequently repeated, then the prognosis is more serious. We see people not insane, but subject to hallucinations, commit suicide and other crimes.

Moreover, in those suffering from hallucinations, the sense and will do not act alike. Some at the time are quite aware of their malady, they can even vanish and dispel them, and sometimes do. But more often, whether that their energy is blunted, or that the illusion is not disagreeable, they abandon themselves to it; others, at the time of the hallucination do not perceive their error and believe in the reality of their false sensations; but when it has passed they recognize that they were deceived. Others again are in complete error, as it were a prey to a dream or perpetual nightmare.

In the case of the patient reported by M. Potain, there were to be found together illusions, hallucinations, and veritable disturbances of the intellectual faculties, denoted by the arguments and reasonings she maintained. It was in reality a case of gloomy monomania or lypemania. What was remarkable in her was that the cerebral disturbance seemed to be closely dependant on gastro-intestinal derangement. She had had vomiting diarrhœa; hæmorrhages, like gastro-intestinal troubles, may induce hypochondria and lypemania. We see that clearly in subjects predisposed to it. Still, in this patient no tumours could be found, no vomiting of food; it did not appear that there was any organic affection. All the symptoms seemed to be due to dyspepsia alone. That accords well with what M. Potain said about sympathetic disturbance; nervous sympathies are infinitely less liable to be produced by grave and serious affections than by superficial ones. Cancer of the bowel, for example, does not provoke general convulsions. On the other hand the presence of a tænia in the intestines will induce general convulsions.

It must not be forgotten either that one sees cerebral disturbances developed in connection with the menstrual period. This woman even felt that at the monthly change her head was light and her pre-occupation more considerable.

En résumé, contrary to the opinion of Griesinger, who thinks that hypochondria cannot be the result of a material state, M. Potain affirms that it is. In the present case he thinks this woman became dyspeptic first, then hypochondriacal, and melancholy mad.

The long anterior duration of the malady renders the prognosis grave. However, its origin being known, one may hope to ameliorate it much by treating the dyspepsia. When the intestinal troubles have lessened the patient has been observed to be more reasonable, and able to discourse a little upon her impressions and reason upon her conceptions.

This patient not being dangerous to others, and obeying prescriptions, there would be no meaning in shutting her up. However, for other similar patients, not dangerous, isolation becomes absolutely necessary, and the physician only can judge of like cases. There are some that it is absolutely essential to withdraw from their surroundings, and from the causes which sustain the malady, and it is not for the sake of confinement only that one is lead to seclude them.

Often the patients are isolated in their own homes, and the results have not been so good as when they are put in a *maison de santé*. At home they are accustomed to give, not to take, orders, and those about them have no authority to enforce obedience. Then, it is at times necessary to control them, once cured, they remember those contests, and it becomes painful for them to meet those that took care of them in their madness. After having been placed in an asylum, the patient, once he leaves it, forgets everything, or at least sees nothing about him to recal his insanity.

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PROPYLAMINE IN THE TREATMENT OF ACUTE RHEUMATISM.

M. **Dugardue Beaumetz** has drawn attention to the further use of of this remedy in the treatment of rheumatism—he proposes to overcome one of the chief objections to its use, namely, its disagreeable taste and odour, by the use of capsules containing this substance in certain proportions. Propylamine, or as it is sometimes termed amylamine, is obtained from cod-liver oil or from herring brine, some thinks that cod-liver oil is indeed nothing more or or less than a fatty solution of propylamine, its action on the system has been observed by La Grange as lowering the temperature by diminished the energy of the circulation, it is a sedative to the nervous system, and lessens the elimination of urea, it seems speecially to diminish neuralgic and reheumatoid pains,

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Correspondence.

CONSERVATIVE SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—The benefits of conservative surgery of late years being so ably brought before the notice of the Profession in Mr. Butcher's recent pamphlet and in his writings generally, and having on several occasions seen the evil effects of what I considered hasty and ill-advised amputations, I consider a brief notice of a few minor cases bearing on this subject which occurred in my practice may not be devoid of interest. Twenty-eight years ago, when commencing practice in charge of my first appointment in the co. Cork, I was hastily summoned to attend a gentleman in my locality who, when out cock shooting, had a considerable portion of his right hand blown off. The accident arose while he was in the act of reloading a double gun, one barrel of which he had discharged, having in his haste neglected to lay down the cock of the second barrel, his dog, unfortunately, jumped on him, and in doing so placed his paw on the trigger, and while in the very act of ramming home the charge the gun went off, its contents going right through the palm of his hand blowing off the thumb and two foremost fingers and a considerable portion of the palm of his hand, but leaving the two last fingers and the subjacent parts of the hand comparatively uninjured. I at once secured some bleeding vessels, removed several fragments of broken carpal and metacarpal bones, pared the jagged edges of the wound, approximated gently its sides with strips of lint moistened in spirit lotion and elevated the hand well in a sling. I decided in my own mind to give my patient the chance of saving the two remaining fingers which I explained to him would prove of infinite advantage if preserved, in comparison to a bare stump should amputation of the hand be performed, which by himself and his relatives was deemed almost a necessity to avert the danger of lockjaw. In consultation, I decidedly opposed amputation, my patient came round to my views and all idea of it was abandoned. The case progressed from first to last without a serious symptom and eventuated in a way one would hardly believe as regarded the benefit the two fingers preserved afterwards formed, he could write fluently with them, eat, drink, and, in fact, perform nearly as many offices with them as he before did with the entire hand.

After I left the co. Cork to reside at Mountrath in the Queen's co., a man (a sawyer by trade) called on me with his right hand literally cleft in two. In a quarrel with another man who was armed with a scythe, and as he stated, made an endeavour to cut his head off, he being unarmed with any weapon, instinctively put up his hand partially closed to ward off the blow, it met the blade of the scythe in its descent, and the result was the four fingers of his right hand were nearly severed, the bone of each being obliquely divided a short distance above the phalango-metacarpal articulations, one finger hanging on by a mere shred of the integuments, a snip of a scissors being sufficient to detach it. The ends of the four finger bones severed were sticking out prominently, the fingers laying on the palm of the hand, the wound having penetrated a considerable distance into the fleshy part of it. Having secured some bleeding-vessels I made a splint (*hand-shaped*) having a projection well separated corresponding to each finger, I then drew each finger in turn over the projecting bone and put it up as accurately as possible in apposition on its corresponding portion of the splint.

Six years after I left Mountrath to take charge of my present appointments, I was summoned in the middle of a winter's night, a distance of twelve miles, to visit a woman who had, the previous evening, when returning home from market, been thrown out of a cart which was suddenly overturned by coming in contact with some large stones on the side of the road, the night being very dark. In the upset her right hand was caught under a projecting portion of the cart, a considerable portion of it being literally smashed to pieces. A Medical gentleman, resident at the time more immediately in the neighbourhood was at once sent for, and from the serious nature of the injuries, he feared amputation of the hand would be indispensable, he bound up the wounds and left, requesting another Medical man to be procured to meet and assist him in operating next morning if so decided. He however was not very long gone when an oozing of blood commenced, and persistently increased to such an extent as to cause great alarm, and decided her husband to at once summon me. When I arrived (at 1 o'clock in the morning) I found the woman blanched from hæmorrhage and blood still freely flowing; I immediately applied pressure to stay it, removed a number of cloths which had been wound round the hand to stop the bleeding, all saturated with blood. I then carefully examined the injuries she had sustained and found the first and second fingers smashed into bits, the corresponding metacarpal bones equally so, the thumb much bruised but otherwise uninjured, the third finger considerably lacerated but not broken, the little finger also much lacerated. I felt further delay out of the question and that I should *at once* decide on what course I should pursue. Having the two foregoing cases in my mind I decided not to amputate the hand but to save as much of it as I could. I made a V shaped incision from base of thumb to base of third finger downwards into the palm of the hand; to complete this I had to remove several broken fragments of bone and saw through some. I was enabled to preserve sufficient integument to allow me to approximate fairly the edges of the wound thus made, two ligatures arrested all the hæmorrhage and the dressing of the lacerated fingers completed the operation. I need not now go through details of subsequent treatment, the healing of the fingers proved tedious, and she remained weak for some time in consequence of the large loss of blood, but ultimately she made a most satisfactory recovery, having now a most useful hand, being able to follow all her ordinary avocations, sew, wash, &c.

I am, yours faithfully,
Henry L. Smith, F.R.C.S.I. & L.K.Q.C.P.I.,
Medical attendant, Donaghmore Workhouse,
and Rathdowney Dispensary.

Donaghmore House, Queen's Co.
Feb. 18, 1873.

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HOSPITAL OUT-PATIENT REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have long thought that the abuse of Out-patient's letters by the better class of the community could be nearly, if not entirely, put on one side by the adoption of the plan of not tempting patients to crowd hospitals by offering medicines gratuitously, advice and prescriptions being alone given, as recommended by the Hospital Out-patient Reform Association. Now, Sir, the above is a capital suggestion, but let it be made as complete as possible, both for the benefit of the public and the good of the student. Would it not be an advantage to do away with Out-patients' letters altogether. If it were so let any one who chose go at a certain time and see either the physician or surgeon, who would be surrounded by students who, after the physician had examined the patient, would be expected to do so in their turn, thus, the recipients of gratuitous advice would be made a clinical model; and in the cases of surgical injuries, wounds requiring dressing, abscesses opening, the surgeon would say to any of the students present—Now, Mr. So-and-so, you dress this wound—or apply this bandage—or open this whitlow—again, in Medical cases a prescription would be given written and numbered on a paper stamped with the name of the hospital, so that the patient would have to get it dispensed at his chemist's, who would see in a minute that he was a gent of the out-patient's type, who was shrewd enough to know he could get Medical men to give advice for nothing, and would only lament there were no kindly disposed druggists to give their stock-in-trade, likewise for the honour of the thing. It is not the advice, in by far the majority of cases, that tempt well-to-do people to go to hospitals, but it is the huge bottle of physic that works the oracle, which each patient receives, amounting from 3s. 6d. to 7s. in price every time he attends. It is really scandalous that the moneys of charities should be squandered on people who could afford to pay, not only for advice but for medicine too.

Again, by letting any one who liked to apply for an opinion to do it without an out-patient's letter, would do away with an amount of patronage that is really vastly enjoyed by certain persons rendering them highly important in other folks' opinion. I mean the rich who find a tradesman's wife or child, or some of the working classes who are already being attended by their own Medical men, and are quite satisfied with them, yet this charitable Christian brother or sister tries to make them think they are not having the best advice, and exclaim I will give you a letter for the hospital—now take away out-patients' letters, and I am sadly afraid the rich brother would find his sympathy for his poor one vanish, along with his patronage. I have had occasion more than once or twice to say now Mr., Mrs., or Miss, you pay the two or three guineas, and I will have a consulting physician or surgeon to see these poor patients, or just give them the guinea and I will write a statement of the case, and they can go and see what Dr. So-and-so says about it. No, no, Mr. Editor, once touch the pockets (but let it not be seen in print) if these amateur ladies and gentlemen doctors, who are generally false friends both to the recipients of their charity and interfering stumbling blocks to the Profession, and observe how marvellously quick their philanthropy takes wing and flies away. I believe in most instances the above is a correct estimate of human nature, at any rate we will say so when out-patient's letters are concerned.

The staff of assistant physicians and surgeons should be increased so that a Medical and Surgical Officer could be present to receive out-patients from 11 a.m., to 4 p.m., each one remaining an hour. There would then be ample time for each patient to be well attended to which would certainly be an improvement on the present state of affairs. The assistant physicians and surgeons to have the power of sending any special or really destitute and deserving case into the wards.

I am, Sir,
Your obedient servant,
HENRY W. WILLIAMS, M.D.

Brompton, March, 1873.

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CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The thanks of the community are due to Mr. Henry Lee for his admirable remarks at the conclusion of the Lettsomian Lectures, quoted in your issue of Feb. 19th. The difficulty, nay the impossibility of diagnosing uterine and vaginal discharges, although ignored by the promoters of the Contagious Diseases Acts, is so well known to all practical men that it is scarcely necessary to insist upon the fact. These discharges are very common in respectable women, occur often enough in female children, and it is simply impossible to distinguish them from diseases of venereal origin. Such facts, and they are not to be rebutted, totally uproot the very groundwork of these Acts. The limits of Mr. Lee's discourse probably would not permit him to extend his observations to syphilis. As the condition, however, which communicates this worse form of venereal affection is just as difficult of detection and diagnosis in the female as are the simpler forms of venereal discharges, I hope you will, with the impartiality which has so honourably distinguished the MEDICAL PRESS AND CIRCULAR, permit me to supplement the remarks you have quoted with a few observations on the condition which communicates true syphilis in the female. Dr. Aitken, in his "Science of Medicine," 5th edition, remarks, "Medical inspections are formal and look useful, but the infecting sore, the true syphilitic one, can rarely be detected in the female." In another part of the same work he observes, "The syphilitic sore when it does occur in women is readily overlooked even when searched for with great care aided by a vaginal examination with the speculum;" and Mr. Simon, alluding to the same facts, says, "The various local states which most habitually spread the infection of true syphilis are constantly overlooked in examinations made expressly for their discovery." No one can deny that the fact that a prostitute has been examined and pronounced free from disease is a great inducement to a certain class of men to incur the risk of infection; and the practical outcome of the system is well illustrated by Messrs. Puche and Fournier's tables, the present surgeons to the great Hôpital du Midi, in Paris, who carefully traced 873 cases of true syphilis to its source with the following result:—

Males infected by public prostitutes (women necessarily subject to the provisions of the French Contagious Diseases Acts)	625
Clandestine prostitutes...	46
Kept women, actresses, &c.	52
Workwomen	100
Servant women	26
Married women	24
	873

This table is sufficient to show how very frequently the various local conditions which communicate true syphilis in women are overlooked in examinations made expressly for their discovery—a fact still farther illustrated by the evidence of Dr. Vintras, who stated before the Venereal Commission that "you will find almost all the chancres are in Paris derived from women who make prostitution their sole business."

Mr. Evans, who wrote an excellent work on venereal sores, remarks that an altered secretion which cannot be detected is sufficient for the production of disease, adding that when he attended the examinations of 200 women of the lowest description who were frequented by the soldiers belonging to the army of occupation at Valenciennes, no disease could be detected in the women, and yet the hospitals were filled by diseased soldiers infected by these very women. He noticed exactly the same thing at Lille, and observes *that the condition that communicates disease in the female is only to be known by its effects*, and says it is thus "that Government regulations made for preventing the propagation of venereal diseases so completely fail in the attainment of their object." Dr. Macloughlin, with whom I have conversed on the subject, was present with Mr. Evans at the time and entirely corroborated his assertions. The same gentleman was also for twenty-seven years in private practice in Paris, during which time he saw an immense number of cases of syphilis contracted by his gentlemen patients from the prostitutes of that city. He assured me that when his patients could point out the source of infection he had the woman examined, but that the infectors very commonly appeared to be free from disease. So constantly was this the case that he ultimately came to the conclusion that there was no such thing as a specific virus.

Mr. Skey, in a letter written to Dr. Macloughlin on May 19th, 1864, referring to these facts, says, "I am convinced in common with many surgeons that every variety of sore and every form of purulent discharge, from the *slightest to the severest in intensity*, can be obtained from women who have not in their own persons indications of disease of any kind." Mr. Holmes Coote also says, "Can the duties of an examining surgeon be such that he can faithfully discharge them? Can any man, *however experienced*, undertake to pronounce *after the most careful examination* that a public woman is sound?" "We fear not, and if his certificate is not trustworthy and yet carries authority, to what unpleasant complications and unjust inferences must it not give rise?" Léon Lefort says, "the means employed against syphilis in Paris amount to nothing, because the examinations of the *filles publiques* do not answer their end;" and whoever will peruse the authorities quoted in Lancereaux as to the necessity of an *introspection every other day, to include the anus*, a careful examination of the stripped skin, and previous incarceration of the women for several hours under the superintendence of policemen in order to prevent the use of syringes, &c., must be convinced of the utter folly and futility of the filthy system.

I perceive, by a letter in the *Lancet*, to which my friend, Mr. Worth, replied (with no hope of insertion), that Mr. Holmes, while conceding to Mr. Lee the impossibility of diagnosing these cases, considers the fact of little importance, since he says that no woman can be brought under the Act who is not proved either by her own admission or before a magistrate to be a public prostitute, women who are in the habit of having intercourse with several men daily. The audacity of this statement is simply appalling. Dr. Knapp stated recently that kept women are habitually brought under the Acts, and there is evidence to show that the police jump to the conclusion that a woman is a prostitute if they see her out late at ight, that girls who work all day in shops, and milliners, ressmakers, domestic servants, female operatives, and women 'ho offered to take their oaths that they were modest women ave been brought up by the police, as also that these men are onstantly attacking women who they suppose are *attempting* landestine prostitution. Surely Mr. Holmes does not mean say that the fact that a policeman has succeeded in frighten- g an ignorant girl into the examining house under the threat three months' imprisonment is any proof that she is a ommon prostitute, any more than the averment of suspicion n the part of the said spy is any proof either, even before a agistrate. Mr. Holmes, moreover, proposes to seclude all ses of leucorrhœa on suspicion but uterine catarrhs, as Mr. e Meric and Mr. Berkeley Hill have shown, *are universal* mong prostitutes. Is Mr. Holmes prepared to seclude 20,000 r 30,000 women in London alone?

I am, Sir, your obedient servant,
Charles Bell Taylor, M.D., F.R.C.S.E.
Nottingham.

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NATURE AND TREATMENT OF ECZEMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The opinions of Dr. Myrtle are indeed worthy of onsideration, and I therefore feel surprised that in his great xperience at the famous baths at Harrogate he has not been ruck with the correlation of gout and eczema, the diseases ost frequent amongst those who seek their curative powers. robably he may have understood me to include all kinds of zema as due to the gout poison, whereas I excluded many cal varieties, and spoke merely of those palpably constitu- onal forms which the French dermatologists refer to the dartrous diathesis." This "know-nothing" theory aside, what constitutional condition is eczema referrible? I hold at it is most clearly connected with the uric acid diathesis, d I will try to answer Dr. Myrtle's objections *seriatim*, and briefly as I can, so that I may not unreasonably trespass your valuable space.

1. It is the constancy of uric acid deposits which charac- erises gout and eczema; their occasional appearance denotes othing pathological. The abundance of saline excretion in zema of the legs is indicated by the old name of the disease, amely, "flexus salinas."

2. Dr. Myrtle says, "In the majority of cases of eczema here seems to me a want of fibrine in the blood, an excess albumen, and the coagulum on the surface and coverings mainly composed of albumen, not fibrine." The first state- ent is, I think, contrary to all observation; the second I do ot understand.

3. Dr. Myrtle asks,—"Are gout and eczema more heredi- tary than other diseases?" Every observer will answer yes, s regards gout, and I feel sure eczema is transmissible in early an equal degree.

4. He denies the frequent concurrence of gout, or rheumatic out, and eczema. In Ireland, where rheumatic gout is often bserved amongst hospital and dispensary patients, eczema is most frequent complication.

5. When he asserts that winter and summer are the seasons ost injurious to the skin, he assuredly regards eczema ependent on local, not constitutional, causes.

6. The small joints of the hand and foot are doubtless the ost usual subcutaneous seats for the deposit of urates; but these salts preponderate in the blood, they may in other ses irritate the surface of the skin, and lead to eczematous uptions.

7. I regret Dr. Myrtle will not try the combination of hia and colchicum I have recommended; for both in private d hospital cases I have found it most successful. Dr. yrtle advises "natural sulphur water baths, and the internal e of chalybeate waters." My experience of the Lisdoon- rna spas, where both these agents are available, strongly pposes this complex treatment, and the sulphus waters, cally and internally, have proved wonderfully useful in both zema and gout.

In conclusion, I would beg your readers who have obstinate ses of constitutional eczema under observation to make trial the plan of treatment I have advised in your Journal of e 19th ultimo.

I am, yours faithfully,
E. D. Mapother.

18 Merrion Square North,
Dublin, March 14, 1873.

Medical News.

The College of Surgeons—At the Council meeting on Thursday, the 13th inst., the following resolutions were unanimously passed:—Proposed by Mr. Simon and Mr. Hawkins: 1. That the resolution of the Council of the 2nd January, 1873, on the subject of the advertisement of Medical works in non-Medical journals, be communicated to the President of the Royal College of Physicians for the information of the College. 2. That no motion for increasing or newly creating any annual charge on the funds of the College shall be considered by the Council unless notice thereof have been given at a preceding Council and be specified in the summons for the meeting at which such motion is to be brought forward. Proposed by Dr. Humphry: That copies of the written questions at each examination for the Membership and Fellowship of the College should be laid before this Council at the first meeting after the examination. Mr. Quain's motion was again postponed.

The Medical Society of London.—The following is a list of the officers and Council for the ensuing year:—President: Dr. Habershon. Vice-Presidents: Sir Henry Thompson, Dr. Thudichum, Mr. Gant, Dr. Sansom. Treasurer: Mr. Gay. Librarian: Dr. Thorowgood. Secretaries in Ordinary: Dr. Wiltshire, Mr. F. W. Braine. Secretary for Foreign Correspondence: Dr. Cholmeley. Orator: Mr. Brudenell Carter. Council: Messrs. W. Adams, Royes Bell, T. Bryant, J. Hainworth, H. Lee, F. Mason, R. P. Middlemist, Erasmus Wilson; Drs. Peter Allen, W. Bloxam, Broadbent, A. Carpenter, H. Gardner, J. H. Paul, Douglas Powell, Quain, B. W. Richardson, Sedgwick, Symes Thompson, and E. S. Willett.

The Royal Polytechnic.—Under the able management of Dr. Croft, this excellent abode of scientific recreation is now in a flourishing condition. Natural philosophy, electricity, analyses, cookery and other useful subjects for the rising generation are popularly explained, and illustrated, and the institution will well repay the visit of advanced juveniles.

The Outlet of Waste Pipes.—The Medical Officer of Health for St. George's, Hanover-square (Dr. Corfield), has called the attention of the committee of works to the fact that in a house where he found a case of typhoid fever the waste pipe of the drinking-water cistern went into the drain. He had traced several cases of typhoid fever and one or two deaths to this cause. He asked if he should give notice in such a case to make the waste pipe drain elsewhere, and in case of non-compliance summons the offender. The Commitee of Works, on the motion of General Sir William Codrington, decided to instruct Dr. Corfield to serve a notice in the case he had brought under their notice.

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Scraps from the Editor's Table.

HEALTH OF MEDICAL MEN.

The *Journal des Connaissances des Médicales* of 3rd October last, contains several articles of some interest to Medical readers, which are referred to in the last issue of the *Madras Medical Journal*. The first is from the pen of Dr. Beaugrand, one of the joint editors of the Journal, on the health of Medical men. The author refers to the inquiries of Cusack and Stokes of Dublin regarding the mortality of Medical men in Ireland. Their inquiries extended from March 1843 to December 1847, a period of four years and nine months. It appears that, out of 2,700 Medical men, 178 died in 1847, the year of the great epidemic of typhus—about 1 in 15—and that 114 succumbed to typhus fever. Excluding the exceptional year of 1847, we find that in the four preceding years, 76 Medical men died of typhus out of a total of 252 deaths from various causes—that is, at the rate of 1 in 3·3; while the mortality from typhus, compared with that from all other causes, in the general population, was 1 in 10·5 figures which clearly show the great risk to life, encountered by Medical men during their attendance on typhus patients.

Yellow fever appears to be a less transmissible disease than typhus; for, during the terrible epidemic of this disease at Lisbon in 1857, only two physicians and twelve surgeons fell victims to it.

In 1832, during an epidemic of cholera, out of 1,200 Medical men then practising in Paris, 30 died, about 1 in 40 or 2·5 per cent., while the general mortality was 1 in 45 inhabitants or 2·2 per cent. If we keep to certain ages, the death-rate of Medical men from cholera will appear greater. It was 2·7 between the ages of 30 and 60, and 6·37 above 60 years of age.

The mortality among French military surgeons, from all causes, is given as 2·6 per cent., while at corresponding periods of life in England, it is only 1·8. M. Chenu has recorded that 82 military surgeons died during the Crimean war, out of a total of 450 or at the rate of 18·2 per cent., while the mortality was only 7·30 per cent among other staff officers. Naval Medical officers also died, in greater numbers, compared with their combatant brethren.

Dr. Beaugrand gives us a morsel of comfort by saying that, notwithstanding the various anxieties which beset the career of Medical men, mental alienation is rare among them; and he cites, in support of this statement, the following table from the work of Parchappe:—

Artists	9·60	per cent.
Lawyers	8·41	do.
Clergymen	4·15	do.
Medical men	3·85	do.

MEDICAL EDUCATION IN INDIA.

The subject of extending the benefits of Medical education to a wider circle has repeatedly been before the authorities. In the Madras Presidency Sir William Denison took it up, and Lord Napier was known to be favourable to a scheme with this object in view. It is believed that His Lordship placed on record a minute embodying his views in regard to the establishment of provincial schools of medicine, but the practical measures for the extension of Medical education seem to be as far off as ever. It is much to be regretted that the Imperial Government has not considered the subject worthy of legislation, for as the practical duty of providing funds for Medical education now devolves on Provincial Governments, a great diversity of practice is sure to obtain, and difficulties are likely to arise, in dealing comprehensively with the several questions involved.

The *Madras Medical Journal* considers that the first requirement then would appear to be the establishment of provincial schools of medicine at certain well chosen central localities, in which the elements of a sound Medical education might be given to all persons wishing to qualify for the profession of medicine.

THE PROFESSION IN PERSIA.

The state of Medical science in Persia is not, indeed, such as to inspire much confidence, being probably much below what it was in Italy when the barber added its practice to that of his own more lucrative profession; and the acquirement of sufficient skill to pursue it in the empirical manner in which it is commonly practised cannot, for one or two good reasons, present many difficulties. First of all, the practitioner is relieved from the necessity of any but the most superficial study of the human frame by the Koranic prohibition against dissection, under cover of which poison can be, and no doubt often is, administered with impunity, especially in the harems; and secondly, as all diseases, whatever their symptoms, are attributed to two causes—excess of heat or excess of cold—the doctor has little else to do than to decide between them, and apply a hot or a cold remedy, in accordance with the results of his diagnosis. All classes, luckily for them, place little reliance in his skill, and are the more anxious, therefore, to get advice and medicine from a European doctor, who, wherever he goes, is besieged by scores of patients, and is regarded with such confidence that even the harem doors are open to his visits. His Profession thus affords him opportunities of seeing much that is hidden to the eye of the ordinary traveller, and it is likewise, to some extent, a guarantee for his security. A little practical knowledge of medicine is, therefore, a great advantage in the East, and all who are intent on exploring its least-frequented parts, and cannot disguise themselves as dervishes, will best consult their own safety by passing themselves off as doctors. — From *A Journey through the Caucasus and the Interior of Persia*, by Augustus H. Mounsey, F.R.G.S., 2nd Secretary H.M.E. at Vienna.

New Preparations.

CELENTA EGYPTA.

We are informed that in consequence of the strictures upon Du Barry's Revalenta, which appeared in our Reports upon Farinaceous Foods, a somewhat similar preparation has been introduced to the public under the above name. As it is sold for about one-third the price, and is a very carefully prepared article, it has been thought desirable to give the results of our examination. The "Celenta Egypta" mainly consists of the red lentil meal with a few granules of wheat or barley-starch. It is flavoured with salt, and as regards its mechanical preparation presents all the characteristics of a very carefully made meal. Now, although we are not prepared to endorse everything stated upon the label, there cannot be a question that as a substitute for animal food it would give a nutritious and rich diet, particularly if made with the addition of a little of Liebig's Extract of Meat. When made in this manner it produces an extremely palatable dish. One strong recommendation is that no secret is made of its composition. It is manufactured by Messrs. Wm. Hill and Son, 60 Bishopsgate Street, London.

They also prepare a novelty in the form of entire wheaten nursery biscuits, in which the bran is ground to an impalpable powder. We have examined these biscuits and find them perfectly pure.

DAVIES'S ALKALINE SALINE.

This is another saline preparation, but containing no iron. The excess of alkali renders it less agreeable to the taste.

The alkaline saline is principally composed of Cheltenham and magnesian salines in an effervescing form, and is unique in its property of becoming alkaline during effervescence, not from any excess of alkali in the first place, but by double decomposition. It will re-effervesce on addition of an acid.

DAVIES'S CHALYBEATE SALINE.

This is a saline containing iron. It may be given when the use of both iron and saline is indicated.

QUINQUININE.

We have received a small sample of quinquinine, from the manufacturers, Messrs. Wright, Sellars, and Layman, which is said to be a new and improved preparation of the officinal cinchona bark, equal to and in many respects superior to the sulphate of quinine. It resembles the sulphate of quinine, dissolves readily in dilute acids, forming a clear solution, and is to be used in the same doses as quinine, either as a tonic or antiperiodic.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials,* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

NOTICE TO SUBSCRIBERS.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

POSOLOGICAL TABLES—One or two correspondents have written, asking us where the new "Posological Tables," just issued by Dr. Griffiths, are to be obtained. By an accident the names of the publishers, Baillière, Tindall, and Cox, London, and Fannin, Dublin, were omitted in the review which appeared in our last number; we now supply the omission.

CATARACT EXTRACTION.—We have received from Dr. Bell Taylor his valuable paper "On a New Method of Extracting Cataract by Peripheral Section of the Iris," read before the Ophthalmological Congress, which will appear in an early number (illustrated).

ENGLISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE are requested by Mr. J. Wickham Barnes, honorary secretary, to publish the appended letter, received by him from Dr. Lush, M.P. :—

Dear Mr. Barnes,—I am deeply sensible of the honour conferred upon me by the Poor-law Medical Officers' Association in electing me their president. I feel also how much ought to be done by me in that capacity, and how very far I shall fall short in the fulfilment of its duties. Relying, however, upon the cordial aid and counsel of the Committee, and the forbearance of the Association, I cannot for a moment hesitate in accepting the post. Trusting shortly to see you,

I have the honour to be,
Yours very faithfully,
J. A. LUSH.

J. Wickham Barnes, Esq.

MR. TIMOTHY HOLMES, of St. George's Hospital, London, who is now travelling in Ireland, was present at some operations in the Belfast General Hospital on Thursday last.

AN important public meeting will be held at the Mansion House tomorrow, the Lord Mayor in the chair, to consider the present position of the London Hospital, and to bring before the notice of the citizens of London the necessity for an increase of funds, and for greater in-patient accommodation.

To the Editor of the "Medical Press and Circular."

SIR,—In answer to Dr. Prosser James' reply to mine of 26th ult. to ou, regarding his Atomiser, both of which letters appear quoted in our issue of yesterday's date, I beg to say that I shall be most happy produce and show, to any gentleman calling here, the Atomiser I luded to, which has not a "*double bellows;*" it has impressed on brass m the name "*H. Galante, Paris,*" and was purchased from Moureu rothers, Biarritz, in January, 1869. There can be but little doubt of is being prior to "*the last two years or more,*" which is a very infinive definition of the time Dr. James may have sent his apparatus to rance for "*suggestions and information.*" If seeing is the generant of lief it can perhaps be accomplished in this case by deputy, therefore main passive for the "*end of the matter.*" Apologising for thus n trespassing on your space,

I am, &c.,
EDMOND NUGENT, F.R.C.S.I.

ublin, 13th March, 1873.

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mmunications, with Enclosures, &c., have been received from Forbes Winslow, London. Dr. Crean, Brewood. Mr. Braine, London. Butler, Philadelphia. Dr. Tyndall Watson, Tottenham. Dr. Abbott, s. Mr. Morris, Shrewsbury. Mr. Davies, Tenby. Dr. G. A, Abrath, Sunderland. Mr. Robertson, Edinburgh. Dr. Mapother, Dublin. Dr. Lloyd Roberts, Manchester. Dr. Cotting, Harvard. Mr. Williams, Sunderland. Dr. Van der Vyker, Jersey. Dr. Syson, Salford. Dr. Griffiths, Dublin. Mr. Curtis, London. Mr. J. Aston, Wadingham. Mr. A. Crisp, Martham. Dr. Ellis, Boston. Mr. Hy. Sewill, London. Dr. McGregor Croft, St. John's Wood. Dr. Kraus, Vienna. Mr. Griffin. Dr. W. P. Harrison, Leeds. Mr. Dawson Turner, Liverpool. Mr. Harrington. Dr. Pim, Sucard. Dr. Petit, Dunshaughlin. Dr. Magrane, Primrose Hill. Mr. Humpson Durham, Portsea. Dr. Trimble, Castlebellingham. Dr. Dickson, Ballynahinch. Mr. Pycroft, Norwood. Dr. Deverell, Ardglass. Dr. Usher, Dundrum. Dr. Knox, Strandtown. Dr. Palmer, Waterford. Dr. Goodisson, Enniscorthy. Dr. Forsyth, Culmore. Dr. Quinlan, Bonisoleigh. Dr. Dobell, London. Dr. Clarke, Mountmellick. Dr. Manley, Whitehouse. Dr. Anthony, Dungarvard. Dr. McBride, Newry. Dr. O'Kelly, Mountbellew. Dr. Mulholland, Belfast. Dr. White, Londonderry. Dr. McGurney, Bonisokane. Dr. Clarke, Kilrea. Dr. Carter, Kilcullen. Dr. McDermot, Ballyfeard. Dr. Widdup, Dungloe. Dr. Quin, Nenagh. Dr. Shaw, Manchester. Dr. G. Fielding Blandford, London. Dr. Lush, London. Dr. Dolan, Halifax. Dr. Toulmin. London. Mr. Lingard, Barnsley. Mr. Braine, London. Mr. McClean. Dr. Goedioke, Romford. Mr. J. Wickham Barnes, London. Mr. Kemp, Hospital for Diseases of the Chest. Dr. Bell Taylor, Nottingham. Mr. Orton, Loughborough. Mr. Louis Frère, Paris. Mr. F. Vacher, Birkenhead. Dr. Bayes, London. Dr. Williams, Fulham. Mr. Hartley, Bayswater, &c.

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VACANCIES.

Hospital for Sick Children, Manchester. Resident Medical Officer. Salary £100, with board and residence. (See advt.)

New Ross Union, Duncannon. Medical Officer for the Arthurstown District. Salary £80 per annum. (See advt.)

Sheffield. Medical Officer of Health for the Borough, at a salary of £600 per annum. Applications to the Chairman of the Health Committee.

Sheffield. Public Analyst for the Borough. Salary £100 per annum. Application as above.

Louth Union, Lincolnshire. Medical Officer of Health for the Rural District, at a salary of £375. And for the Urban District at £125.

Warwick County Lunatic Asylum. Assistant Medical Officer, at a salary of £100. Applicants must address Dr. Parsey, Hatton, Warwick.

Liverpool Royal Infirmary. House-Surgeon. Salary £100, with board. Applications to Mr. E. Gibbon.

Westminster Hospital. Lecturer on Botany. Applications by the 26th inst.

St. Marylebone Parish. Middlesex District. Medical Officer for Outdoor Patients. Salary £100 per annum. Applications to the Clerk's offices.

Worcester Union. District Medical Officer. Salary £45 per annum with extra fees. Address Mr. A. W. Knott, Worcester.

Howden Union. Medical Officer. Salary £30 per annum, with extra fees. Applications to Mr. G. Green, Howden.

Isle of Man General Hospital. Resident Medical Officer. Salary £85 per annum. Address Mr. E. L. Watts, Douglas.

Malton Union, Yorkshire. Medical Officer. Salary £28, with extra fees.

Borrisokane Union, Clough-Jordon District. Medical Officer. Salary £100 per annum.

Loughrea Union, Bullaun Dispensary District. Medical Officer. Salary £100 per annum.

Thomastown Union, Inistioque Dispensary District. Medical Officer. Salary £95 per annum.

Basingstoke. Medical Officer of Health and Analyst. Salary £60 per annum. Applications to W. H. Bayley, Esq., Basingstoke.

Hertford and Cambridge Sanitary Districts. Medical Officer of Health, at a salary of £700 per annum, inclusive. Duties in accordance with the Local Government Act. Applications to the Clerk of Committee, Hertford.

Gloucester District. Medical Officer of Health. Salary £800 per annum, inclusive. Applications to L. G. H. Mayer, Esq., Gloucester.

Bristol General Hospital. Assistant House-Surgeon. Salary £50, with board. Also, a Physician's Assistant, at same salary, board and residence.

Manchester. St. Mary's Hospital. Surgeon, Honorary.

Bradford Fever Hospital. Physician, Honorary.

Bradford Infirmary. A Physician and a Surgeon, both Honorary.

Queen Charlotte's Lying-in Hospital, St. Marylebone Road, London. Medical Officer, Honorary.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Notes on Small-pox, and its Treatment. By G. W. Gayton, L.R.C.P. London: J. and A. Churchill.

St. Thomas's Hospital Reports. Vol. III. New Series.

Handbook of Medical Electricity. By Herbert Tibbits, M.D. London: J. and A. Churchill.

The Malady of His late Majesty the Emperor Napoleon. By G. A. Abrath, M.D.

Cataract Extraction. By David Little, M.D.

Skin Grafting. By J. Woodman, F.R.C.S. London: J. and A. Churchill.

On Eclampsia Nutano. By Henry Barnes, M.D.

Pancreatic Emulsion and Pancreatine in Consumption, &c. By Horace Dobell, M.D.

Official Report of the Veterinary Department for 1872.

L'Abeille Medicale. El Pabellon Medico. Bordeaux Médical. Glasgow Medical Journal. St. Louis Medical Journal. La France Médicale. Archir Für Experimentalle Pathologie. London Medical Record. Student's Journal. Nature. Science Gossip. The Monthly Microscopic Journal. British Journal of Dental Science. The Clinic.

APPOINTMENTS.

Armstrong, L., M.R.C.S.E., Medical Officer of Health for the Great Ouseburn Rural Sanitary District.

Ballard, C., M.R.C.S.E., Medical Officer to the Oxford Medical Dispensary and Lying-in Charity.

Brady, J. B. J., L.K.Q.C.P.I., L.R.C.S.I., an Assistant-Surgeon to the North Dispensary, Liverpool, vice Clarke.

Braine, F. Woodhouse, F.R.C.S., Honorary Secretary to the Medical Society of London, vice H. Royes Bell, F.R.C.S., resigned.

Crosse, T. W., F.R.C.S.E., Medical Officer of Health for the Norwich Urban Sanitary District. £200 per annum.

Davies, E. P., M.R.C.S.E., Medical Officer to the Carmarthen Tin Works.

Debus, Dr., Professor of Chemistry at the new Naval College.

Estcourt, C., F.C.S., Public Analyst for the City of Manchester.

Francis, A. O., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for the Markeaton District of the Belper Union, Derbyshire.

Garrett, J., M.R.C.S.E., a House-Surgeon to the London Hospital.

Gornal, R. G., M.R.C.S.E., Medical Officer of Health for the Newton Heath Urban Sanitary District.

Hitchins, W., M.R.C.S.E., Medical Officer of Health for the Tiverton District of the Bath Rural Sanitary District.

Hughes, J., F.R.C.S.E., Medical Officer of Health for the Carmarthen Urban Sanitary District. £80 per annum.

Jackman, T. S. H., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the South Hornsey Urban Sanitary District.

M'Clure, T., L.R.C.P.Ed., L.R.C.S.I., Medical Officer of Health for the Wellow District of the Bath Rural Sanitary District.

O'Keefe, P., M.D., Medical Attendant to the Convict Prison, Spike Island, Queenstown.

Ottley, W., M.B., Assistant House-Surgeon to the General Hospital, Nottingham.

Packman, R. Y. V., M.R.C.S.E., Medical Officer for District No. 2 of the Parish of Liverpool.

Prior, C. E., M.D., F.R.C.S.E., Medical Officer of Health for the Southern Division of the Bedford Rural Sanitary District.

Robinson, M. K., M.D., M.R.C.S.E., Medical Officer of Health for the combined Huntingdon, Peterborough, St. Neots, Caxton, and Whittlesey Rural Sanitary Districts, and Huntingdon, Godmanchester, and St. Neots Urban Sanitary District. £800 per annum.

Sims, W., M.B., M.R.C.S.E., a Surgeon to the Royal South Hants Infirmary, Southampton.

Slater, R., L.K.Q.C.P.I., L.F.P. and S. Glas., Medical Officer of Health for the Droylsden Urban Sanitary District.

Stedman, R. S., M.R.C.S.E., Medical Officer of Health for the Northern Division of the Bedford Rural Sanitary District.

Williams, J. Ll., M.B., Medical Officer of Health for the Wrexham Urban Sanitary District.

Wybrants, R. B., L.K.Q.C.P.I., M.R.C.S.E., House-Surgeon to the Coventry and Warwickshire Hospital.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, March 19.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, March 20.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, March 21.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, March 22.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, March 24.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, March 25.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

Marriages.

Taylor—Rigby.—On the 13th inst., at Dwegyfylchi, Carnarvon, Tho. Taylor, Esq., of Starston, Norfolk, to Susan, youngest daughter of the late Edward Rigby, M.D.

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Deaths.

Blair.—On the 5th of March, H. R. Blair, M.D., of Girvan, Ayrshire, aged 38.

Borman.—On the 16th of February, at Derby, Allan Borman, M.R.C.S., aged 56.

Budd.—On the 11th inst., at Devonport, J. W. Budd, M.D., late Fellow of Pembroke College, Cambridge.

Easton.—On the 8th of March, A. Easton, L.R.C.S.Ed., of Scarboro'.

Carter.—On the 21st of February, Wm. Carter, M.D., of Richmond Row, Liverpool.

Clark.—On the 23rd of December last, at Brighton, near Melbourne, Australia, C. Clark, L.K.Q.C.P.I., late of Adelaide Terrace, Notting Hill.

Cooke.—On the 2nd of March, Wm. Cooke, M.D., of Lee Place, Upper Clapton, late of Trinity Square, Tower Hill, aged 87.

Davidson.—On the 2nd of March, at Edinburgh, Dr. George William Davidson, Professor of Anatomy at the Veterinary College, Edinburgh.

Day.—On the 13th inst., at 42 Robert street, Hampstead, N., John C. Day, M.R.C.S.

Ellis.—On the 1st of March, Cydwelyn Ellis, M.D., of Fitzroy Street, Fitzroy Square, aged 72.

Godby.—On the 8th of March, A. H. Godby, M.D., of Newport, aged [illegible]

Gray.—On the 27th of February, at Broadmoor, Wokingham, Alex. [illegible] Gray, M.D., aged 30.

Hemsley.—On the 24th of February, W. Hemsley, M.R.C.S.E., of Peterborough, aged 55.

Hepworth.—On the 1st inst., at Alexandria, Egypt, A. J. [illegible] Hepworth, M.D., Leeds, aged 39.

M'Ardle.—On the 6th of March, C. M'Ardle, L.K.Q.C.P.I., of Newport, Monmouthshire.

Meredith.—On the 2nd of March, R. Meredith, M.R.C.S.E., of Netherton, aged 50.

Shea.—On the 25th of February, at Rialto Place, South Circular Road, Dublin, R. F. Shea, L.R.C.P.Ed.

Starling.—On the 11th of March, G. A. Starling, M.D., of Bishop's Stortford, aged 69.

Swann.—On the 9th of March, Geo. Swann, M.R.C.S.E., of Wickham, Hants, aged 80.

Walsh.—On the 1st of March, A. D. Walsh, M.D., of Cloughjordan, co. Tipperary, aged 60.

CONSULTING-ROOMS near Portman Square, about to be Vacated by a Physician, TO BE LET Furnished for regular or occasional use.—For particulars, address H. B., care of Mr. [illegible], Newsagent, 90 East Street, Manchester Square, W.

NEW-ROSS UNION.—FETHARD DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

THE Committee of Management of the Fethard Dispensary District will, at a Meeting to be held by them at [illegible] Room, Duncannon, on THURSDAY, the 20th March, 1873, at the hour of One o'Clock, p.m., proceed to ELECT a properly qualified MEDICAL OFFICER for the Arthurstown portion of the above District, at a salary of £80 per annum, exclusive of Fees arising out of the Registration and Vaccination Acts.

Candidates must possess the necessary qualifications prescribed by the sealed order of the Local Government Board. Personal attendance of candidates with Testimonials on the day of Election indispensable, and the Gentleman Elected must reside within the District.

JAMES HAUGHTON, Honorary Secretary.

Chelsea Lodge, Duncannon.

YOUGHAL UNION.—NOTICE TO CONTRACTORS.

THE Guardians of this Union will, at their Meeting to be held on FRIDAY, the 21st instant, RECEIVE TENDERS for delivering at the Workhouse free of carriage at such times and in such quantities as may be required, from 6th of April, 1873, to 6th of April, 1874, inclusive, MEDICINE and MEDICAL APPLIANCES, for Workhouse and Five Dispensaries.

Contractor will be required to furnish Six Copies of Tender.

All charges for hampers and bottles to be deducted from Account.

Sealed Tenders addressed to the Chairman, endorsed "Tender for ———" as the case may be, must be sent through the Post Office, and naming one or two sureties willing to join in a Bond for the due fulfilment of the Contract.

The Guardians will not necessarily accept the lowest, or any Tender.

Forms of Tender can be had on application to me.

Payments are made on the First Friday in each Month, and Accounts, unless furnished the preceding Tuesday, will not be paid until the following Finance day.

J. H. RONAYNE, Clerk of Union.

Board-room, 7th March, 1873.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1873.

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HOSPITAL GANGRENE.

By Mr. Arthur E. Barker.

(Continued from page 245.)

Case I.—Ludwick Rodeck, wounded on the 23rd of December at Amiens by a bullet which passed through the ankle-joint from before backwards. From the commencement the injury was dressed with charpie dipped in carbolic oil. On his arrival in Bonn on the 5th of March the limb was œdematous and boggy in the neighbourhood of the wound, which looked very badly. Shortly after an abscess opened on the inner surface of the lower part of the leg, the edges of which became gangrenous. For several mornings after this the limb was placed for about an hour in a bath of hot camomile tea, but on this failing to produce any good effect, and the nature of the affection being recognised, the wounds were subjected to the actual cautery, after which they were covered with powdered charcoal and charpie. This treatment appeared to bring the process to a complete stand-still for a few days, when it commenced again to extend farther, upon which the red-hot irons were again applied. His pulse at this time was 140, and his appearance denoted the greatest weakness. Passing over the intervening days, during which time he was dressed with charcoal powder and charpie, I find him on the 11th of April very weak, coughing very much at night, with a weak pulse of 130. The wounds, however, look cleaner. Then again on the 14th he appears better, having had a mixture for his cough; the other treatment being the same as before. Pulse, 124.

On the 15th he seems much worse, both as regards the coughing and wounds, which look œdematous. His thigh is also swollen. The next two days he is better.

On the 18th an ulcer on the back of the heel, which had become gangrenous, required to be brushed over with acid nitrate of mercury, which seems to have put an end to the destructive process. At this time the ulcerating surface occupied almost the whole middle third of the leg from the anterior edge of the tibia to the posterior surface of the calf. At its fore part the bone lay completely bare for about two and a half or three inches in length and more than an inch in breadth; the muscles also stood out quite distinctly.

On the 22nd he appears in general better; the wounds are also cleaner; the pulse 144.

The 24th finds him suffering from great difficulty of breathing, with symptoms of pleuritic effusion. Anasarca in the thigh and scrotum, which had commenced some time before, is also well marked. The large ulcerating surface on the inner side of the leg is in a better condition, while that under the heel is still gangrenous. From around the latter, portions of dead tissue had to be cut away.

On the 24th the pulse is very weak, and the patient breathes with difficulty owing to some effusion into the thorax. About this time bed-sores began to make themselves troublesome, but as the first wounds seem to have taken on a healthy action from this one, and the gangrenous process to be extinguished, I shall not follow the case further except to state that the other complications gradually ceased to be troublesome, the bed-sores healing very slowly, it is true; then the large ulcerating surfaces skinned over tediously, being subsequently hurried by a very successful transplantation. On the whole the man may be said to have made an excellent recovery, as he left the Lazarette some months later.

Case II.—Heinrich Hornkohl, struck on the 18th August at Gravelotte by a bullet which entered the external surface of the forearm, passing across the elbow-joint and fracturing the humerus. The force in the ball did not, however, carry it out of the limb, but on the same day two portions of it were cut out at the inner side of the upper arm. The limb was then placed in a plaster-of-Paris bandage, and he was transported to Bonn. After his arrival another piece of lead was cut out of the arm, which was again put up in plaster of Paris, in which it remained for about five weeks. Swelling and inflammation setting in at the end of this period, the bandage was opened and another splinter of lead extracted from the inflamed spot. In my notes this is designated the fifth splinter of lead found in the limb; why I am not at this moment able to state, as only four are directly mentioned. Erysipelas now set in around those small wounds inflicted for the extraction of the pieces of the bullet already mentioned. On this passing off, after some time the incisions were attacked by the genuine hospital gangrene, probably transferred to them from the last case referred to, which had arrived from Amiens a few days before. Another piece of lead and several splinters of bone were taken out previous to this.

Starting from the 13th of April, I find the following note:—Up to the present he has only been twice severely cauterised with irons at a white heat; yesterday was the last time. To-day, pulse 104. The wounds appear tolerably well, and are dressed with powdered charcoal; they are very painful. Their form is that of tolerably deep holes with undermined edges; one is situated over the external edge of the triceps, the other over the extensor muscles of the forearm.

April 14th.—Pulse 104; great pain during the night.

15th.—Slept a little; pulse 115. The ulcers appear to me somewhat larger. The scabs from the cauterisation are still coming away.

16th.—Yesterday evening he was dressed with solution of chlorine, but to-day the ulcers do not seem better. He vomits frequently. On the evening of the same day wadding steeped in chloride of zinc was forced in under the edges of the wound and left there for ten minutes; on its removal, a simple dressing of wet charpie was applied, to be changed frequently during the night.

17th.—The surface of the sore presents the same appearance as yesterday; after application of the chloride of zinc, dressed with charcoal.

18th.—Pulse 120; surfaces of wounds do not look well; the cauterised portions have not all loosened. The ulcer well brushed over with acid nitrate of mercury. He still vomits, although he only takes seltzerwasser and wine.

19th.—Bad sleep on account of pain; wounds look larger; dressed with camphor and charcoal.

Evening.—Ulcers still increasing greatly in size; edges being rapidly undermined.

20th.—On opening the bandages the gangrene was found to have made fearful ravages. The edges were deeply undermined, covering a rotten pulpy mass, which also lay on the surface of the wound. The whole ulcer looked in such a terrible state that it was determined to cauterise its entire surface. In order to carry this out more effectually the greater part of the loose edges were cut away with a scissors, and also as much of the deeper gangrenous structures as was possible. The large hole was then wiped as dry as possible with charpie, and having brought a large charcoal brazier to the side of the bed, about twenty irons heated white in it were pressed deeply into the structures all round, while the burned mass was scooped and wiped out frequently during the operation. A dressing of wet charpie was then applied, with orders to have it changed, and cold water poured over the wound as often as the pain became troublesome.

20th.—Evening.—Pulse 90; complains of no pain. It is worthy of note that in each of the cases the pulse has become slower after cauterisation.

21st.—Pulse good; burned portions still adherent.

22nd.—Pretty much as yesterday; the pulse in the evening 118.

23rd.—The man looks very bad indeed; ulcer increasing.

24th.—The patient is in a terrible state of weakness; can hardly eat or drink without pain. The open surfaces have increased to such an extent that they are only separated by a narrow strip of skin about three-quarters of an inch in breath; each is about as large as a breakfast plate. In both the bones were laid bare, and in the upper arm the fractured humerus could be seen quite naked, and without a vestige of the large lump of callus formerly uniting the two ends, whose irregular edges could be separated from one another at this time with perfect ease.

26th.—Pulse 108; weakness very great; the ulcers are in a fearful state; much broken down tissue has come away from them, and the bridge of skin is almost eaten through; patient lies in a torpid state, with half closed eyes and almost livid face; eats almost nothing, drinks also very little. I may mention here, that the question now arose whether it would not be better to remove the arm, which, at the seat of fracture, was only united to the upper portion of the limb by about the inner third of the substance of the member. A few cuts even of a scalpel would have sufficed to sever it from the stump. The idea, however, was abandoned for two reasons; firstly, the small amount of hæmorrhage even, caused by the operation might, in the fearfully depressed state of the patient's system, have produced death on the spot; and, secondly, the ravages of the disease would probably have been favoured by having a fresh surface to work on. Thus, the axilla might soon have been opened up with all the fearful consequences of a gigantic ulceration in this neighbourhood.

About this time the Surgeon-General seeing him pronounced him beyond hope.

On the 27th, however, there was a change for the better. I find the pulse higher, but the gangrenous surfaces cleaner and apparently not increased in extent. The patient is also able to take more wine, which is no longer rejected by the stomach as before.

On the 28th he appears still better; takes more wine and also sulphate of quinine. The wounds are still terrible, as also the pain while they are being dressed.

May 5th.—Patient steadily improving; the wounds, however, look still very horrible, the ulna being laid bare below, and the two ends of the broken humerus above at the point of fracture. The gangrenous process appears to be extinct, however. Patient has begun to eat and drink with good appetite; gets morphia at night to produce sleep.

On the 8th of May an abscess which had formed under the deltoid muscle was opened with a trochar, and a considerable amount of darkish pus evacuated. A tolerably large splinter of bone which had lain loosely between the ends of the fractured humerus was also picked out at about the same time. From this on, threads were left in the abscess until it healed. Since the last application of the actual cautery the diseased surfaces had been dressed with charcoal and charpie.

13th.—It is astonishing how much the patient has improved. The ulcers are quite clean, and formation of new skin is commencing from the edges; callus also commences to make its appearance at the point of fracture of the bone. The manipulation of dressing no longer causes such excruciating pain as formerly. The abscess near the shoulder has nearly closed. The injuries are still dressed with powdered charcoal. The patient is now able to eat, drink, and smoke, with great *goût*.

On the 31st of May I transplanted a portion of skin from my own arm, laying it and fixing it in the centre of one of the large granulating surfaces. This experiment was perfectly successful, hastening much the closure of the enormous wound; but as the results of this and other experiments of the same kind have been already published in the MEDICAL PRESS, I shall not occupy your valuable time any longer with a description of the case, except to state that the man made a very excellent recovery.

CASE III.—The notes of this case are very brief; they are, however, worthy of a glance for a few moments.

Johann Yannowschwesky was wounded near St. Quentin on the 18th of January by the bursting of a shell. Amputation was performed above the knee.

On the 24th and on the 13th of March he was transported to the Lazarct near the railway station. In this case the flaps were rather short, and the bone was not well covered, but the granulations at the time of his arrival at Bonn were perfectly clean and healthy.

About the 22nd of April he was attacked by the hospital gangrene, and on the 26th was brought over to our huts, where the open wound was at once severely cauterised with irons at a white heat.

On the 28th the burned portions were still adherent; otherwise the man himself looks well enough.

29th.—Has slept well; his appetite is good; stump as yesterday.

May 5th.—The wound looks very well, and is covered by healthy granulations. The portion affected is, however, exceedingly painful during cleansing of the part; but this is a good sign, as in all the cases a turn towards recovery has been accompanied by an increase of sensibility.

13th.—There is now only one spot at which the process exists still. Here the characteristic soft white pulp seems to sink deeper and deeper into the structures underneath; the rest of the wound looks perfectly well, and commences to skin over. The dressing is still charcoal powder. Patient can now eat and drink well.

15th.—The gangrenous spot seems to burrow deeper still, and yields the genuine pus of the affection. Great pain complained of.

June 9th.—All is going on well; the bone, however, still projects beyond the end of the stump, and is clothed completely with granulations.

CASE IV.—Conrad ——— arrived at Bonn with an amputation wound in about the middle third of the thigh almost entirely ununited; the bone projected also for about an inch and a half beyond the edges of the flaps. This appeared to me like the result of one of those operations in which the trunk has been amputated, so to speak, from the limb, and not the limb from the trunk. On arrival the wound looked perfectly clean; a ligature was still adherent to one of the larger arteries on the inner aspect of the stump. This latter came away a few days later, a cup-shaped portion of bone being also thrown off. The cavity thus resulting commenced to granulate very well; but at that spot where the ligature had come away a small white patch made its appearance, which increased in magnitude for about eight days, although within that time application of several caustics had been made. Liquor ferri sesquichloridi and acid nitrate of mercury had been made use of, but with no effect.

On the 25th of April the actual cautery was brought into use, a slit being made in the skin in the direction in which the burrowing had proceeded, in order the better to reach the bottom of the hole. Some caution was necessary, as the latter lay in the neighbourhood of the femoral artery.

27th.—Charred substance is still adherent; suppuration generally has been great. Complained of much pain during the night. Pulse naturally weak, 126.

28th.—The ulcer, which looks tolerably, dressed with powdered camphor and charcoal, is still covered at some points with portions of burned tissue.

May 5th.—The hole is very deep but cleaner, although patches of gangrenous tissue cling to many parts of its surface, and are only thrown off but slowly. Still dressed with camphor and powdered charcoal, which is blown into the deep hole. Patient's appetite is tolerable; he is taking sedative drops on account of sleeplessness. Pulse still rapid.

April 13th.—The ulcer has increased in size since the 5th, and the bone now projects about 2½ inches, and is almost bare. The surface seems cleaner, but is still extending apparently. The man looks better, and is more sensible to pain. Charcoal powder is still applied as a dressing, but no camphor. Sulphate of quinine is administered internally, and a good deal of wine.

15th.—The wound is decidedly improved, but the pain during dressing still excessive; charcoal still used.

June 9th.—The stump now presents quite another appearance; cicatrisation has commenced, and the bone no longer projects so far as formerly, owing to the soft parts having been brought down by means of the compression of a roller. Only about an inch and a half of it is visible, covered with healthy red granulations.

A detailed account of the other cases is not necessary. In one the disease attacked both the stumps of a man, who had lost his two feet during typhus fever at Amiens. Here the morbid action was of the creeping species, denuding more completely the lower ends of the tibia and fibula. In another the gangrene commenced at the elbow of a man who had been struck in the thumb, the bullet being cut out on the day following at the elbow. Here also the disease extended immensely. Another case was that of a bullet-wound of the hand, and again an amputation wound of the thigh.

All these men, however, recovered with greater or less deformity, though in two or three instances life was despaired of.

After this brief and, I am conscious, very imperfect sketch of the nature of the affection, it may be well to glance back for a moment at the treatment employed, local, constitutional, and we may add preventive.

Taking the last first—and by it I mean in the first place avoidance of the predisposing causes, and in the second prevention of its further spread when once established—I would in all cases avoid, as far as possible, overcrowding wounded men in any space. I would advocate the most rigid attention to cleanliness, both in dressing and general treatment. There seemed to my mind to be a connexion in the mode in which these cases occurred one after another, and the manner in which they were dressed. Thus, the disease only manifested itself among the patients of one particular Medical man, whose dressers, some of them soldiers or ordinary hospital servants, and two of them Jesuit monks, could not—with all consideration for the latter as my personal friends and warmhearted men—be said to be of cleanly habits. Some other coincidences also seem to point to contagion as having been the agency by which the spread of the disease was effected. I may be wrong in this, but there seems to be some connexion between the fact of the ligature in Case IV., which was very short, requiring to be seized close to the wound, and the fact of the process having commenced distinctly at that spot. In this case the thread was removed by the Medical man in attendance on the other cases of gangrene, whose hands may have conveyed the poison whatever it be. Some points of this kind, together with the fact noticed before, that after more perfect isolation was established the disease ceased to spread, convince me for my own part that the affection is contagious whatever its origin be. Here were these first cases lying in a room with about ninety other wounded men, and yet only those subjected to the manipulations of one set of dressers were attacked.

Turning now to the local treatment of the disease, I have only to make a summary of what has already appeared in the notes of the different cases.

In the first place the most rigid cleanliness had to be aimed at. As I was myself responsible for this I can vouch for the utmost attention having been bestowed upon this point. Each man had his separate utensils, Condy's fluid was copiously used both to wash the sores and to disinfect the cast-off dressings; the hands of those manipulating the wounds were also carefully washed with the same after each dressing.

The injuries were in almost all cases dressed with charpie and powdered charcoal twice every day, after having been carefully cleansed under the edges and in the excavations, by means of the irrigator so much used during the war, and a most simple and admirable contrivance. The ulcerating surface was first thickly covered as far as possible with the powder by means of a spoon, besides which over the loosely teazed charpie more of the charcoal was sprinkled, thus exposing in its interstices a greater surface for the absorption of foul emanations from the injuries.

The more active treatment employed with a view to arrest the ravages of the disease, consisted in the application of various caustics. Thus, liquor ferri sesquichloridi, chloride of zinc, acid nitrate of mercury, nitric acid, and the actual cautery were all made use of in the manner described. None of them, however, seemed to be of any service except the last; indeed, after the application of the chloride of zinc, the extent of the wounded surface seemed to increase more rapidly than before.

In these cases the actual cautery (which, if I am to judge from my own experience, is more used on the Continent than here) was found to be the most effectual means of checking the advance of the disease. If only applied properly I believe it would always put a stop to such morbid action. But to bring this about, care had to be taken to let the effect of the hot irons extend beyond the tissues already the seat of the affection, and into the healthy structures further off. This is not, however, so easy as might at first be inferred, for many reasons. In the first place, the quantity of pulpy diseased tissue on the surface of the sore prevents actual contact with the healthy structures beyond; in the second place, the irons, be they ever so hot, are cooled by passing through this moist substance; and thirdly, a feeling seems to exist in most minds that there is something very rude and savage in burrowing away portions of the human body. This feeling, it is true, ought not to sway the mind of a surgeon if he be sure that he is doing good, but it is liable to influence most of us and must be guarded against. That the use of the ferrum-candens is attended with the most marked good results seems not only to be indicated by the effects produced in the cases related here, but also by the experience of others. I believe, from the quotations which I heard from Professor König's paper on Hospital Gangrene, which appeared, I think, in the *Berliner Medicinische Wochenshrift* at about the same time that we were occupied with the disease at Bonn, that the red-hot iron was found to be the most effectual means of putting an end to the morbid action of the disease as it appeared in Berlin. I regret not having read his paper, which was spoken of very highly.

Certainly in all the cases mentioned here the actual cautery was not spared, and my own belief is, that the arrest of the disease in some of them was directly due to this fact. Placed under similar circumstances again, I should not for a moment hesitate which caustic to make use of, but would seize at once that which appears the simplest and easiest of application, and, guided by past experience, the cauterisation should be a deep one. The same rule, of course, applies to the treatment of other diseases in this way.

Camphor as a topical application, may be of some use in the milder forms, but its effect in those cases treated by it here was not marked. Solution of chlorine, though useful as a disinfectant, could not prove of any permanent avail in checking such a process as we had to deal with, as was seen on our making use of it for dressing the sores.

As to the constitutional treatment of the various cases, it was conducted on the general principles followed as a rule in dealing with such surgical affections. The chief thing to be attended to, as might be expected with men who had undergone the hardships of a long campaign, was great weakness. The appetite had also to be humoured, as the men showed very little inclination to take any food, only the lighter sorts of which could be tolerated. But our mainstay here, as in all cases of the kind, was wine; of this we had at first only the lighter sorts of the Rhine, but were subsequently supplied through the kindness of some friends in the town with sherry and port. This stronger kind was administered in as large quantity as could be spared and produced the most marked good effect. At the same time tonics were exhibited, and appeared to act most beneficially.

In conclusion, gentlemen, I have only to express the hope that in this brief and hurried sketch of the disease, Hospital Gangrene, as observed by myself some few points of practical importance may have been touched upon not wholly unworthy of the attention of those present, though dealt with by the feeble hand of inexperience.

It was my intention originally, to append as it were to this paper a short note on the probable mode in which this disease spreads, both as regards the individual and the mass, and to produce in support of my hypothesis the experiments of my friend Dr. Orth, of Bonn. These experiments, which I had the pleasure of following from day to day in the Pathological Institution, were instituted to show the connection that exists between the proliferation of certain lower organisms found in the juices of gangrene and erysipelas, and the spread of these diseases. Circumstances have, however, thwarted my design, which I the less regret as I have already occupied, perhaps, to too great an extent the valuable time of the meeting.

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CASE OF RESUSCITATION IN A NEW-BORN INFANT AFTER NEARLY FOUR HOURS ARTIFICIAL RESPIRATION.

By John J. Marshall, L.R.C.S.I., &c.,
Physician to the Lying-in Hospital, Limerick.

On Saturday morning, Feb. 15th, I was sent for, at half-past twelve, to attend Mrs. H——, in her third pregnancy. She had been "attended," up to the time of her admission into hospital by an ignorant midwife. On examination I found the right arm and funis (pulsating) in the vagina, so having returned the funis I (according to custom) summoned a consultation with the other Medical Officers of the Institution, to which, however, but two kindly responded.

At about 1 o'clock, Drs. Kavanagh (Consulting Physician to the Hospital) and Myles being present, I "turned" and delivered the patient of an apparently lifeless male child, so much so indeed that the funis was divided, without ligature, to see if any blood would escape from the child, the placenta having been born with the head.

Not a drop of red blood issued from the cord, and the child never cried; while slapping, cold water sprinkling and brandy application failed to elicit the welcome symptom of life. However, when placed on a table and in the light, the pulsations of the heart were faintly visible, so artificial respiration was at once resorted to; the first method tried being that of having one to breathe into the infant's lungs, and another to expel the air from the same.

Perhaps the *minutiæ* of the method adopted in this case may not be altogether useless to other young practitioners like myself, and to students, when the success of the case has elicited from my experienced friend Dr. Kavanagh the remark that "one should never give up a child after it."

The infant having been laid on its back and rolled in a warm blanket, was so placed that the head extended over the edge of the table, and was allowed to droop a little to prevent the air passing into the stomach. The child's face was next covered with a towel, and the little nostrils having been compressed by the left thumb and forefinger of the operator (his right supporting the head), air was regularly but forcibly breathed into the lungs, and again expelled from them by an assistant's pressing alternately with his two palms on the infant's chest. Brandy being vigorously rubbed into the chest by one of us. This treatment, *after an hour's* steady prosecution, and the heart's action scarcely detectable, was rewarded with one voluntary inspiration, but had to be immediately renewed after the gasp, which showed no signs of recurrence without the artificial respiration. Another single gasp occurred in half-an-hour, but the inflation, &c., had to be kept up as the breathing apparatus had no strength whatever.

Seeing the heart beating even so weakly we could not, nor were willing, to abandon the little struggler, and each took his turn at the "breathing;" the child got a couple of hot baths. Sylvester and Marshall Hall's treatment were both tried, till from a combination of them all the infant was breathing regularly at the rate of 15 per minute after *our inflating him for nearly four hours,* I not leaving till five o'clock, about half-an-hour before which time the first drop of blood from the funis tinged the water of the hot bath, in which we kept the child during its convalescence.

Out of all the methods of resuscitation employed in this case the breathing-in and expulsion of warm air had certainly the most beneficial effect on the infant, and especially when the mouth to mouth breathing was combined with the raising and depressing the arms.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,

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TUBERCULOUS ABSCESS IN THE LARYNX.

DR. C. F. WAHLBERG, of Helsingfors, has lately published in the *Medizinische Jahrbücher* (Jahrg, 1872. Heft iii.) an important paper on this subject. At the outset of his paper, Dr. Wahlberg asks—1st. Why do such abscesses appear? and 2nd. Why is it never or very seldom the case? Rokitansky and Virchow admit their existence; hence Dr. Walhberg first briefly refers to these authors:—

Rokitansky (*a*) says that tubercles may appear in the laryngeal mucous membrane, as in all others in the form of small granulations or circumscribed infiltrations. From the breaking down of these we find abscesses which are decidedly of a tuberculous nature. The same abscesses often extend to the submucous tissue, and have hard, raised, splint-pointed borders, on which papillary vegetations with excessive epithelial formations are often perceived. Below the damaged substance gelatinous connective tissue is found, which soon becomes changed into a callus state. In the neighbourhood we find injection, reddening, swelling, and œdema. This is the ordinary manner in which primary tuberculous abscesses grow; now partly through confluence with others, and partly through a fresh tuberculous deposit around the borders, this first one becomes a secondary abscess.

Virchow's (*b*) description approaches this, in that he, al-hough in many respects different, affirms the presence of ubercles in the larynx. He says:—"The miliary grains e very superficial in the skin, and their shapeless form is adily seen externally, and as they often deposit from eir superficiality outward they produce small shallow bscesses without ever becoming caseous. Above all ings tubercles are required in the larynx, from which berculous phthisis may follow." Now begin the icroscopic variations that such abscesses present, and rchow gives us no special picture of this in the larynx, t describes simply the structural relations in tubercu-us abscesses, that they, through softening, are changed o a caseous state. As the softened tubercles lie super-ially in a mucous membrane, ulceration follows through oosening of the softened mass. It is not necessary that e entire tuberculous mass become softened at one time, nce the bottom and often the borders of primary tuber-ous abscesses have a caseous infiltration. By degrees s lenticular abscess burrows through the entire thickness of the mucous membrane, and becomes superficial, and as it was tuberculous in its origin it is not tuberculous in its nature after it has come through to the surface. We see from the preceding that both Rokitansky and Virchow affirm the presence of tubercles in the larynx with certainty, and saw abscesses follow them. These abscesses must consequently be considered as tuberculous.

Rokitansky declares the condition to be due to a falling down, on account of the death of the tuberculous granulations or infiltrations. Virchow wishes to derive, on the contrary, from a breaking down without previous caseous metamorphosis.

Let us now pass on to the 2nd group under consideration, and examine the report of Rheiner. According to Rheiner most abscesses, derived from tubercles, are of a catarrhal nature, and he gives us the following description (*a*): In the beginning the epithelium still hangs together; later, from without the unwrinkled more pointed superficial cells stand separated from one another; where pavement epithelium lies an exuberance of epithelium shows itself at once. Where a superficial portion of the mucous membrane is still undestroyed it presents for several depths a tight cellular infiltration which Rheiner derives from a symmetrical proliferation of pre-existing elements. Rheiner says that papillæ never appear in a normal larynx, in return they originate as exuberances around the circumference of old abscesses, the greatest generally around and on the border. The neighbourhood is sometimes œdematous, more homogeneous and filled with pale corpuscles, at other times with white fat, it then condenses and presents an osteoid view.

Closely in addition to this description, Rheiner joins another on apthous abscesses. According to him they are only a peculiar forward movement of pulmonary phthisis. The same are described as loose superficial ulcerations or erosions, and originate in a serous infiltration of the upper stratum of mucous membrane, or in the circumference of the glands of the mouth. Rheiner says that this view has now found many defenders, and he quotes Türck (*b*) and Rindfleisch (*c*).

The first-named Forscher well adds that partly through the authority of Virchow's broaching the subject to him, and partly from his own observation, especially in respect to the behaviour of those round cellheaps in the presence of carmine, they were perceived in intact connective tissue near the borders of abscesses on the epiglottis, and that he cannot entirely deny the possibility of tuberculous abscesses, yet is disposed to think that the tubercle in this case can only operate as a permanent inflammatory irritation. Both Rindfleisch and Rheiner agree to consider the catarrhal process as the prime cause of a later loss of substance. Also, they do not go so far as to entirely deny the existing tuberculous affection, as Louis has done. This last opinion, says Wahlberg, needs hardly more to be cited, because as far as I know the appearance of tubercles in the larynx must be accepted as proved. He then quotes Rindfleisch, who says: "Other authors, of whom I will only name Rühle, wholly deny the coming forth and participation of miliary eruptions, yet Prof. Rühle makes use of the following words in his newly-arrived report on the present standpoint of the question of tuberculosis, page 13:—"The presence of small gray yellowish nodules in the laryngeal mucous membrane, whose caseous degeneration can be judged later, is at all events of importance. Therefore, the first description of abscesses appears not less important, especially that of the posterior wall, of the ventricular bands and morgagnian ventricle, in case they have the characters of tuberculous abscesses." This well-defined position shows us that we have not to count Prof. Rühle entirely among those who would maintain the immunity of the larynx against every tuberculous process.

) Lehrbuch d. path. Anat. Bd. III., p. 27..

) Die Krankh. Geschwulste. Bd. II. p. 644.

(*a*) Cannstatt's Jahrb. Jahrg. 1853. Bd. II. p. 55.

(*b*) Klinik d. Krankh. d. Kehlkopfes, p. 355.

(*c*) Lehrb. der Pathol. Gewebelehre. Zweite Aufl. p. 330.

Let us now throw a glance back and make a short summary of all the views arrived at together; then we find that most authors speak of a tuberculous abscess in the larynx. But how this takes place is interpreted in two different ways; one is, that the breaking down of the tubercles produces the abscess; and another is, that the tubercles cause an inflammatory irritation, and evoke a process which ends in a destruction of the tissues involved. The peculiar alterations will be described, which take place on account of the discussed standing ulceration in the tissues of the larynx, and are peculiar only to Rokitansky and Rheiner, which last has certainly often mistaken tuberculosis for catarrhal abscesses. Among the remaining authors we saw that this was not the case. They all give a description of tuberculous abscesses, but not specially of the same in the larynx, and it is a difficult picture which has been found in one mucous membrane without ever having been seen in another; hence, assuredly certain modifications must vindicate themselves, so that, for example, a morbid process in a rich glanded mucous membrane takes on another form in poor glanded mucous membrane.

After this able advance we will change the examination to what we have devoted to the question. My experiments were made in Dr. Fleishl's laboratory, to whom I here tender my hearty thanks for his kindness. Eight larynxes in all were examined. They were all exquisitely tuberculous individuals, and I first made a rigid naked-eye examination. Thereby I saw always the signs of chronic catarrh, with more or less œdema, and often small whitish gray nodules scattered here and there near the abscesses. In the eight cases abscesses were found on the right vocal cord, in four cases on the left, in one both cords were ulcerated, in one the left ventricular band, in one case the whole larynx was attacked with small abscesses, and the free border of the epiglottis in two cases was found in an ulcerated state. After this examination it became necessary to place them in a thin solution of chromic acid for hardening; but a part which was in a frozen condition and freshly cut I made use of at once for preparations. Let us now look at a section of one of these abscesses (Fig. 1, plate 7), and ask ourselves the question, what abnormality it shows us in the same neighbourhood. We first see a loss of substance, the epithelial layer has been broken through, and now the abscess has widened itself farther into the sub-epithelial connective tissue to the muscular layer. Around the same we see a distinct cellular infiltration, partly around the glands themselves, and partly around their excretory ducts, which widens as it goes farther in. Let us come nearer the bottom of the abscess, and a peculiar netlike organisation is unfolded, which again is often found on both sides of the abscess.

On the borders of the abscess we remark the yet uninjured epithelium, still in an abnormal position; then it grows exuberantly and sends down into the sub-epithelial connective tissue cancroid pin-like strongly-hypertrophied papillæ. But we perceive this fairly described alteration not simply in this one cut, it will be seen in every other, if taken in the same manner and from the same material. At least this has been the case in these eight larynxes, which have been most carefully examined. It is not necessary that the abscess be fully matured, then, as Fig. 3 shows us, the same morbid changes appear; in the undestroyed epithelium many thin spots have already come forward, and indicate where the breaking down will soon take place. However, in the preceding cut let us glance also at this, the under-half of the position where the epithelium reaches its greatest thinness, naturally in agreement with the neighbourhood, it again forms the pins, and infiltration extends into the network around the glands for a short distance. We have now found this change pronounced in all fully-developed abscesses; the same thing will also with regularity take place in the next circumference, to which domain the signified process must soon revert; hence, we wished to describe it more minutely.

American Communications.

No. II.—CLINICAL EXPERIENCES IN PRIVATE PRACTICE.

SOME EVERY-DAY CASES; THEIR HISTORY, DIAGNOSIS, AND REMEDIAL MANAGEMENT, AND THE REASONS THEREFORE.

By Z. Collins McElroy, M.D., Zanesville, Ohio.

I.—B. W., æt. 65; weight, 175 lbs.; is seldom sick; has large business cares which he attends to personally; leads a very active life; much of it out of doors. Walks a great deal in pleasant weather, as well as riding in the saddle; and rides in carriage or walks in bad weather. Has everything to live with and makes generous use of his ample means. Is temperate; keeps good hours; and in a word, is a model of propriety in every respect.

July 5th, 1872, 9 o'clock a.m.—About ten days or two weeks since Mr. B. W. commenced bathing in water, as received through water-works pipe in his residence for the first time this season. He found it very pleasant and agreeable, as the weather has been very warm. He now thinks he remained too long in the water. Four or five days since he began to feel stiff in his back, which has gradually increased, until now he is nearly disabled. He gets down on a chair with difficulty, and cannot rise without assistance. Once upright he can manage to go about the house, but with pain and inconvenience. He cannot ride because he can neither get into the saddle or carriage. He has been using liniments which have nearly blistered the skin on his back. His complexion is sallow; skin, dry and harsh; temperature, 100; pulse, small in volume, with nearly natural frequency; has little appetite; and his disposition—naturally genial—quite changed. Says his discharges from both bladder and bowels are natural in quality, quantity, and frequency. He thinks he is all right but his back.

I have attended this gentleman and his family for many years, and though not often called to himself, I feel an increased responsibility where I am now which I did not ten years since. He is certainly nearing the limit of active business life, though he does not apparently allow this fact to influence his business operations. His life is an exceedingly valuable one to his family as well as the community in which he lives. Here he is, this morning, almost totally disabled from personal locomotion. He says and thinks he has caught cold in his back, or perhaps it is rheumatism. And his idea or mental conception of a cold or rheumatism is, that it is a something not natural to his body which has got into it and has stiffened his back, I am sent for to get it out, and thus restore to him his accustomed power to move about.

In the professional management of his case I must be governed by some sort of conceptions, whether they correctly or incorrectly represent the facts of his case to my mind or not. If my conceptions coincide with his, that he has rheumatism, lumbago, or cold, my mental operations will be turned at once into empirical channels. My memory will be taxed to recal to mind the particular drugs or medicines which have been successful so-called remedies in my own, as well as the hands of others, in the treatment of lumbago. And what a labyrinth it is that memory, and a reference to text-books will call up. The first on the list is the lancet; then calomel or blue-pill, with other purgatives; opium; vapour and hot-air baths; antimony, colchicum, guiacum, sulphur, nitre, lemon-juice, alkalies and their salts, veratria, cups, leeches, blisters, big and little, mustard poultices, perchloride of iron, cubebs, copaiba, cold douches, and cold and warm packs, liniments of turpentine, camphor, opium, capsicum, chloroform, singly or variously combined, strapping the back with adhesive plasters, &c., &c. Then the pathology of the standard text-books is quite as complicated as their therapy.

From this miscellaneous assortment of conceptions and results of empirical experiences with drugs and medicines, it is my privilege to select what seems to me to promise the best results for my government in prescribing for my present patient. And not much matter which, or what I select, I will be much in the situation of the sportsman with a shot-gun, seventy shot in the gun, sixty-nine to miss, and one to hit and do the work. The game has a very slender chance to escape under these circumstances truly; seventy chances to be hit, but how many to be missed?

That is what I understand to be empiricism, pure and simple. And if I had nothing else to guide me in the way of conceptions than these they would still be better than none at all, and doing nothing. My patient is suffering actual bodily pain, and no form of restraint could be more irksome, and in preference to abandoning him to his fate, as an otherwise motherly hen did a disabled chick in my yard yesterday, better try one after another of these remedial measures empirically. It will, at least, appear kind, humane, and merciful, and may, perchance, succeed in relieving him, or he may get well simultaneously with the use of some of them, and the remedy get the credit for the "cure," though the facts possibly were that the patient recovered despite the effects of the mistaken application of remedies.

But I either had, or thought I had conceptions which correctly represented to my mind what was now transpiring and what had actually transpired in the body of my patient which had led to his present disability, and based my action on them for his relief. What were they, and how did I arrive at them?

My patient, like myself, was a human being, born of a woman and destined sooner or later to die. His body, as my own, was composed of materials common to earth, and to my understanding, controlled in all respects by the earth's forces, that his body only differed from the materials composing it seen elsewhere in Nature in forms of molecular structure, just as glass only differs from the sand, lime, soda, potash, or lead, which ordinarily compose it in the molecular arrangements of its particles. That these forms of structure did duty, or function, in his body, just as all other forms of structure in or out of his body, animate or inanimate, at the expense of their substance. That his forms of structure or substance differed only from the forms of structure of, for example, my watch, or the pen I write with, or desk I write on, or any other inanimate thing, in the fact that they, in the acts of functional decay and performance of duty, store up the necessary force in the necessary material for their own reproduction from new material, while the inanimate thing makes no such provision. That the material in which this force for the reproduction of his momentarily wasting structures from new material during life is known as lymph—contents of the thoracic ducts as they enter the nervous current near the right auricle. That the final product, or rather aduct, of the lymphatic system of the animal world performed the same function in the animal kingdom as the seed in the vegetable,—viz., stored up the force in the necessary material to carry its own and new material up through various chemical mutations to the forms of structure from which they were derived. Further, that in animal lymph and vegetable seeds was stored up the force heretofore supposed to be vital and peculiar and wholly different from the earth's forces. That observation, experience, direct and indirect experiments, alike concur in establishing the fact—a fundamental law—that the main purpose of all organic life—animal or vegetable—is its own conservation, *i.e.*, its own reproduction, multiplication, and perpetuation. That in no other way and by no other means known as yet, can life be perpetuated, except by force stored up in sufficient material for that purpose by a previously existing being or thing. Further, that I could neither create nor annihilate matter, and was equally powerless to combine matter into forms of organic structure, living structure, capable of performing a function, or provide for its own reproduction and perpetuation from new material. And I was equally powerless in reference to force, in that I could neither create nor annihilate it, but could direct it to some extent.

Then what is my power and my duty in this present case or any other case, seeing that I can neither create nor annihilate either matter or force, and that my sole power over forms of organic structure directly in the body of my present patient or my own, or that of any other living being or thing is their destruction.

Experience, experiment, and observation from the remotest antiquity down to the moment this is written, combine to demonstrate—and to demonstrate absolutely—that the sole power of physicians or surgeons now is just what it always has been in the past, simply and solely over physical or chemical motion in the materials ascending to, or descending from, their condition in living structures. I can, by means of modes of force stored up in what are known as drugs and medicines, or remedial agencies, or measures, advance, retard, or modify these physical motions of the complex molecules of living matter. And neither I nor any other physician or surgeon, regular or irregular, or any other living being or thing, can do anything more, anything less, or anything different, to a human, or any other organised body, well or sick, alive or dead, by any means or modes of force whatever, past, present, or future, until the world and the universe of which it is a part, comes under the dominion of different laws from those now in force in their government. Whenever any created being does so he exercises the functions now attributed to the Supreme Being.

With this understanding of the facts which it is important for me to know concerning the materials and forces of the body of my patient, and with which I, as a physician, will have to deal when I prescribe for him, not unnaturally the first question meeting me in making my examination would be "has he a disease?" using the term as it is nearly universally understood by both people and professions of medicine, and if so, "which one, or what is it?" Though "disease is the basis of Medical literature, and the central idea of pathology, none of the professions of medicine have ever defined it in the past." And they are still more chary of a definition now, though most Medical writers speak of its "specificity" and of its several "entities." And the people, almost without exception, believe in the actual and *bonâ fide* existence of "disease" as a something separate from and foreign to the bodies of those into whose interior it has gained access, and is there running about and rioting among their structures and functions and causing "disease." At one time it is "worms;" at another "cold;" at still others it is "malaria." And yet, again, it is certain visible or invisible subtle "poisons." The people and professions speak of "catching" this or that "disease," locating place, fixing time and circumstances, &c., &c., at or under which they "caught" their particular departures from health.

With the truth of the things concerned in my mind, when I commenced the investigation of my patient's condition, I threw all conceptions connected with the term "disease," as commonly understood, aside.

What then was my mind work in arriving at a diagnosis, and prescribing for this patient?

As follows: I critically surveyed the whole man by the light shed upon his condition by the greatest general principle into which all the phenomena of organic life can be merged; for it must not be forgotten that it is the business of science to merge, or pack away, so to speak, particulars into generals; that is, to merge detached, and apparently not related, particular facts into general principles or facts, and the widest general principle of physiology into which all known facts of function, whether physiological or pathological, are merged, is that "function is the expression or language of structure from which it proceeds." Whether we recognise it or not, this synthesis—function the expression of structure—holding good, without exception, all through the wide domain of organic and inorganic nature, is the basis from which all analytical conclusions are drawn from rational and physical symptoms. Natural or physiological function is—and it may be added, rightfully—always associated in the Medical mind with natural or physiological structure, and *vice versâ*, pathological phenomena is in some not definitely understood way, but with conditions designated as irritated, inflamed, or congested, hypertrophied, atrophied, or degenerated, *i.e.*, one morphological structure replaced by another, as muscle by fat, or cancer, or fibrin, or colloid, &c., &c. "Function the expression, or language of molecular forms of structure," is the compass of the Medical practitioner, always and unerringly pointing to the condition of structure or physical motion in the materials of structure behind it.

In the interpretation of symptomology another general principle must always be borne in mind—viz., that "the main purpose of all life is its own preservation." Morbid phenomena viewed simply as the work of an enemy; or processes altogether at variance with life, will not unfrequently lead to conclusions quite erroneous, and may lead to mistaken and unnecessary therapeutics. For example, take the phenomena designated as bowel complaint, or vomiting, or sometimes hæmorrhages, the most extended clinical experience has demonstrated that forbearance and sometimes furtherance, and not restraint at the hands of the practitioner is followed by the best results. So, again, in the conditions designated as fevers—continued and eruptive—experience has shown that forbearance with morbid processes is the practitioner's first duty, *i.e.*, he must "expect" a good deal and do but little, except to supply material, food, and other conditions of life; for the morbid processes or phenomena are working out salutary results.

Another great general fact or principle demonstrated by combined observation and experiment is, that the mean or average of the various physical or chemical motions in the materials of the living human body in health at all points of the earth's surface, is 98$\frac{04}{100}$° Fahrenheit, in the axilla.

Another closely allied general principle is, that for every dynamic result in a living body there must be corresponding changes in the chemical condition of matter, or simple physical motion by matter ascending to while in, or descending from its chemical state in living structure or flesh. There are no manifestations of force either in the organic or inorganic realms of nature not associated with changes of matter.

Lastly, the different structures of each and every living body in the acts of physiological functional decay, store up the necessary force in the necessary material to carry its own and new material up to the special molecular forms of structure from which it was derived. To separate this particular material from the general *débris* of the tissues of the living body is the function of the lymphatic system. In other words, the lymph is to the living body what wheat grains are to the bodies of wheat plants, death being the parent of all life, animal or vegetable.

With the light these general principles gave me I found little difficulty in unravelling the mysteries of my patient's condition satisfactorily to my own mind. Thus, he complains mostly of his stiff back and his consequent inability to either sit down, stoop down, or rise up without pain, after he is on a chair or in bed. His temperature of 100° Fah. discloses the fact that physical motion in the interest of waste is two degrees of the thermometer scale above the natural velocity, and therefore, motion in the material of his structures is greater in the interest of waste than repair; and further, that the apparently local difficulty is, in reality general or constitutional. Is the trouble, that is his want of power, elasticity, or more simply motion in the structures of his back, confined to either structure or motion in the materials of structure? "Function, the expression of structure," therefore, structure has been interfered with, has lost its normal dynamic, or life capacities. And the temperature discloses the increased velocity of motion in the material of structure; and further, motion out of natural modes or channels.

He is able to walk when erect, showing that there is, so to speak, a chronic spasm, or degree of contractility of the structures of his back, not under voluntary control. Erect, he is comparatively free from pain; in all other positions in more or less pain.

To what is this condition of structure and motion in structure due? To cold? And how would that bring about this condition of his structures? He has been bathing his whole person night and morning in water conveyed in water-works pipe underground more than a mile, from a reservoir to his residence, and the water was, therefore, in temperature somewhat lower than the atmosphere. He found it very pleasant, and was in no hurry to get through with his baths. The water lowered the temperature of his body too rapidly, and as a result, the rate or velocity of chemical or physical motion of matter, in the repair of his momentarily wasting structures was changed, resulting further in modifying their molecular structure, as evidenced by modified function. Nor was the modification of molecular structure confined to the parts in which there was so conspicuous a change of function, as evidenced by the elevation of the temperature of his whole body. Physical or chemical motion in material in the interest of repair was, with equal certainty, retarded, as well as modified, as evidenced by his diminished appetite, *i.e.*, demand of the body for new material to carry on the work of repair.

As he has been sick several days with no extra evacuations from either bladder or bowels, it is tolerably certain that there is too much effete matter—waste of his structure—retained in his body. That is my diagnosis, and it seems correctly to represent, to my mind, the actual condition of molecular work in the material, and the real state of physical motion in the material of the body of my patient, which occasions my being called to him.

My duty as a physician to him, with this understanding of the nature of his disability, is to retard the rate or velocity of the total physical motion in the material of his body, towards physiological rates and into physiological modes or channels provide for the elimination of effete, or dead matter, and supply materials and conditions for repair. Therefore, to carry into effect these indications, by hypodermic syringe, 18 minims of a solution of sulphate of morphia, 1 grain to ʒj. water to be inserted in the back at the point of most inconvenience to him occasioned by attempts at stooping or rising. At the same time he is to have a pint of water, boiling at the start, made tasty with common salt, to be cooled in a tablespoon by blowing [illegible] it with the mouth, and the whole of it swallowed [illegible] rapidly and as hot as possible.

My conceptions of the *modus operandi* of these remedial expedients were, that the opium would promptly retard all motion in the material of his body to a uniform rate, which would be more noticeable in the structures of his back by bringing them more under voluntary control, and enable him to use them in sitting down and rising up without pain; but its effects would not be confined to them by any means, but extend all over his body. And opium in this way will furnish better conditions for repair than is supplied by any other known means. The very hot water will diminish his liability to sick stomach following the sudden check to motion produced or brought about by the hypodermic introduction of the solution of morphia. As my patient proposes to attend to business to-day this precautionary measure of free heat and water was all the more necessary to sustain physiological motion, and facilitate the elimination of effete matter by the kidneys, as the hot water would mostly escape these within three hours. In less than ten minutes after the hypodermic syringe had been used, he rose from his chair without assistance and could sit down and rise up again without pain. He was requested to take a bowl of bread and milk as hot as he could sip it by eleven o'clock.

Half-past 5 o'clock p.m.—Patient has attended business all day with considerable comfort. Had neither sick stomach nor giddiness; had his bowl of hot milk as requested; had a good dinner and feels ready for supper. His back still pains him sometimes, but he can sit down and rise up from his chair without assistance or much inconvenience.

I used hypodermic syringe again with 20 minims of solution of morphia, and he had a pint of boiling milk which he cooled in a tablespoon and swallowed, to prevent sick stomach or other disagreeable sequences of the hypodermic syringe.

As his bowels have not moved for a couple of days, and are not likely to do so while the necessity for the hypodermic syringe continues, he is to take a wine-glassful "solution saline sulphates" No. 1 :—

Magnesia sulph., ʒiv.;
Potassa sulph., ʒj.;
Soda sulph., ʒjs.;
Ferri sulph., ʒiij.;
Boiling water, ℥xv.
Dissolve salts, add elixir vitrol, ʒijs. Filter.

6th July, half-past 8 o'clock, a.m.—Patient did not take the saline solution last night; could not get hot water at bed time. Had a good night's sleep; has had breakfast, and feels so much better that any further use of the hypodermic syringe is not called for; no prescription this morning.

5 o'clock, p.m.—Patient still better; has hardly known he had a back to-day; eats well, and does not feel weary as he did yesterday evening. Requested him to take the saline solution to night, as his bowels have not moved yet.

7th July, 1872, 3 p.m.—Patient did not take saline solution until this forenoon. It acted promptly, without any unpleasant results. His salutation was—"Glad to see you, Doctor, but I have no need for your services today." I see my patient almost every day somewhere. He has not been sick since. I saw him in the saddle today (29th). Has had no return of either pain or stiffness in the back; looks well, and is always extremely busy.

(To be continued.)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 11TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

THE PRESIDENT addressed the meeting on taking the chair for the first time.

ON THREE CASES OF A PECULIAR FORM OF MOLLUSCUM FIBROSUM IN CHILDREN.

BY JOHN MURRAY, M.D.,

Assistant-Physician and Joint Lecturer on Pathology at the Middlesex Hospital, Assistant-Physician to the Hospital for Sick Children.

THE author communicated detailed particulars of the condition of the patients. All three cases occurred in the same family. The eldest, a girl, æt. 7, presented a variety of cutaneous growths on the face, ears, neck, fingers, and toes. Those on the face were of the nature of verruca plana; those on the ears of connective tissue and dermal hypertrophy; and, from their size and prominence on the margin of the helix, gave to the child a peculiar appearance. The affection on the neck assumed the form of crops of smooth warts, hard, pale, and with a glistening surface. The isolated cutaneous growths of the fingers were smooth warts, and few in number. The most remarkable phenomena, however, were the following: There were extensive connective-tissue growths, forming frequently distinct and circumscribed tumours, reaching to the size of an orange, on the face, scalp, trunk, and extremities; these growths were rapid in their increase, painless, deeply discoloured by extravasation of blood, and moderately soft and elastic. In bony situations there were occasional periosteal enlargements. The last phalanx of the fingers, with one exception, and several of the toes, were hypertrophied to from three to six times their natural size; the enlargement was due apparently to irregular connective-tissue increase and hypertrophy of the dermal structures. The nails were correspondingly increased, and marked by transverse furrows. The temperature, which occasionally became elevated for a few days, seemed to point to intermittent increase of the growths, for on one occasion at least the extensive formation of new growth over the back was coincident with a decided elevation of temperature lasting for some days. The tendency of the tumours on the scalp was to increase until ulceration of the skin and sloughing of the tumour ensued. The gums were greatly hypertrophied, covering up almost entirely the teeth; they were fungous and papillomatous in appearance, and grew rapidly again when cut away.

The disease was more or less symmetrical on both sides of the body. There was no glandular affection, and the viscera were healthy. The child was deaf, but very intelligent.

The other two children, æt. 4 and 2 respectively, presented the enlarged gums and slight cutaneous affection, and the elder child had only recently exhibited an enlargement of the end of one of the fingers. This child presented also certain peculiar mental and moral phenomena, and gave little promise of speaking well.

The disease in all three cases had commenced a few months after birth. The eldest child of the family, a boy, æt. 10, presented none of the symptoms found in the others. The parents were first cousins, but healthy. There was no evidence of syphilis or scrofula in them or in their history. The children's grandmother was stated to have died of consumption, but with this exception the members of the family were long-lived and remarkably healthy. There was no similar affection to that of the patients in the parents or any of their relations. The three affected children were born in a wretched and damp dwelling, and exposed to bad hygienic conditions most of their life. The eldest and unaffected child resided with the rest of the family, but was during the early part of his life not subjected to the same unfavourable hygienic conditions as the patients. The whole family had, however, for the past year lived in a good habitation and otherwise comfortably, still the disease advanced in all the affected children. Several of the subcutaneous tumours had been removed, and exhibited microscopic characters allied to fibroma, with cartilaginous-looking structure in parts. Dr. Murray considered that the disease should be placed in the group of molluscum fibrosum. The enlargement of the gums and ends of the fingers, the deafness, mental and moral symptoms present in one or more of the cases, the symmetrical character of the affection, and particularly the occurrence of three cases in one family, were remarkable and in many respects unique features in the disease. He considered that the bad hygienic condition in which the patients had been placed may have acted as an exciting cause of the affection, but he thought the predisposing, if not the sole factor, to be the blood-relationship existing between the parents.

REPORT OF A CASE OF "MOLLUSCUM FIBROSUM" OR "FIBROMA," WITH OBSERVATIONS.

BY GEORGE POLLOCK, F.R.C.S.,

Surgeon to St. George's Hospital.

A woman, æt. 33, was admitted into St. George's Hospital with tumours of the skin, such as are known as "molluscum fibrosum," or "fibroma," and consisting apparently of excessive hypertrophy of the connective tissue. The patient had been the subject of these growths from childhood, were small in their early condition, but had been slowly growing and increasing in number. The tumours occupy various positions; there are three large ones, and over one hundred smaller ones of various sizes, in different parts of the body; some as small as a split pea. One large one is attached to the back of the head, and is of the size of a small melon. Another occupies a space over the right shoulder, between it and the root of the neck. The most remarkable and the largest commences on the right side of the neck, by a pointed extremity, and is seen to extend below the umbilicus. Its attachment extends from the above point to the upper margin of the right mamma, and increases in breadth as it is traced from the neck to the breast. It consists of a long, thick, and broad pendulous flap of skin, about eighteen inches in length. Its anterior surface is thrown into several folds, which give it somewhat the appearance of coils of intestine. The general colour of the skin covering the larger tumours is darker than that of the rest of the body; its surface coarser and more rough, and pretty uniformly marked by obstructed orifices of sebaceous follicles. Sensation over the larger part of this large mass is impaired. A slight touch over the greater portion of the surface is not detected, but more severe handling is readily felt. In addition to these three large masses, various other tumours occupy the trunk; some solitary, some clustered; some with broad base, others pedunculated; one may be seen on the forehead almost flattened, while on the forearms are many suspicious spots of commencing future growths. One rather large on the front part of the neck was partially removed, but has since increased in size.

When admitted the patient was in a very low state of health, and the removal of the portion alluded to was followed by a good deal of suppuration; but her health being greatly improved since then, removal of a large portion of the largest growth was proposed, and was much wished by the patient.

A microscopic examination by Dr. Whipham of the portion removed, as also of a second small tumour which was snipped off, gave the following results. The tumours were entirely covered by layers of epidermis and rete mucosum, resembling in every respect that of healthy skin. Immediately beneath and closely connected with the rete was a layer of wavy, well-defined fibrous, mixed with a small amount of yellow elastic tissue, which in many places exceeded in thickness that of the epidermis and rete together. Proceeding inwards, the fibrous tissue which constituted its bulk became split up into separate wavy bands, varying considerably in thickness; and between these bands was an abundant growth of small, round, or oval cells, which were closely aggregated in large groups, or arranged in lines between delicate strips of fibrous tissue. In the central parts of the tumour, fibrous tissue, mixed with yellow elastic tissue, abounded; the fibrous tissue was less dense and more wavy, was split up into more distinct bands, separated from one another by wider interspaces, which interspaces were either empty or occupied by the cell-growth above mentioned. The tumour was well supplied by blood-vessels. In the larger piece sebaceous and sweat glands were present; occasionally, though rarely, a hair was found, always presenting a healthy appearance. The growth was due to excessive hypertrophy of the connective tissue, and partly to abundant cell-growth occupying interspaces between the bands of fibrous tissue.

Virchow has published an engraving of a remarkable case of this disease, which represents numerous small growths over the whole body, and one very large one, which hung over the hip, and weighed some thirty-seven pounds. A somewhat similar case is to be found in the catalogue of Guy's Hospital museum, illustrated by wax models of the tumours of the body; and in this case there was also a tumour at the back of the head, and one hanging down from the nates some sixteen pounds in weight. This man died over eighty years of age. Another remarkable case is recorded in the "Transactions" of the Pathological Society, vol. xvi., in which the growth of the tumour occurred from the neck, and hung down below the umbilicus, very similar to the case of Mr. N. Hughes. There was also a large secondary tumour attached to the back part of the head and neck.

Dr. J. C. Warren has also described a peculiar case of skin tumour in his work on tumours. The tumour resembled a coil of intestine, and occupied the right side of the neck. It was removed, but returned in the course of some eighteen months.

It is worthy of remark that there is, to a certain extent, a correspondence in the position of the tumours in the cases alluded to. The trunk is most frequently the seat of the larger number of tumours, while the upper and lower limbs are often free. Little is to be said with respect to treatment; and, though there is a prospect of a recurrence after operation, it is proposed to remove the larger portion of the anterior flap, as the patient is anxious to be released of the inconvenience she suffers from it.

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DUBLIN PATHOLOGICAL SOCIETY.

At the meeting on March 22nd, Dr. Kidd, President, in the Chair.

Dr. Tyrell said he was indebted to Dr. Hayes for the specimen which he desired to bring under the notice of the Society. It was taken from a girl who, six weeks ago was in the enjoyment of the most perfect health, and had no ailment whatever. About the time referred to, she complained of slight pain in her left ankle. She saw a distinguished surgeon of this city, and he prescribed some local application, but the result was not satisfactory. She then went under the care of a general practitioner, and remained under treatment for a fortnight. From that period the limb did not appear to have got better, so she came to the Mater Misericordiæ Hospital, and was admitted to that institution under the care of Dr. Hayes. She then appeared to be suffering from cellulitis, and complained of extensive pain in the limb, which was very much swelled and presented an intense bright shining appearance. The cellular inflammation was produced by profuse periostitis. Several deep incisions were made in the leg, and the very remarkable fact which was borne out by Mr. Holmes, in his article on that disease, resulted, that no pus exuded from the incisions at first, but after a time it came, and in three or four days more pus exuded. Matters, however, went on from bad to worse, though she rallied from the pyæmic symptoms. The periosteum was detached from the entire bone. From the end of the tibia to the upper extremity, the knee-joint was perfectly safe, but the ankle-joint was not so. The cartilaginous surface of the fibula was in a state of necrosis. Amputation was decided upon, and the incisions were so planned, that the operation might be performed at the upper third of the leg or the knee-joint. After commencing the operation, Mr. Hayes found it necessary to prolong the incision upwards, and he removed the limb at the knee-joint. The disease was very peculiar, it ran its course in a remarkably quick space of time, and was attended with the most disastrous consequences, unless it be taken in time and treated with very great determination. Sir Philip Crampton had said of it—"There is no disease in which art can do so much and nature so little." It went on for three weeks, and the parts were dead when the girl came to hospital. He thought the case proved that when the inflammation showed that the disease had attacked the periosteum deep incisions should be made, because general treatment was of no avail. Cases of that description were confined to the young. In these cases of periostitis, it was found that the disease was almost exclusively confined to the long bones, although not always so. In conclusion, Dr. Tyrrell thought the specimen was one of considerable interest to the Society.

Dr. Wilson exhibited the right eye-ball of a man, æt. [illegible] years, who had stated that in early life he had lost the sight of the eye, but that it remained quiescent and did not give him any trouble until last winter. He had then started on a voyage to this country from South America. He had received a blow in the blind eye which resulted in great pain, in fact the pain was so agonising, that he could not do his duty, and was for six weeks confined to the cabin of the ship. He arrived home at the end of January, and he had been under treatment from that time until the beginning of the present month. He then came under his (Dr. Wilson's), observation, the eye then being exceedingly painful, the other eye sympathising. On removing the eye-ball he found that the retina was merely a thread by which he could hold the eye-ball up. It came forward from the optic nerve entrance to the ora serrata, and he came to the conclusion that the affection of the other eye was sympathetic ophthalmic gangrene. The peculiar feature of the case was the absence of pigment in the choroid. It was exceedingly thin, and composed of cellular tissue. The ciliary muscle of the eye was very much thickened, and there had been a constant drag upon it, and adhesion of the iris to the cornea. He had another specimen which was taken from a girl, æt. 16, who had been born with a blind eye, the other eye being in perfect preservation and never causing her any inconvenience. In May last the blind eye became painful, and the pain continued, and occasionally went into the sound eye. Latterly she had been quite unable to bear the light, and unable to read or go about. She was confined to a dark room and suffered intense agony in the healthy as well as the diseased eye. Under these circumstances, she was sent up from the country and placed under his (Dr. Wilson's) care, and he at once proceeded to enucleate the diseased eye, and the specimen he presented to the Society was one of micro-ophthalmos. The specimen was about half the size usually seen; the cornea was somewhat opaque—not so opaque as the specimen then was—during life. The iris appeared to be adherent in two places. He removed it, and in four days the girl was perfectly well. On opening it he found the choroid in certain places detached from the retina and in other places, with the exception of one, very easily detachable. There was one quarter of the section which had been turned into bone. It was no uncommon thing for the choroid to be turned partly or wholly into bone. On opening from the choroid he came upon the retina which was perfectly white and devoid of all vessels so far as he had traced it, and devoid also of the vessels which were characteristic of the fœtal retina. Inside the retina there was a soft white body which, he believed, represented the vitreous humour, but very largely degenerated. He had never seen a specimen of that kind before, and he regretted to say that he had not yet had time to examine it minutely. The crystalline lens was quite opaque, its position was the usual one in front of the structure which possibly was a representation of the vitreous humour. The iris was quite perfect, as was also the ciliary muscle. The lens was somewhat different in its shape to what it should be. It appeared to have degenerated into bony structure, but the latter did not extend completely to the ora serrata. The interest in the case consisted of the bony formation in the eye, and the curious and degenerated thickened condition of the retina. The latter was exceedingly thin as a rule, but in the specimen before them it was very thick. He presumed that the eye was affected from about the sixth or seventh month of pregnancy. Ulceration of the cornea then set in, and in the corneal tissues there was an immediate arrest of development of all the structures and growth of the entire eye-ball, and the child was blind when it was born. They were aware that that often took place in utero.

Dr. FOOTE exhibited two cases illustrating consequences of over-strain of the heart.

DIPHTHERITIC GANGRENE OF PULMONARY VOMICÆ.

Dr. YEO showed the lungs of a man, æt. 28, who had had phthisical symptoms for about two months, and after a fit of drinking he was attacked with all the signs and symptoms of gangrene of the lung, of which he died in a few days. The left lung was congested posteriorly, and had a few small, clear tubercles in the apex, but was otherwise healthy. The lower lobe of the right lung was engorged; the middle lobe contained some miliary tubercles; the superior lobe was in a state of grey hepatisation, and was excavated by numerous anfractuous cavities, which were filled with thin, blackish, stinking fluid. The walls of these cavities were here and there studded with tough, elevated, whitish patches, the rest of their surface being friable and jagged, and of a dirty greyish-black colour. The mucous membrane of the air passages leading to this lobe was dark brownish grey in colour. The white patches had all the microscopical characters of a diphtheritic membrane. Dr. Yeo considered that a process of gangrenous diphtheria, analogous to what is commonly called hospital gangrene, had been set up in pre-existing cavities, and death had been caused by the effect of the diphtheritic poison on the system generally, and not by the destruction of the pulmonary tissue.

Dr. NIXON exhibited the heart and lungs of a boy, æt. 19, admitted under his care into the Misericordiæ Hospital a fortnight since. He was suffering from aggravated emphysema, and consequent embarrassment of the circulation. His lips were quite bluish in colour, his extremities were cold, and he had to be propped up in bed. An impulse beat of his heart could be felt in the epigastrium; the cardiac sounds were normal, and unaccompanied by murmur. About a week ago, however, the first sound was replaced by a loud bellows murmur, audible only about the region of the apex. As you listened to it the character of the murmur changed; its cadence rose and fell, and sometimes it entirely disappeared. He could not say that it was altered by position; it was a distinct mitral regurgitant murmur. The boy did not improve under treatment; he could not be induced to take either medicine or stimulant; the legs became œdematous, the abdomen ascitic, and he died about six o'clock that morning. The lungs presented a very good example of vesicular emphysema. The upper lobe of the right lung was covered by a thickened pleural membrane. In this lobe the emphysematous condition had become in parts interlobular. The heart had the square form characteristic of an enlarged right ventricle. It weighed 12 ozs. There was no distinct apex. On its surface could be seen the mottled condition due to sub-pericardial fatty disintegration. The right ventricle was greatly dilated and somewhat hypertrophied. The pulmonary artery was dilated, and at its root showed minute patches of atheromatous deposition. The muscular fibres of the right ventricle presented numerous foci of fatty degeneration, visible through the endocardium, and especially marked on the long and short columns of King. There was the same mottled appearance in the interior of the ventricle as that observed on the surface of the heart, but it was much more distinctly seen in the former. This condition might be explained by the over-distention of the ventricle, resulting from the chronically diseased condition of the lungs. The left ventricle appeared normal in size; in only one spot did it present the appearance found in the right ventricle, but the muscular fibres showed, on microscopic examination, evidences of fatty degeneration. The segments of the mitral valve were normal in appearance, and perfectly competent to close the normal auriculo-ventricular orifice. The point of interest in the case was the existence of a mitral regurgitant murmur, independent of any organic disease of the mitral valve. An occurrence, the possibility of which, whilst admitted by Drs. Stokes and Walsh, was looked upon by those authors as extremely rare.

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EPIDEMIOLOGICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 12TH.

A PAPER was read by Dr. SMART, C.B., Royal Navy, on

CHOLERA IN INSULAR POSITIONS.

After some observations on the limits of the three grand pandemics, and on the generally recognised modes of extension in them, Dr. Smart sketched the geographical distribution of the various groups of islands in which cholera has at any time appeared, stating what had been the reputed source of infection on each occasion, and the leading features of each epidemic. The phenomena of *endemicity* are those of causation and re-vitalisation of the disease, while those known as *epidemic* relate to its progress. In hot climates it has been found that the homes of marsh fevers and dysentery are the cradles of cholera. Yet, although thus related in their first beds, they must have had entirely different essential causes to account for their very different phenomena. Attention was next drawn to the correlations of cholera in its epidemic progress with other epidemic diseases, such as typhus, typhoid, and yellow fevers, small-pox, and influenza. There are many positive instances of direct infection of islands by boats or ships; and although this has been denied at times, yet great allowance must be made for the uncertainty of the commerce carried on by boats which are generally exempt from quarantine in archipelagos or groups, as well as for the non-observance of restriction on ships from distant parts where cholera prevails, with, perhaps, diarrhœa among their crews. As cholera in its spasmodic form was carried in H.M. Ship "Apollo," in 1849, from Cork to near the coast of Brazil, a distance of 4,500 miles, and fifty-five days at sea, it follows that cholera in its diarrhœal form, which lasts after the spasmodic type has ceased, may be conveyed by ships to a greater distance than that. In tropical islands the season of the year—wet or dry—has great effect on the intensity of the causation of cholera. This is very observable in the West India Islands where the dry and generally healthy season is that in which the epidemics of cholera have attained their climax, while the hot wet season is that for the growth of the endemo-epidemic yellow fever. The same relationship is traceable in the epidemics of Mauritius and Malta. If the capability of ships or boats to convey the disease into islands be accepted, it follows that in them restrictive measures are to be relied on for the exclusion of the disease. Dr. Smart expressed his opinion that the views of the International Sanitary Congress of 1860 are correct in the main, and that they may be carried out effectually in small islands, and with success if the specific nature of concomitant diarrhœa be observed as an indication for action. The ocean track is that by which cholera is conveyed with tenfold rapidity by comparison with overland routes, and quarantine of ships is, of all things, the most efficacious for opposing the onward march of cholera. The commerce of England admits of no rigid quarantine, and she confides in hygienic and general sanitary measures for the mitigation of cholera when it has obtained its footing in her ports; and in carrying out such measures our health-officers may find much beneficial guidance as to the periods when they are likely to be most effective, by observing the meteorological phenomena which are found to co-exist in the growth and climax of epidemics.

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MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

At the meeting of this Society, on Wednesday, March, 12th 1873, Dr. Fitzpatrick in the Chair,

Dr. McClintock read a paper on the

SEMEIOLOGY OF INTEMPERANCE.

In the course of his observations he said that the chief object of this communication was to give a brief description of the symptoms and functional disturbances which may result from intemperance, a knowledge of which symptoms will assist the practitioner in the detection of the vice, and so enable him to guard against errors of diagnosis and treatment. He showed that the proper interpretation of these symptoms, and the power of discriminating them from the effects of purely idiopathic disease, is always a matter of high importance, though often attended with great or insurmountable difficulty. The author touched upon different questions of much interest in connexion with the subject of alcoholism. He thought that the increased prevalence of excess in the use of fermented liquors was partly due to the intense intellectual competition of the present day, in every profession, trade and pursuit. At the same time he felt that the stimulating treatment of diseases, though fulfilling an important therapeutic indication, may in some instances have engendered an appetite or taste for alcoholic stimuli. The declaration of inebriates themselves on this point, however, was not entitled to any value, as they are notoriously untruthful, and are always glad to throw the blame of their vicious appetite on the physician or surgeon. He alluded to the "Medical Declaration respecting Alcohol," which was put forward a twelvemonth ago, and was signed by very many members of the profession; but he (Dr. McClintock) had refused to subscribe his name to it, on account of the opening sentence, viz., "As it is believed that the inconsiderate prescription of large quantities of alcoholic liquids by Medical men for their patients has given rise, in many instances, to the formation of intemperate habits," but, that if this were omitted, he would have signed the document. Most of the works on alcoholism were taken up with the description of the derangements produced in the cerebro-spinal system by intemperance; but he thought that for the detection of this state, it was equally important to know the derangements which intemperance gives rise to in the organic system. He briefly reviewed the various effects which may be induced by slow alcoholic poisoning, in the breath, stomach, bowels, skin, muscles, nervous system, &c., &c., with a view to show their relative semeiological value in the detection of intemperance. Dr. McClintock then referred at considerable length to cases of intemperance which had come under his notice, and which he regretted to say were very prevalent among ladies of the upper and middle classes, and concluded an able and interesting paper.

The Chairman said the paper read by Dr. McClintock was one of the most important and valuable papers which had been read before the Society for a very long period. It dealt with a subject that dwelt in obscurity, and the more information they had upon it, and the more they were familiar with chronic alcoholism, the more likely were they in the practice of their profession to obtain satisfactory results. He hoped the discussion would be confined to the question of the organic origin of the propensity, because if they entered on the question of the nervous influence it would occupy two or three nights before the debate could be concluded. He had had some experience in the use of intoxicating liquors from being connected with a lunatic asylum, and he could bear out what Dr. McClintock had said as to these being cases which were of organic origin, and which appeared to have led to this miserable and degraded vice. He could not see, as far as his experience went, that it was confined to any particular class of females, so far as regarded married or unmarried. It would appear that when the functions of the uterus did not get proper play there was then a disposition for the reception of stimulants, and those cases presented the greatest difficulty in being relieved. He had had one case in which the patient exhibited the very worst possible form of addiction to that vice. She, however, became reformed, and now for four years had been perfectly well, and had never returned to her former vice. Therefore, he hoped they would consider that as one favourable example in connection with those cases which had been looked upon as incurable.

Dr. Eustace said that though he had not the honour of being a member of that Society, he desired to obtain permission to make a few observations. (Hear, hear.) He did not think he had ever listened to a paper with more interest than he had listened to that read by Dr. McClintock. There was one feature of the question which he would rather have expected Dr. McClintock to turn his attention to, and he trusted he would on some future occasion—with regard to the hereditary transmission of the disease—a question which he thought would have come specially within his (Dr. McClintock's) province. After referring to cases of the immoderate use of stimulants which had come under his own observation, he concluded by observing that it would be well if Dr. McClintock would bring under the notice of the Society the hereditary proposition.

Dr. H. Kennedy remarked that it always appeared to him that there was something in the individual himself that would lead to drunkenness, as persons equally disposed frequently would not follow in the same direction, so far as drinking was concerned. He contended that the stimulants used in hospital practice were not a means of fostering intemperance, and with respect to the hereditary case, he said a drunken father might often communicate the vicious habit to his son. The physical signs which Dr. McClintock had alluded to were of the utmost importance, and he regretted that there were not more members present to hear so useful a paper.

Dr. Nixon wished to ask whether Dr. McClintock would regard as another symptom of the disease, the peculiar œdematous condition of the face and conjunctiva, not only the blanched colour of the face, but the flabby condition of the muscles of repression which were so often met with in the debauchee?

After some further discussion,

Dr. McClintock said he desired to keep himself within one channel, otherwise the subject could be easily extended to an unfair length. With regard to the question of drunkards being reclaimed he only knew of one solitary instance in his experience of a lady being reclaimed. With regard to the subject of hereditariness that was a question which had engaged a great deal of attention, and it seemed to be generally admitted that if they looked into the history of persons who were drunkards they would find that the same propensity had shown itself in some of their ancestors. In answer to Dr. Nixon's question, he had to say that the appearances to which Dr. Nixon referred were more usually met with in the cases of confirmed drunkards, when the alcoholic cachexia had come on. No doubt it was a very striking feature in an alcoholic case. He (Dr. McClintock) did not touch on the question of treatment, because it was outside the limit to which he intended to confine himself, but he would express what his own conviction was, and it was that he considered it a great mistake to be stopping it little by little. He believed no injury would follow if they perpetually and entirely withheld it. In conclusion, Dr McClintock thanked the meeting for the patience with which they had listened to him.

The meeting then adjourned.

Dr. Barnes will lecture at the Royal College of Physicians, London, and on Wednesday and Friday at Five o'Clock in the following week on "The Convulsive Diseases of Women."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 26, 1873.

THE MEDICAL COUNCIL.

AGAIN we are on the eve of a meeting of the General Medical Council, and this time we are assured that some decisive step will be taken respecting the formation of Conjoint Boards for the examination of aspirants to Medical practice. We do not profess to be on the "tip-toe of expectation." Indeed, we feel that there is little to hope for from the Council which has managed year by year to spend precious time in useless conversation varied with occasional personalities, has contrived to agree upon several recommendations, but has allowed its wishes to be systematically set at nought by the Corporations it was established to control.

Practically, we are almost as far as ever from the great reforms that were to be the fruit of the Council's labours, and it is undeniable that some members of the Council, although eminent representatives of the Profession in one sense, have no wishes in common with the great majority of practitioners. Corporate interests are never forgotten in the Council, and few sallies are more lively than what may be called the corporate personalities that enliven the dulness that pervades the Council's debates. But only now and then does a voice make itself heard on behalf of the toiling practitioners who have paid their registration fees and then been handed over to the condition in which they were before. The Medical Act of 1858 saddled them with the experse of the Council. The mention of the date seems to call for an explanation. What has been done since 1858? Really it would be difficult to parallell the want of result. If the object of the legislature had been to show by an example how not to do it, assuredly the plan hit upon would have deserved the highest praise for its ingenuity and success. For a time the clamour for Medical reform was hushed, the Medical papers were filled with discussions reported at enormous length, and a few fancied that a real Medical Parliament was in full operation, or at least that our Profession had become as self-ruled and self-controlled as that of the law. Vain delusion! What with the squabbles of the Corporations for vested interests, the heterogeneous composition of the Council and its reluctance to make its power felt, its discussions became duller and duller, and the interest in them languished until it is difficult to excite the least expectation about them.

We began to cry out for a real representative Council, and to curtail our reports of the proceedings, in both of which actions we have been followed by our contemporaries. Still, the meetings continue every year, and it is our duty to tell our readers what is done—a duty usually very easily performed. As already stated, we are on the eve of another meeting, but have no more hope than has encouraged us for years.

It is true that some schemes—more or less mature—for Conjoint Boards are to be brought forward for approval, or at least will be talked about; but they are so imperfect and unsatisfactory that the Profession is indifferent. What matters it how many examiners in each subject are to be appointed? Who cares whether four, six, or eight—numbers to be found in the Report of the Committee of Reference—take a subject? Two are sufficient for the purpose as shown by the practice of the University of London in examinations to which hundreds go up at a time. The additional ones are to reconcile the opposing corporate interests, and it is not worth while to object to a few posts of the kind being made to take the place of those that already exist. This point, perhaps the most important of those raised by the Committee of Reference—being so indifferent to the Profession we deem it useless to report the others, especially as it would not surprise us if the meeting of 1873 were to prove as barren as its predecessors. Should, however, this be the case it is to be hoped that the Profession will at length awake and call unanimously for the deposition of the Council, which will have failed in a period of fourteen years to accomplish the first object for which it was created.

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BRITISH MEDICAL PRIORITY.

UNABASHED by the exposures that have been made of its claims, the organ of the British Medical Association continues from time to time to put forth palpably false pretensions to priority. Only the other week it claimed to be the first to direct attention to the question of the comparative safety of ether to chloroform, completely ignoring that we and other journalists had often spoken of American opinion on the matter, but not forgetting to introduce an impudent sneer at the MEDICAL PRESS for using the same facts that it had employed. The cases of death were known to all, and our contemporary had no exclusive information respecting them, but derived its acquaintance with them from the usual sources.

Last year it will be remembered that the *Lancet* felt called upon to expose the organ of the Association for palming off as its own leader an article that had appeared long previously in an American contemporary. Still, the immaculate organ pretends to priority with the same unblushing audacity. A few weeks ago it forwarded slips to the dailies of a piece of news taken verbatim from our columns. This was a small affair for an organ that prigs leaders and then raves about priority.

In the hope that for the future it will cease the recriminations that disgrace the Association, we quote an article from its leading columns of last Saturday, together with its source—once more American. After this let the organ practise and not prate.

> ON THE "POINTED EAR" IN HUMAN SPECIES.—In *Virchow's Archiv.*, B. LIII., Th. IV., Professor L. Meyer, of Göttingen, criticises the assumption that the pointed ear in man is a relic of a lower species. Readers may remember that in Darwin's book on the "Descent of Man" there is a paragraph, illustrated by a woodcut, in which he asserts that certain processes which occasionally occur in the ears of men, are of a similar nature to the points in the ears of apes. These pointed processes are situated on the anterior margin of the helix, near its upper part. The author of the present paper points out, however, that in most human ears there are irregularities in the development of the helix, especially at this part. In some cases the helix is almost entirely wanting, in some there are greater or smaller gaps in it, and what Darwin looks on as points of processes, are really produced not by an outgrowth from the helix, but by gaps existing on each side of the apparent process. A case is given where the helix was absent, but at intervals there were small knobs, three in number, which were all that represented the rudimentary helix. It is, therefore, concluded that Darwin's pointed ear is no indication of a return to the ape-like form. —*Butler's Compend.*, Jan., 1873.

> ON THE POINTED EAR IN MAN.—Professor L. Meyer, of Göttingen, criticises the assumption that the pointed ear in man is a relic of a lower species. In Darwin's book on the "Descent of Man" there is a paragraph, illustrated by a woodcut, in which he asserts that certain processes which occasionally occur in the ears of men, are of a similar nature to the points in the ears of apes. These pointed processes are situated on the anterior margin of the helix, near its upper part. The author of the present paper points out, however, that in most human ears there are irregularities in the development of the helix, especially at this part. In some cases the helix is almost entirely wanting, in some there are greater or smaller gaps in it; and what Darwin looks on as points of processes, are really produced not by an outgrowth from the helix, but by gaps existing on each side of the apparent process.' A case is given where the helix was absent, but at intervals there were small knobs, three in number, which were all that represented the rudimentary helix. It is, therefore, concluded that Darwin's pointed ear is no indication of a return to the ape-like form. —*British Medical Journal*, March 22, 1873.

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THE IRISH COLLEGE OF SURGEONS IN THE MEDICAL COUNCIL.

THE events of the week, which commences to-day, may be productive of very important results as regards the frequently mooted question of Medical Education, for, to-day, the General Medical Council will meet to receive and discuss, for the first time, the schemes for self-reform which have been prepared at their instance by the Licensing Bodies of England and Ireland. It being borne in mind that the prejudices and interests of Licensing Bodies are usually at wide variance, and that an active competition between them has existed for many decades, it is hardly to be expected that a practicable and justly-balanced scheme should be the outcome of a first effort at unification, the basis of which must necessarily be mutual concession.

So far, therefore, from the imperfections of the Irish or English projects for Conjoint Examination being looked upon as discouraging, we hold that, under all the circumstances, the effort made by the Licensing Bodies of these divisions of the Kingdom, has been a successful one, and the administrators of those bodies deserve all credit for the readiness with which they have laid aside the jealousies of competition, and their interest in vested abuses, and applied themselves to the reform of the existing Medico-Educational System.

We refer to this subject more at length in another part of our issue, and revert to it here only for the purpose of reminding the Profession and the Medical Council of the anomalous position in which one of the parties most intensely interested in the Irish Compact is placed by the absence of an efficient voice in the debates which will ensue in the Medical Council.

We have already devoted ourselves so fully to making the relations of Mr. Hargrave and the Irish College of Surgeons known to the Fellows and to the Medical Council that it is unnecessary to do more than refer briefly to the position which that gentleman will occupy to-day in the Medical Council.

Admittedly incapable of discharging the least exacting duties of the public practice of his Profession, Mr. Hargrave found himself compelled to retire from the attempt to discharge the duties of Lecturer or Hospital Surgeon, yet though, apparently self-conscious of his hopeless incapacity for such duties, he has continued to force himself upon the College which he cannot hope to efficiently represent, and has thus excluded that body from the enunciation of its opinion in the Medical Council, and from the exercise of its legitimate influence in the determination of the questions which have to be settled therein.

The attitude which Mr. Hargrave has maintained towards the Council of the College—the absence of respect for his long connection with the College, and for his office which has permitted him to disregard alike hints, entreaties, and remonstrances, and to usurp a position which he has long since ceased to occupy by any moral authority—these are all so many evidences of his unconsciousness of his duty to himself and his College, and, therefore, of his unfitness to speak a word on its behalf.

It is necessary, therefore, that on the eve of its deliberation the Medical Council should be reminded that the *soi-disant* representative of the Irish College of Surgeons takes his seat at their board unauthorised and discredited by the Council of the College which he presumes to represent, and which he insults by his appearance there. Whatever opinion may be expressed or vote given by him can carry no more weight than that due to the personal feeling of Mr. Hargrave, so far as he can be supposed to understand the subject on which he speaks or votes, and to whatever conclusion may be ultimately arrived at, the Royal College of Surgeons in Ireland will be—in a moral sense—no party.

HOMŒOPATHIC PROSELYTISING.

THE *Homœopathic Review* devotes, we observe, the place of honour in its columns to a lament over the unattractiveness of homœopathic practice, and an appeal to its readers to unite in seducing, if possible, the rising generation of the Medical Profession. The *Review* yearns for the day "when Medical consultations [i.e., of homœopathic with physicians] *having reference to treatment* will be both possible and profitable," and it credits Dr. Sydney Ringer and the *Practitioner* with amorous coquetting in this direction. But, alas ! it appears that after the lapse of so much time and so much boasting, homœopathy does not advance, and the *Review* obligingly puts that fact beyond dispute by the following statement :—

> "Of the towns in England above 10,000 and below 20,000 population at the last census, 45 possessed no qualified representative of homœopathy at all, and twelve other towns had only one each ; of the towns between 20,000 and 50,000 population, no less than 38 had no resident homœopathist—14 of them had only 1 each, and 5 others only 2 each ; of the towns between 50,000 and 100,000 population, 9 had no homœopathic physician, 7 had only 1 each, and 6 others had only 2 each ; while there were and are actually 4 towns above the 100,000 limit in which no homœopathist has settled."

Even with such a "beggarly account of empty benches" as this the *Review* is not desperate. It hopes that the blandishments of homœopaths may attract those disciples and professors who have not responded to the popular demand, and it adjures its readers with much fervour to put in force all their wiles and whisper all their persuasiveness into the ear of the Medical student and his unsuspicious parent. The *Review* says—

> "There must be many of our number who know one or more now engaged in passing through their Medical courses ; and it is just these very men whom we can most successfully influence. We shall often also have the opportunity to recommend our calling as both honourable and lucrative to those of our clients who may be seeking professions for their sons, and it would be our highest duty to do so for the sake of our cause. . . . Neither can we feel satisfied that our hospitals and dispensaries do at all what they might do in the way of influencing third and fourth years' students. What has London done in this matter with its hospital of sixty beds ? What has Birmingham, with its well-tried staff and influential committee ? What have the Liverpool dispensaries, which admit their 10,000 or 12,000 cases a-year ? It is not from these places that our recruits have come or are coming. . . . The local influence of these institutions on the members of the Profession and on the students in our metropolitan and provincial schools is practically *nil*."

The exordium of the *Review* winds up with an appeal to the supporters of homœopathy, "both lay and professional, to swell *the annual dozen or so of homœopathic converts* into a full stream of enthusiastic proselytes." A pitiful and humiliating confession truly ! Like the prophets of Baal before the prophet Elijah, the professors of homœopathy have "cried aloud from morning even until the time of evening sacrifice, and there is neither voice nor any answer nor any that regarded." Let them by all means organise their joint and several onslaught on parents and students, and we shall see whether the eloquence of scientific investigation will give way before the visionary theories of Hannemahnism. "If Baal be God then follow him."

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Notes on Current Topics.

Treatment of Erysipelas by Collodion.

Mr. Bourdon (*L'Union Médicale*) relates a number of cases of erysipelas of the face which confirm the idea that it is contagious ; lately, a young girl was admitted to his ward attacked by this affection, in two or three days another patient opposite to her and suffering from metritis was similarly attacked ; the day following, another woman in an adjoining bed suffering from bronchitis, and directly after a phthisical patient a few beds off was also attacked. The fact of contagion being the cause in these special cases was proved by the non-existence of the affection in any of the adjoining wards on the same floor.

The treatment adopted was most successful, and consisted in applying to the healthy surfaces coatings of collodion mixed with castor-oil, "Recinated Collodion," in no case did the disease transgress the boundary drawn by the collodion.

The same method of treatment succeeded admirably with another case in the male who was recently affected with erysipelas of the nose and cheek. The part was surrounded with a double coating of the collodion, which shortly formed by its contraction a well-marked depression around the affected parts ; the aspect was indeed very characteristic. It is to be noticed that the pulse remained high (116), and the skin very hot, although the local affection became so limited, which led to the supposition that the local treatment was the main agent in preventing the further extension of the disease. The collodion coating should not be made over the affected part, but around it, so that extension can be directly restrained by the circumscription.

Surgical Instruments at the International Exhibition, 1873.

The following members of the Committee were present at a meeting last week : Mr. Cæsar H. Hawkins, F.R.S., in the Chair ; Mr. W. White Cooper, F.R.C.S. ; Dr. H. J. Domville, C.B. ; Dr. Arthur Farre, F.R.S. ; Dr. G. T. Gream ; Mr. J. Hilton, F.R.S. ; Mr. J. Hinton, F.R.C.S. ; Mr. R. Liebreich ; Mr. J. Luke, F.R.S. ; Dr. A. E. Mackay ; Mr. J. Marshall, F.R.S. ; Dr. W. S. Playfair ; Mr. E. Saunders, and Mr. E. Sercombe. The Committee examined the instruments which had already arrived and accepted the majority of those submitted for approval. They formed sub-committees for the purpose of examining the different classes of the instruments and appliances, and agreed that they should meet weekly until the exhibition should open. It is therefore hoped that all the arrangements will be completed before the 8th of April, so that a clear week for private views and the visits of reporters may be allowed before Easter Monday, when the collection will be thrown open to the public.

Zymotic Disease.

A parliamentary return just issued gives some interesting figures showing the fatality of the various zymotic diseases in the three kingdoms during recent years. In 1866 and the four following years the gross number of deaths registered in England and Wales was respectively as follows : 500,689, 471,075, 480,622, 494,828 and 515,329. In the five years the number of deaths from the various diseases enumerated was as follows :—Small-pox, 11,779 ; measles, 47,010 ; scarlet fever, 116,081 (the mortality in 1866 was 11,685, and in 1870, 32,543) ; diphtheria, 13,918 ; whooping cough, 59,727 ; fever, 93,930 ; cholera, 18,565 ; diarrhœa, 112,056. "All other zymotic diseases" killed on an average 18,000 persons every year. In Ireland there were less than 200 deaths from small-pox in the five years, but there was a heavy mortality from scarlet and other forms of fever, whooping-cough and diarrhœa. There has been a steady decrease in the mortality from zymotic diseases in Ireland during the period comprised in the return. In Scotland, on the contrary, the mortality has increased since 1869. In 1870 the gross number of deaths registered in Scotland was 74,165, of which no fewer than 15,181 were attributed to zymotic diseases.

The Detection of Phosphorus.

Dr. Poulet mentions a novel method of detecting poisoning by phosphorus, he says phosphorus when absorbed by the digestive tract is voided by the urine in the state of hypo-phosphoric acid. The presence of this in the urine is easily determined by calcination, preceded by the action of nitric acid, as then approaches dessication, suddenly a remarkable change takes place, and the mixture takes fire like the ordinary lucifer matches. As chronic poisoning by phosphoric acid resembles some spontaneous maladies, for instance, gastritis, degeneration of the liver—and as so easy a test is applicable, the method is to be borne in mind.

Ovariotomy in a Child of Six years and Eight Months.

A remarkable case is reported in the continental journals: The child was born healthy, and in 1870 a tumour was first perceived in the abdomen; in May, 1871, it was as big as a child's head. An incision was made over the abdomen, the tumour was punctured and easily withdrawn; the pedicle was retained and tied at the inferior angle of the wound. The cyst enclosed besides a quantity of fluid, an irregular bony mass somewhat like a superior maxillary bone with depression resembling the alveoli, also hairs of a yellowish colour as those of the child were, and also a fatty mass. The sutures of the wound were removed on the ninth day, and on the eighteenth day the child had completely recovered.

Treatment of Chronic Disease of the Bladder by the Injection of Healthy Urine.

Dr. Clemens, of Frankfort, uses healthy urine containing the normal amount of uric acid, as an injection into the bladder in cases of catarrh. The organ should be first cleaned from any fœtid urine and washed out by the injection of tepid water, a healthy young subject is then got to pass urine into the syringe which has been previously warmed, and then it is injected into the diseased bladder. The best results are obtained where the urine of healthy boys and of adults is used on alternate occasions. In one instance a single injection of healthy urine sufficed to allay spasm, and in others the injection used twice or three times a day produced a most beneficial result.

Treatment of Tetanus by Section of the Nerve.

Dr. Marinelli gives cases of the successful use of this method of treatment. A boy, æt. 19, who lost his fourth and fifth toes by a crush from a locomotive, followed by inflammation and gangrenous aspect, some bony fragments caused extreme pain in motion, after these were extracted, the wound rather inclined to heal; the fifth toe was useless and caused great pain extending to the sciatic nerve. On the 9th, tetanic symptoms showed themselves, and if the wound were left exposed the contractions immediately became more intense. A little white nervous filament was at length found on the surface of the wound, and the least touch to this increased the spasm; it was excised, the pain ceased, and the muscles became relaxed.

Another case was more definite. A man received a gun-shot wound of the forearm, the grains scattered through the flesh; the wound bled on the ninth day, and a ligature was put on the main artery, this separated on the twelfth day. The tetanic symptoms showed themselves in eight days afterwards, commencing in the limb and extending to the trunk. The wound was opened up and a nervous filament exposed which had been injured by the powder. In three hours after, as the spasms continued, the nerve was excised, the condition of the patient was at once relieved, and in three days all the tetanic signs disappeared.

The recent Death from Chloroform in Dublin.

The solicitor, representing the next of kin of the patient who died lately under the administration of chloroform at Sir Patrick Dun's Hospital made application at the police-court for a summons against the doctor for the incautious use of chloroform. The summons was refused, and the solicitor intimated his intention of bringing the question forward in another way. *Apropos* of this subject, letters have lately appeared in the public papers by Dr. Quinlan, of the Catholic University, and Dr. Kidd, of London; amongst other discursive remarks, Dr. Kidd makes one which we are glad to see Dr. Quinlan has laid hold on, "as one of the most unwarrantable reflections upon a large and respected portion of the Irish Medical Profession that has ever appeared in any journal—viz., that scores of poor (*quære*, what is the inuendo "poor"?) patients die in the villages and country parts of Ireland of tetanus, hernia, convulsions, midwifery errors, &c., that would be saved by a few whiffs of chloroform." We must support Dr. Quinlan in this protest, which, except that we charitably must assume the writer is as ignorant of the working of the dispensary system in Ireland as of the relations of the educated Medical men who fill the office of dispensary surgeons and of the "poor" patient as any Londoner might be, who supposes poor Paddy and perhaps the dispensary doctor himself is clothed in skin, that he sends his horse out to graze for the winter while he himself luxuriates on potatoes and whiskey leaving the poor "to die for want of a whiff of chloroform," such a statement in print is outrageous, and Dr. Kidd "ought to know," as Dr. Quinlan remarks, "what might be the consequence of making that charge unless he could prove it against any individual one of these gentlemen." The *cacœthes scribendi.* We are not exigeant in requiring that such public statements ought to be confined within the limits of facts. Any quantity of oracular nonsense can be written on theoretical assumptions, or by enlarging on topics supported by arguments derived solely from the imagination. In the name of the Medical officers of Ireland we denounce sueh an accusation as wholly unfounded or supported by facts such as might give colour to such a monstrous proposition. Let the merits of ether and chloroform continue to be discussed and enquired into, but because chloroform is likely to be superseded by ether as a safer anæsthetic we must not leave the sober arguments and facts for the ærial fictions of imagination and assumption.

Want of Maternal Nursing as a Cause of Infantile Mortality.

HOWEVER *exigeant* the laws of society may be in the higher walks of life, the abandonment of infants to the care of hireling nurses seems inexcusable in any instance in which the mother can suckle her child without deterioration of her general health. Recent observations in France, where the habit of sending infants *en nourrice* is, we are glad to believe, more the rule than with us, bring to light some very grave results. Thus, it is found that in every 100 children nursed by their mothers 90 are reared successfully; whereas, in every 100 nursed by wet nurses, whether in the house with the mother or at the nurse's home, only 50 survive in the same space of time. Dr. Beclard, of Paris, has drawn attention to the system which gives such fatal results and thus moralizes:—

Perhaps, ladies, these facts may have some weight with you, for, notwithstanding what may be said *au contraire*, coquetry, the desire of pleasing,—the universal satisfaction of having one's beauty praised on all sides outweigh all considerations—now the gift of pleasing is woman's most powerful attraction, and Nature (I should rather say the Deity), has made the attributor of Nature woman's greatest adornment. Gorgeous dresses, beautiful silks, velvets, or ornaments on the head, neck, ear, or arms are worth nothing compared with the darling charms which it is fashionable to allow only to be seen in full dress (*decolletée*). Think of this ladies, the laws of Nature cannot be avoided, there is nothing useless in the human body, every part has its office; if you condemn any organ to disuse, it wastes; and if the one intended to nourish the infant be allowed to perish its beauty or form will not be handed down, and each succeeding female generation will only prove the faults of the preceding, whereas, it is the duty of mothers to hand down to their daughters the natural charms they received themselves.

The Georgian women are the most beautiful in the world, their figures are incomparable, yet any Georgian mother who does not suckle her child is dishonoured.

Are not doctors blameable who encourage such compromises with pleasure and fashion?

Cruelty to Animals in Italy.

A SOCIETY for the protection of animals has recently been established at Florence, the list of members comprising a great many distinguished names, Italian as well as foreign. Dr. Conradi, the secretary, in an interesting speech lately delivered before the members of the Society, indicated the various reasons which exist for treating animals humanely. He showed among other things that a contrary course is prejudicial to the health of man in the case of animals he uses as food; that excessive fatigue, fear, and rage, disturb the functions of beasts, and not only diminish the quantity of meat obtained from them, but alter its quality. In one of the wars that broke out in the first French empire, the typhus fever which broke out in the Austrian empire was considered to have been greatly stimulated by the flesh of oxen driven after the troops through severe forced marches.

But it is not only to short-horned cattle that cruelty is shown in Italy, in Rome, one of the Carnival sports consists in fastening small birds to oranges and bouquets and throwing them about, bullfinches, goldfinches, and linnets being those selected for this sport.

Analysis of Cobra Poison.

COBRA POISON has been recently tested as to its enduring action when taken from the snake and preserved. Some was kept in small bottles and then injected under the skin of various animals with fatal effects. It was also chemically analysed and gave as the result—carbon, 46; nitrogen, 13; oxygen, 6; sulphur, 25; the rest of hydrogen. This, as M. Dumas remarks, is exactly the composition of beer-yeast, and supports the idea that the cobra poison is of the nature of an animal ferment.

Co-operation in Surgical Appliances.

THE co-operative supply system is following the example of Æsop's well-known frog. Its last inflation is in the form of a Provident Surgical Appliance Association, which is to supply trusses, bandages, crutches, and artificial eyes *to members only* at low prices, and on divided payments. Surely, the necessity for poor Richard's good advice and provident aphorisms is past when housekeepers are expected to make longsighted provision, not for "a rainy day," but for "an incurable hernia," or a varicose vein.

Infant Opiates.

IT was recently stated in an American journal in dogmatic terms that Winslow's Soothing Syrup was little else than a solution of morphia, that it contained as much as a grain of the alkaloid to the ounce, and as such was necessarily very dangerous to children. The *Chemist and Druggist* having been addressed on the subject by the London agents of the maker instituted an analysis of the syrup. The tests used for the determination of the morphia were iodic acid and potassium iodohydrargyrate, the accuracy of which was previously tested on a solution coloured to resemble the syrup. With these tests and the iron test for meconic acid, the analyst found that he could detect with certainty one part of opium in 2,325 of solution. The result of the inquiry is, that no trace of opium was discoverable in the soothing syrup, and the opinion is arrived at that the sedative effect results from the oil of anise which is suspended in it.

Books for the Month.

FEBRUARY has produced an average crop of Medical publications, and some new editions of standard works which have already made their character. Of these latter, is the well-known work of Mr. Adams, of Dublin, on "Rheumatic Gout," the second issue of which appears with a handsome atlas of plates. Mr. William Adams, of London, also issues the second edition of his book, on "Club-Foot," and Dr. Drysdale, his on "Syphilis and Gonorrhœa," Mr. Wilson Fox, has achieved an enlarged third edition of his book on "Diseases of the Stomach," and Sir Henry Thompson's "Lectures on Urinary Diseases," Dr. Thorowgood's "Notes on Asthma," and Tomes's "Dental Surgery," complete the list of new editions.

Of new books one of the most noticeable is Dr. Gordon's lessons on "Hygiene and Surgery," from the Franco-Prussian War, which has already attained a high character in medico-military literature.

From Messrs. Churchill's establishment have been issued a book by Dr. Chapman on "Neuralgia and Kindred Diseases of the Nervous System," a "Course of Qualitative Analysis," by William George Valentin, and a "Hand-Book of Hygiene," by Mr. George Wilson. Messrs. Baillière, Tindall, and Cox, publish within the month in addition to Dr. Gordon's, and Dr. Drysdale's books, to which we have just alluded, a new work on "Suppressed Gout," by Dr. J. C. Dickinson, and Mr. St. George Mivart, issues through Macmillan's firm, a small book of lessons on "Elementary Anatomy."

From America the following publications are anounced: "Bartholow's Manual of Hypodermic Medication," second edition, "Delanford's Hand-Book of *Post-mortem* Examinations," "Garretson's System of Oral Surgery," a translation of "Guersant's Diseases of Children," "Loomis' Lessons in Physical Diagnosis," third edition, and a lecture by Dr. Storer on "Female Hygiene."

Last in our list, but not least interesting, we find a two-volume book entitled, "Doctors and Patients, or Anecdotes of the Medical World and Curiosities of Medicine," by the indefatigable Mr. John Timbs.

The Legal Status of Cod-liver Oil.

A WOMAN who made a handsome living by the sale of cod-liver oil in Paris has just been prosecuted, and her stock seized, for her infringement of the law in selling a "medicament" when not authorised.

In reply, she loudly declared that cod-liver oil was not a medicine but a food, just as salad oil or butter. The judges having smelt and tasted the article, agreed *nem. dis.* that it had neither the gusto nor aroma of a food, and accordingly condemned the prisoner, and, though a number of grocers subscribed money for the prosecution of an appeal, the sentence was affirmed.

Derbyshire Infirmary.

A FULL inquiry into the management of this charity has been undertaken in consequence of the alleged increase in the expenditure since the offices of lady superintendent and matron were combined. It is said that when the nursing and financial management was separate, the expense was less without any less efficiency. We hope the inquiry will be impartial and relate to systems rather than persons, though from the report in the *Derby Reporter*, the meeting seems to have been on the point of discussing the narrower question. Considering the important discussions that have taken place lately as to Medical charities, general attention is likely to be directed to the investigation at Derby.

We copy the following from the *Bonn Gazette*:—

"We hear that two of our fellow citizens, Messrs. Madden and A. E. Barker, who especially distinguished themselves by their care of our wounded soldiers, have received the war medal for 1870-'71."

Dr. Barker is the author of the very interesting communication on "Hospital Gangrene," which appeared in our last issue, and is continued in this day's MEDICAL PRESS.

THE Obstetrical Society of Berlin elected Dr. George H. Kidd, of Dublin, a corresponding member of their Society at their anniversary meeting held on the 13th of last month.

THE Westminster Hospital has lost a valuable member of its staff in the resignation of Mr. Barnard Holt, Senior Surgeon. Mr. Holt has been connected with the Hospital from his pupilage, and has established for himself a world-wide reputation as an operator. By the resignation Mr. Holthouse becomes senior surgeon.

EDUCATION OF MIDWIVES.

AT a recent meeting of the London Branch of the British Medical Association, Sir WILLIAM FERGUSSON in the Chair, this subject was brought forward.

Among the members present was Mrs. Garrett-Anderson, who made her first appearance at a meeting of the British Medical Association on this occasion.

The paper we have mentioned was read by Dr. AVELING, and entitled,

ON THE INSTRUCTION, EXAMINATION, AND REGULATION OF MIDWIVES.

The author observed that up to the eighteenth century midwives were licensed by the Bishops, and we ought to have in England and Wales 11,500 midwives, if we had as many in proportion as France has. The Obstetrical College of London aims too high. It teaches women, besides midwifery, the diseases of women, and to become ill-educated practitioners. With regard to the instruction of midwives, a labour conducted in an hospital, with all appliances, &c., is a very different one from those occurring at home in a poor house. Miss Nightingale had indeed proposed to erect a building for instructing midwives in an airy place, and to make instructions continue two years. If there are to be midwives, they should be properly educated. *The State should educate them.* Has the College of Surgeons the power to examine midwives? It appears probable that it has. Some of the ladies of the Obstetrical College had applied to be examined; and the question was now *sub judice* by the Council of the College of Surgeons. The licence should be surely given by a high authority. Midwives alone, of all classes, remain unprotected, and are in a worse position than before. He asked, "why should midwives be worse off now than in former centuries?" Anything would be better than the present neglect. The midwife's degree, to be useful, should be registrable; and the General Medical Council, in 1872, had proposed that an investigation should be made of the question how women might be educated and registered. It must, he submitted, be made illegal for anyone to call herself midwife without being educated. In Austria, women who practise midwifery are liable to a fine (if not registered) for the first offence, and to imprisonment for the third offence. Mr. Holland, he noticed, proposes that the Medical Council should be empowered to grant a license to practise midwifery for one year, after that midwives have passed a suitable examination. In Prussia, a midwife is not allowed to set up in any locality, unless she is permitted to do so by the State. These women in Prussia are every now and then examined by a State-officer, who visits them yearly. As the law stands now, England is quite careless of the health of many of its poorest women. The present position of midwives is a scandal and a disgrace to this country. Sixty per cent. of poor women in villages are attended by about 10,000, mostly uneducated women. In dealing with the question, we must either abolish the whole race of midwives or educate them. They have been trained in Russia, Germany, and France. Here a midwife may inflict torture on her patient; and yet we have a "Society for Prevention of Cruelty to Animals."

Sir W. FERGUSSON said the subject was one of national, nay, world-wide importance; and well worthy of discussion. This is a subject he would have to consider in other localities. There was no saying what may take place in sixty years hence with regard to the position of women in medical circles.

A vote of thanks was given to the author for his paper.

Dr. **Barnes** said this subject required a great deal of discussion. No less than 3,500 women are delivered by midwives yearly at the Royal Maternity Charity in the East of London. These midwives very often were the daughters of midwives, and from the useful services they performed, often supported their husbands. There *must* be midwives; no power on earth will prevent it. There are not enough men for the business of midwifery cases costing four or five shillings a head. The women must, therefore, be educated. Dr. Cross in his work on "Inversion of the Uterus," well said "educate your midwives better, and abuse them less." How are we to educate these women? We cannot do as in Prussia, where there are large hospitals for lying-in women. Domestic midwifery is what must be taught here. There is no tendency to erect large hospitals for midwifery in England; and it is not to be desired. Such hospitals teach the practice of midwifery at the expense of the patients themselves. The frailties of society and the desire that unmarried women have to escape notice, will always require a certain number of lying-in hospitals. The Royal Maternity Charity is a most useful school. The midwives go in as supplementary midwives and attend a district; and must go through a course of instruction under Dr. Hall Davis. There might be such an institution in all large towns. There should be a diploma and a registration for midwives. There might be a diploma for them like that of dental surgeons. The Medical Council should see this done; and they *must* take it up if they would justify their position. The Medical Council unfortunately does not represent the practitioners of this country. That Council has grossly neglected this duty.

Mr. **Lord** was persuaded of the fact that had Sir Chas. Hastings been in the chair, he would never, he believed, have sanctioned such a subject being discussed in the Association. He did not believe that 60 per cent. of our poor women were attended by midwives. We have a great deal too much now-a-days of *Women's Rights*. It is all very well for Dr. Barnes, &c., to afford to despise small fees. But the education of midwives would undermine the position of the present medical practitioner. Twenty years ago he prophesied the same about the Pharmaceutical Society, that it would damage the medical men of this country. What, he asked is the relative mortality in labour of England and foreign countries? In Spain, as a rule, women in labour are attended by women, and he had found the consequences very bad. Midwifery will fall off among men if women be admitted into medicine. *Social Science* should have no place in the British Medical Association.

Mr. **Holland** said that in Manchester he had found, on inquiry, that no less than 60 per cent. of poor women were attended by midwives, many of these midwives were terribly ignorant, and totally uninstructed. Dr. Aveling's suggestion of the constant supervision of midwives was good. He proposed that a committee should be formed to consider the education and status of midwives.

Dr. **Edmunds** said every member of the British Medical Association must be pleased to hear Dr. Aveling's paper. Dr. Farr had said that a very great majority of poor women in this country were without any skilled aid during their confinements. As to injury being done to Medical men by admitting women into competition with them, there were 20,000 Medical practitioners in this country, and the vested interests of the Profession, could not possibly thus suffer for many years. Dr. Aveling has said that the Obstetrical Col-ge has aimed too high. This might be quite true; but very woman who applied had been admitted to the lectures. he education was very practical. One hundred ladies had ssed through the Obstetrical College. A large number of hese ladies had turned out most useful practitioners in Biringham, London, &c. Among the ladies who went to study t Edinburgh, two of the most distinguished had been tudents of the London Obstetrical College. Midwives are anted of a useful character; but he asked should not a oman be taught version, or the treatment of hæmorrhage, r some of the accidents occurring in natural labour?

Dr. **Tilt** thought that Dr. Aveling had made all undertand the difficulty that several of the Profession had in etting an education for midwives. Should the Profession, e asked, be alone consulted in this matter? The public ust be consulted, and we should try to raise the standard the Profession. It is not calculated to make the Profeson respectable for men to attend midwifery cases for four illings. It is absurd to say that in all other civilised countries there were educated midwives, and that it was wrong to have the same class here. Petitions to the Medical Council and Government were required.

Dr. C. R. **Drysdale** congratulated the Council of the British Medical Association on the progress they had made in this question in two years. During the presidency of Mr. Erichsen he had applied to be allowed to bring the subject of the Medical Education of Women before the branch fruitlessly; and now the Council of its own accord had moved in the matter. The only shadow of an argument against the education of women in medicine or for the practice of midwifery, had come from Mr. Lord, in the form of a protest against women taking the bread out of men's mouths. Of course the reply to this was that a woman suffered from hunger quite as much as a man, and was quite as much interested in being allowed to get her living as a man if she required to do so. In Paris there were this year about 150 women studying midwifery, about 70 of whom studied for two years within the walls of the Maternité Hospital, where they had two lectures daily, one by Dr. Tarnier, and the other by the head midwife, Madame Calé, besides studying anatomy and physiology, vaccination and pharmacy, with botany under the tuition of able men. This was all of immense service to France; and it was quite deplorable to think how far Great Britain was behind France in the medical education of women. In Zurich, numbers of ladies, too, were getting a thorough education in medicine, so that if we did not take care, this free and great country would soon be the most retrograde spot in Europe in not allowing women a fair field for their labours in the practice of medicine. Had not Mrs. Garrett-Anderson as good a right to make a large professional income as any of the distinguished gentlemen present? He hoped that the College of Surgeons would speedily allow women to come up for examination for a registrable diploma in midwifery, wherever educated, so long as they had attended sufficiently to practical midwifery, and could pass a good examination. Female practitioners required no more supervision than male. This subject once launched was certain to go on, and he predicted the greatest benefits to society from the discussion of this evening.

Dr. **Fothergill** had never met with any woman who trusted female practitioners as well as a man. It is very difficult for the general practitioner to be good at midwifery, unless he keep constantly practising it.

Dr. **Harris**, Professor of Midwifery in Madras, said that the proper thing to do was to educate women in midwifery. In many cases there are not sufficient numbers of women supplied from the lying-in hospitals. In Madras, a certain number of women were taught at the bedside in the hospital, and 200 women were sent out yearly well instructed in midwifery. The education of women in midwifery in Paris is well carried out; but in London the domestic system is the one most agreeable to English ideas.

Dr. **Snow Beck** believed that educated midwives would not interfere with the general practitioner. It is very difficult to get a certain number of women to take up merely natural labour. There ought to be no barrier to women getting their own living; and they should have a fair field and no favour. Sex should have nothing to do with the question. The great difficulty is the education. You cannot prosecute a person for practising who has no license. The only thing we can do is to educate women and give them a diploma. Experience has shown in Paris that puerperal fever is not necessarily met with there in hospitals, if due care be taken to prevent it.

Dr. **Aveling**, in reply, said he had purposely made his paper very short; and was much pleased with its reception. The statistics objected to by Mr. Lord were copied from those of the Obstetrical Society. He had himself organised a staff of midwifery in Sheffield, and would say that the general practitioner would lose nothing by the admission of women to the Profession as midwives. There is a large army of uneducated women at present. Dr. Lord questioned the policy of the Council in permitting this subject to come before the Profession, but he was glad to say that he had been asked to read his paper. He still believed, in variance with Dr. Drysdale's opinion, that the class of midwives must be supervised. Why should midwives not be supervised when other classes of industrials were looked after?

It was proposed by Dr. **Holland**, and seconded by Dr. **Edmunds**, that "a Committee be formed further to consider this question." This was carried, and the meeting adjourned.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

NOTICE TO SUBSCRIBERS.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

MR. GASKOIN's "Clinical Notes on Acne Rosacea" shall appear in an early number.

OVER-POPULATION.—The doctrine of demand and supply received a very forcible illustration last week. The Postmaster-General having advertised for eleven young women to work in the Post-office, no fewer than 2,000 presented themselves as candidates.

DR. MOORE.—The Report appeared in our issue of May 8th, 1872.

STUDENT.—Registration at the Royal College of Surgeons of England commenced on the 21st inst. and terminates on the 31st. Everyone who registered in October last must again present himself at the College at the end of the present session. Those students who commenced their studies in January last are registered at the same time; for this purpose they must produce their hospital cards and a certificate of having passed a preliminary examination.

DR. H. E. L.—An interesting article upon the subject appeared in the *Boston Medical Journal* of January 23, 1873, by Dr. Burt Wilder, of Harvard University. Try Baillière or Trübner for the copy containing it.

J. O'R.—Lord O'Hagan's Lunacy Act is still in force, and by it the dispensary officer nearest the Court where the enquiry into the state of mind of any lunatic is held is obliged to attend, examine, and give evidence as to the mental capacity of the individual in question, without fee or reward, and is liable to punishment if he refuses so to do.

DR. CHARLES KIDD, London.—We cannot consent to make our columns the medium for dissemination of statements in regard to the Anæsthetic Controversy, which are recklessly vague and unsustained by the necessary definite evidence and reference to authorities. Whenever Dr. Kidd will take the trouble to give chapter and verse for his facts we shall be happy to give them publicity. Minute accuracy of detail is not Dr. Kidd's most salient characteristic, and we therefore may be excused for a cautious scepticism as to his 41 deaths from ether, 4 from nitrous oxide, and comparative innocence of chloroform.

TESTIMONIALS.—The Chair of Anatomy in the Edinburgh Veterinary College is announced as vacant. Applicants are requested to send in 41 copies of testimonials. The advertisement does not state the value of the appointment, which, we think, is an unpardonable oversight. Before a man invests in so much paper and ink, he at least has a right to know what he may expect for his money.

THE NEW ATOMISER.

SIR,—If Mr. Nugent had compared one of my atomiser's with the one he mentions, he would have seen so much difference between them that he would perhaps have refrained from penning his letters. From the very vague description he has vouchsafed I think I know the article to which he alludes, and but for the confusion in which I am at this moment involved by a change of residence, could perhaps furnish further particulars. The fact of his speaking of its "brass rim" shows that the instrument he bought at Biarritz is not identical with one made of glass only, with India-rubber bellows. The great advantage claimed for my atomiser is its cheapness, which brings it within the reach of all. Mr. Nugent probably gave 15 or 20 francs for his—indeed, from my own experience of the locality, I should not be surprised to hear he gave more than that. Now any chemist will send him, or if he has not one in stock, obtain mine for him from Messrs. Maw, Son, and Thompson, for 3s. 6d., and when he has tried it he will probably acknowledge that his ancient one from Biarritz is altogether inferior. Many gentlemen of great experience have assured me that the new atomiser is, in their opinion, the best as well as the cheapest. I am glad to have been instrumental in placing it within the reach of the poor, and cannot imagine why Mr. Nugent should have written in an angry tone. It would have been more to the purpose to have told us for whom he claims the credit he seems anxious to deny me, or to have given a description of the instrument he alludes to, and stated the price he paid for it.

Yours obediently,

PROSSER JAMES.

29 Albemarle Street, W.

CAUSE OF DEATH OF NAPOLEON III.

SIR,—The communication as to the cause or causes of the death of the late Emperor Napoleon III., by your talented correspondent at Kinsale, is one that will repay perusal. The *Practitioner*, only in language, as usual, more on stilts, six weeks too late, repeats the same ideas. Your Kinsale correspondent is curiously exact in his suspicions as to anæmia in the Emperor's case, but quite as wrong as to "reliable statistics," &c.; the 7 to 1 statistics are as fabulous as Newton's fall of the apple, or any reliable tale in Æsop or the Arabian Nights.

The late Emperor, let us remember, was subject to fainting fits and intense anæmia, as Nelaton and the other French Medical men consulted by him stated in that remarkable document of theirs printed a fortnight before his death, when they first heard of the chloroform and lithotrity. No doubt it is easy to be wise now after the event, yet the true lesson of this instructive case is probably what Dr. Hegarty supposes. Like operations for cataract, however, or Contagious Diseases Acts arguments, the wildest speculations, and statistics of no value, find greatest favour now, too, in lithotrity and chloroform, but require correction.

Yours,

March 7. KAPPA.

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VACANCIES.

East Kent Sanitary District. Medical Officer of Health, at a salary of £800 per annum. Qualifications and duties as prescribed by the Public Health Act. Applications to Allen Fielding, Esq., Canterbury.

County of Berks. Officer of Health. Salary £750. Applications to J. S. Bowles, Esq., Milton Hill, Steventon, Berks, before the 3rd prox.

Gloucester District. Medical Officer of Health. Salary £300 per annum, inclusive. Applications to L. G. H. Mayer, Esq., Gloucester.

Sligo Union. Apothecary for the Dispensary. Salary £80 per annum. (See advt.)

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APPOINTMENTS.

BARFOOT, G. R., M.B., M.R.C.S.E., House-Physician to the Leeds General Infirmary.

BUCK, J. R., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for District No. 2 of the Worcester Union.

BUTLER, F. W., M.R.C.S.E., House-Surgeon to the Brighton Dispensary.

CAMERON, Prof. C. A., Chemist to the Royal Agricultural Society, Ireland.

CARTER, T., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Richmond, Yorkshire, Rural Sanitary District.

DUNNAGE, A. R., M.R.C.S.E., House-Surgeon to the Leeds Infirmary.

HACON, W. E., L.R.C.P.L., M.R.C.S.E., Assistant Medical Officer for the Idiot Branch of the Warwick County Lunatic Asylum.

HIRONS, G. M., L.R.C.P.Ed., House-Surgeon to the Teignmouth Infirmary.

HORSFALL, J. S., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Sowerby District of the Halifax Union.

JONES, M., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Aberystwith Rural and Urban Sanitary Districts combined.

PEREGRINE, H. L., M.R.C.S.E., House-Surgeon to the Victoria Hospital for Sick Children, Chelsea.

RICE, Dr., Medical Officer, &c., for the Powerscourt Dispensary District of the Rathdown Union.

SINCLAIR, R., M.B., C.M., Resident Medical Superintendent of the Royal Infirmary, Dundee.

SMITH, J. W. F., M.D., Examiner in Medicine, University of Aberdeen.

SMITH, T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for District No. [illegible] of the Hunslet Union, Yorkshire.

SUTTON, J. R. H., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Glancullen Division of the Dundrum and Glancullen Dispensary District of the Rathdown Union.

THURSFIELD, T. Greville, M.D., M.B., &c., Medical Officer of Health for Wellington and the United Sanitary District of the County and adjacent towns.

TRENERY, G. W., M.R.C.S.E., Medical Officer of Health for the [illegible] Urban Sanitary District.

WARD, W. A., M.R.C.S.E., House-Surgeon to the Metropolitan Free Hospital, Devonshire Square, E.C.

WHYTE, G., M.D., Medical Officer to the Elgin County Prison.

WOODWARD, M., M.R.C.S.E., reappointed Medical Officer for the Fladbury District of the Pershore Union, Worcestershire.

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Marriages.

HUNTER—GLEN.—On the 18th inst., at Linlithgow, George Hunter, M.D., F.R.C.S., to Agnes, only daughter of Robert Riddock Glen, Esq.

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Deaths.

BLACKLOCK.—At Madras, Dr. A. Blacklock, Deputy Inspector-General of Hospitals.

BROADBENT.—On the 17th of March, at [illegible] (from apoplexy), Mary Eliza, the wife of Samuel [illegible] M.R.C.S.E., aged 40.

COLLES.—On the 8th of February, at Dainapur, J. [illegible] Officiating Professor of Descriptive and Surgical [illegible] College, Calcutta, Surgeon 4th Sikh Light Infan[illegible]

DIX.—On the 9th of March, R. Dix, M.R.C.S.E. [illegible] aged 78.

DOWSE.—On the 21st of March, at Plymouth, Dr. [illegible] General of Hospitals, aged 79.

GARMAN.—On the 12th of March, at Roman [illegible] Edwin Garman, sen., L.S.A., aged 65.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

CASTLEBAR DISPENSARY.

ABUSE OF THE RED TICKET SYSTEM.

Dr. Walsh and Dr. Kisby attended.

The principal business for the meeting was the cancelling of tickets.

Dr. Walsh's list comprised five tickets.

It was generally complained that giving tickets to such persons was a great injustice to the ratepayers and the board.

Mr. Cannon—What is the good of cancelling them?

Mr. O'Malley—You can sue the party.

Mr. Cannon—I would not consent to cancel them only that I know the parties.

Mr. O'Malley—There is great difficulty in dealing with them, save where the parties are present.

Dr. Walsh—Where you know the parties.

Mr. O'Malley—But I do not like bringing my own konwledge to bear as evidence in any such matter.

The tickets were cancelled.

Dr. Kisby brought forward about a dozen tickets, one of the first was signed by the priest.

Mr. Hughes said the holding of the party valued at 40s. a year.

Mr. Cannon—That is not a case at all.

Dr. Kisby drew attention to the difference between the means of the people of Dr. Walsh's district and his. He would take a fee of 5s, 7s. 6d, or 10s. But out of a population of 9,000 he could not get a fee, and never would if the members of the Committee were not more vigilant.

It was stated that the land held by the party was only two acres of a bad description.

Mr. Cannon observed that such persons were not fit cases for refusal. Many poor persons might pay 5s. or 10s. if they were compelled, but they could not afford it. For them the law was made. Dr. Kisby got 70 red tickets, but he (Mr. Cannon) did not see that he had cause to complain of that number, finding that Dr. Walsh attended 164.

Dr. Kisby suggested that if they did not cancel these tickets, he could never expect a fee.

Mr. Cannon—Looking on these people in the light of labourers, they were too poor to pay a fee. If the like of them were to be cancelled he would like to know who were to get tickets.

Dr. Kisby said that they could pay a half sovereign.

The Chairman said they had no evidence in such cases.

Mr. O'Malley concurred. At the same time he should say it was very unfair to the doctors, as professional men, and unjust to the poor and the ratepayers, that improper tickets should be issued.

The other members concurred.

Dr. Kisby proposed to let the tickets pass this time—the members of the committee to be written to, and requested to be more circumspect in the issue of tickets henceforward.

Mr. Cannon thought that might be safely done.

Mr. O'Malley agreed with Mr. Cannon. It was important that all members, before issuing tickets to the doctors, should ascertain as far as they could whether applicants for tickets were poor persons or not. In the absence of evidence and of the parties, he, for one, could not say which of those persons named by the doctor was not a poor person.

HEALTH OF DUBLIN AND THE SUBURBAN DISTRICTS.

THE deaths registered in the Dublin Registration District during the week represent an annual mortality of 32 in every 1,000 of the population. In London the death rate was 23, in Glasgow 37, and in Edinburgh 25.

The births registered during the week amounted to 227. The average number was 178.

The deaths were 195. The average was 181.

Twenty deaths resulted from zymotic diseases, viz.:—4 from fever (3 typhoid, and 1 simple continued fever), 5 from whooping-cough, 3 from scarlet fever, 2 each from croup and diarrhœa, 1 each from influenza, erysipelas, &c.

The Deputy Registrar of No. 2 South City District (High Street), referring to a death from scarlet fever which occurred in Sycamore Street, remarks:—"This is the third death that has taken place in this family within three weeks. A filthy and overflowing ashpit adjoining one of the rooms in which they reside, was emptied immediately before the date of the first attack of sickness."

Bronchitis caused 32 deaths, and pneumonia 9.

Thirteen children died from convulsions.

Eight deaths were ascribed to paralysis, 2 to epilepsy, and 1 to apoplexy.

Six deaths resulted from heart disease, 4 from liver disease, and 3 from nephria.

Phthisis proved fatal in 24 instances, hydrocephalus in 7, mesenteric disease in 1, and scrofula in 1.

CARLOW DISPENSARY.

THE Clerk said some weeks since the Board passed a resolution appointing Dr. Huston as *locum tenens* during the illness of Dr. C. W. M'Dowell, as Medical Officer for the Carlow Dispensary, at the rate of £100 per annum. At the last meeting of the Dispensary Committee a resolution was passed appointing Dr. Huston at the rate of 50s. per week.

Chairman—Can we now give 50s. per week?

Mr. Jameson—There has been a reply approving of the resolution of the Board.

It was then arranged to hold over the further consideration of the matter until next board-day.

CARLOW UNION.

A LETTER was read from Dr. M'Dowell stating that his brother, Dr. C. W. M'Dowell, had contracted a bad type of fever in the discharge of his duties as Dispensary Medical Officer, and requesting the Board to appoint Dr. Huston *locum tenens* during his illness.

The Board immediately acceded to the request.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 15*th March,* 1873 ; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES ; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 15TH MARCH, 1873.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	32	227	195	27	53	...	...	3	...	5	4	2	4	3	56
BELFAST . . .	20,687	182,214	36	144	127	25	32	...	5	...	...	2	1	4	8	8	22
CORK	13,816	90,851	33	64	57	9	20	1	6	...	...	1	...	1	1	2	8
LIMERICK . . .	8,509	44,547	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LONDONDERRY . .	21,865	30,893	29	18	17	3	6	...	...	...	...	...	1	1	...	...	6
WATERFORD . .	17,209	30,838	12	9	7	2	...	...	...	1	...	...	...	1	1	...	...
GALWAY . . .	21,358	19,713	34	9	13	3	8	...	...	...	...	...	...	...	...	...	4
SLIGO . . .	30,835	17,175	24	10	8	2	3	...	...	...	...	1	...	...	...	...	6

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SLIGO DISPENSARY.

THE Secretary informed the members present that that meeting was specially called to consider a minute of the Sligo Guardians in reference to the compounding of dispensary medicines, and to consider the following letter received by him (the hon. secretary) that morning.

Local Government Board, Dublin,
6th March, 1873.

SIR,—The Local Government Board for Ireland acknowledge the receipt of replies to their inquiries respecting the proposed appointment of Dr. James Johnston to the office of apothecary to the Sligo dispensary district, and with reference to the reply to the query 4, from which it appears that Dr. Johnston is sixty-four years of age, the Local Government Board desire to refer the committee of management to their letter of the 20th January last, and to state that having regard to his advanced age they must decline to approve of Dr. Johnston's appointment.

The board request that the Committee of Management will be so good as to proceed to the appointment of some other gentleman to fill the office in question.—By order of the Board, B. BANKS.

THE MEDICINE QUESTION.

The Honorary Secretary said that in reference to the guardians' minute about the compounding of dispensary medicines at the doctor's own house, it was taken exception to in the board-room, inasmuch as only two members were present—the chairman and acting secretary—when this permission was given. However, the chairman (Colonel Cooper) drew up a resolution which was adopted, asking them to reconsider this matter, which resolution was placed on the dispensary minutes.

Dr. Johnston wished to afford an explanation relative to this matter. He produced a neat small medicine chest, which, at his own expense, he said he provided for this purpose. The chest contained an assortment of medicine in general request for the prescriptions which might be sent in by the medical officers, and being filled with a supply of dispensary medicine, this chest was brought home to his private residence and kept under lock and key, to be used in case of urgent calls at unseasonable hours. He (Dr. Johnston) had been speaking to Dr. Lougheed, the former apothecary, and that gentleman told him it was the invariable practice to compound prescriptions sent in late at night in the doctor's own residence. He pointed out how much better it was that a messenger coming to his own residence with a prescription on a red ticket late at night, should have his prescription at once compounded out of this medicine chest, and bring it at once off to the patient, than to have to go off to the dispensary, and wait there till the porter was aroused out of his bed, and until everything was ready.

Dr. Lynn thought it would be a boon to the patient to have such an arrangement.

Mr. Tate said the only difficulty was the removal of medicine from the dispensary.

Dr. Johnston said that his medicine chest just contained £5 worth of the medicines most required, and they were kept by him at home under the lock and key, and only used in such cases of emergency as he referred to. In all the country districts, dispensary doctors, who lived a distance from the dispensaries, always kept a supply of medicines in the house to prescribe for red ticket patients at unseasonable hours.

Mr. Tighe believed that if this explanation was before the guardians on Tuesday he was sure there would not be a word of objection raised. His (Mr. Tighe's) idea was that a certain quantity of the dispensary medicines would be brought down and placed openly on the shelves of Dr. Johnston's shop ; but as that was not the case, and as the medicines would be under lock and key, the plan was a good one.

All the members were of the same opinion.

The Secretary then read the letter, and in reference to a letter received from the committee about Dr. Johnston's age, the Local Government Board stated that "their regulations did not limit the age beyond which candidates ceased to be eligible for the office of apothecary, but, at the same time, when making a selection amongst the candidates for the office in question, the committee would do well to take the ages into consideration, and not appoint a person of advanced years who might not be able to discharge the duties in person, and who in a short time from infirmity would probably seek superannuation, and become a burden on the rates."

The Chairman was astonished that the Commissioners should have sanctioned, and afterwards find fault with electing a man beyond a certain age.

Dr. Lynn thought their objection might have special reference to any superannuation.

Dr. Johnston—If there is anything about that I engage to guarantee that I will never ask for superannuation, at least, if I am not twenty years at work.

Mr. Tighe said it was true that in their letter of January the Local Government Board said there was no limit to the age, but they at the same time recommended that a young man should be appointed. He did not think much would be made of referring the Commissioners back to their own letter.

The Chairman—The whole thing is as plain as possible. The Committee got power to select a man independent of his age. Dr. Johnston was elected, out of three candidates, and what more have the Commissioners to say to it?

Mr. Tighe—Not only that, but the Board of Guardians who are over you are also ruled by them. That is the law, and there is no use in fighting against it. The Local Government Board have certain control over our acts, and this is often a very useful and wise provision.

Dr. Ferguson—We would be stultifying ourselves if after electing a man, knowing him to be of a certain age, we now consented to his dismissal.

Mr. Tute—I would be for referring the Commissioners to their own statement—that age was not a disqualification.

The Chairman said the question before the meeting was a plain one—whether they would act on the Commissioners' letter or not.

Mr. Tighe—There is no use mincing the matter. Meet it face to face. The board now request we will proceed to the election of an apothecary. What can be plainer than that?

Mr. M'Gill—If we do not do it, the board will send down a sealed order.

Mr. Tute—That may be the *finale*, but this committee can show the Commissioners that we acted in accordance with their former letter.

Mr. Tute contended Dr. Johnston was legally and properly appointed, and the only objection was that he might be seeking superannuation. That he guaranteed he would not do. Otherwise he was fully competent. The Medical officers could show that since he was appointed he discharged his duties properly. Mr. Tute proposed that a resolution of remonstrance should be passed, calling the attention of the Commissioners to the trouble the committee had already had in selecting a qualified experienced man.

Resolved—That the Committee of Management having under consideration the Local Government Board's letter of 6th March in reference to the appointment of Dr. James Johnston to the office of apothecary to the Sligo Dispensary District, beg to submit to the board that in pursuance of their letter of the 20th January, 1873, to the guardians of the Sligo Union, wherein they state, "that their regulations do not limit the age beyond which candidates are to be eligible for the office of apothecary," they proceeded on 14th February last to an election, when Dr. James Johnston was selected as the most desirable candidate for the office in question. Having had a deal of trouble and expense in arriving at this result, the committee request the Local Government Board not to disturb the appointment of Dr. Johnston, whose duties have been discharged to the perfect satisfaction of your committee as well as the Medical officers, and who, to remove the only other objection, undertakes not at any time to become a claimant for superannuation.

Mr. Tighe complained that the resolution gave the text and not the context of the former letter from the Commissioners.

Dr. Tucker—I would ask you, gentlemen, to have no reference to us. Much as we respect our friends and neighbours, we should be silent when those in authority speak. (A laugh.)

Mr. Tute—If the duties were not done by the apothecary you had a right to complain.

It was considered best to postpone the consideration of the subject to a specially convened meeting.

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CLONMEL UNION.

JOHN BAGWELL, Esq., M.P., in the chair.

SMALL-POX CASE—THE QUESTION OF REMOVAL.—The Local Government Board wrote, in reference to the report of the relieving officer, Mr. Shanahan read at the previous meeting, mentioning the occurrence of three cases of small-pox the town, and drawing attention to a case in which the father refused to permit the child to be removed to hospital.—In reference to the resolution upon the subject, the board had to state that it would appear to be considered from an opinion given by the Law adviser of the Irish Government that the 26th section of the Act 29th and 30th Victoria, cap. 90, to which the guardian refer, does not authorise the use of force to effect the removal of the patient to hospital.

Mr. Bagwell (chairman) thought it would be very well if something were placed on the minutes, urging the Local Government Board to inform the guardians what powers they really possessed in seeking to enforce compliance with sanitary regulations. All that was stated in their present letter was, that patients could not be removed by force.

Mr. Cantwell said that he read the report of a case in the public press, where those who had prevented the removal of a patient to hospital had been fined by the magistrates. He was surprised to find that there was no power of compelling the removal of persons, suffering from such contagious diseases, to hospital.

Chairman—It is quite right that there should be no force allowed to be used in the removal of the sick, but in the interest of the patients themselves, and of the community at large, those who interfere with sanitary regulations ought to suffer.

Ald. Crean—Decidedly, but their punishment, so far as regards the spread of disease, would be worthless. Before proceedings could be taken before the magistrates, the contagion might be communicated far and wide, with very serious results. Would you not think it necessary to ask the Local Government what further power we have, and what course should be taken in order to prevent the spread of contagion in such cases?

A minute, as suggested by Mr. Bagwell and Ald. Crean, was then drawn up and placed on the minute book for the consideration of the Local Government Board; and since then the following letter has been received, in reply to the query:—

"The Local Government Board for Ireland acknowledge the receipt of the minutes, &c., of the Clonmel Union, on the 30th ultimo, containing an entry of their minutes relating to the case of a small-pox patient, named William Cornin, whose father refused to allow him to be removed to hospital, and a resolution, in which the guardians request to be informed whether Cornin's father can be legally punished for refusing to permit his son to be removed, under the circumstances stated in their minutes of the 23rd ult.

"In reply, the Local Government Board have to state that they apprehend that there is no legal provision which could apply to the case of a person who will not consent to be removed to hospital under the circumstance refered to, or to that of a person who refuses to allow the removal of a person so suffering and who is in his charge. The Board desire at the same time to draw the guardians attention to the provisions of the 28th section of the Sanitary Act, as regards the exposure of persons suffering from infectious diseases, from which it appears a penalty is provided for the offence which can be readily enforced in proper cases by the local authority.—By order,

"B. BANKS."

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SLIGO UNION.

THE COMPOUNDING OF DISPENSARY MEDICINES.

THE following is from the minutes of a late meeting of the Sligo Dispensary Committee. Moved by Dr. Ferguson and unanimously agreed that Dr. Johnston be authorised to compound all prescriptions delivered to him at a late hour, and all small simple prescriptions sent him to his residence.

Mr. Tighe—Does that resolution recommend that the doctor should compound the dispensary medicines in his own house ?

Chairman—Yes. That is the way I understand it.

Mr. Tighe—I am opposed to it.

Mr. Maguire thought that the order about having medicines compounded at Dr. Johnston's establishment should be quashed.

Several guardians agreed.

The Chairman thought it would be better to say that the Board did not understand the resolution of the Committee. Perhaps it is only intended that the doctor should be privileged to give a patient diaculem plaster or some simple medicine, at unreasonable hours, without having to go to the dispensary for it.

Mr. Homan—In respect to this matter, I would propose that every bottle sent out from the dispensary with medicines in it should be labelled. I was in a house lately where Medical relief was given, and the bottle that contained the medicine had no label on it. That is wrong, as there might be poison in it.

Mr. L'Estrange thought that the private establishment of the apothecary was not the place where dispensary medicines should be made up:

The Chairman said that it had been optional with every member of the dispensary committee to attend the last meeting, as it was the usual monthly meeting. Naturally when they did not attend, the business fell into the hands of one or two parties who, no doubt, did the best they could to make matters all right. He proposed the following resolution :—

> The Board of Guardians having considered the resolution passed at the last meeting of the Dispensary Committee, fear, if sanctioned, that it will lead to irregularities, and request the resolution may be re-considered at the next meeting of the Committee.

After some further discussion, the Chairman's resolution was adopted, adding the particular portion of the Poor-law regulations which was opposed to the suggestion of the Committee.

TO THE EDITOR.

SIR,—I have been for three or four years Medical attendant to the Constabulary in a dispensary district adjoining my own ; a new Medical officer was recently appointed to that district, and he applied to the Inspector-General of Constabulary for the appointment of Medical attendant to the Constabulary, which appointment I still hold and have no intention of resigning. Will you be good enough to let me know if you think it the correct thing for one Medical man to apply for an appointment held by another.

I am, Sir, your obedient Servant,
A DISPENSARY MEDICAL OFFICER.

[Touting for an appointment held by another Medical man, under any circumstances whatever, is not only very decidedly the *in*-"correct thing," but is a very gross breach of good taste and gentlemanly feeling, not to speak of Professional etiquette. We are quite sure that the Inspector-General will neither countenance nor encourage such a proceeding, and that the anxious expectant has only spoiled his chance of ultimate promotion by his indecent haste to oust his professional brother.—ED.]

WATERFORD TOWN COUNCIL.

REMUNERATION FOR SANITARY SERVICES.

Dr. Brown, in accordance with the recommendation of the Sanitary Committee, got a guinea for inspecting the premises of Mr. T. Fleming, of George's Street, and Dr. Delandre got a guinea for giving certificates respecting houses infected with scarlatina.

INCREASE OF SALARY.

Mr. Nolan brought forward his motion to increase the salary of Dr. Fitzpatrick, which he said was justly claimed for extra duties. Mr. Nolan read statistics from other unions as compared with Naas, showing the number of visits he had to make, stating that his duties were three-fold to any other district, and referred to the recent epidemics of small-pox, scarlatina, &c., in Naas. He understood that the Medical officers were going to "strike" for an advance of salary. Mr. Nolan urged the board to grant an increase. Dr. Fitzpatrick (he said) accepted the office of dispensary officer six years ago at his present salary, which was never increased.

Mr. M. Lee thought that the case of all dispensary doctors should be considered at the same time.

Mr. Trench concurred with the observations of Mr. Lee, as the system of union rating was likely to be established. He (Mr. Trench) admitted that the Medical Profession was underpaid. They had to keep a horse and vehicle, which would take half his salary to support. He would be in favour of raising all dispensary doctors 20 per cent., and have all their cases considered.

Mr. Nolan thought it would be unjust to give 20 per cent. to all officers, as some have larger duties to perform than others.

Baron de Robeck—The increase in the number of dispensary tickets issued is caused by the influx into the town of Naas.

Mr. Ireland concurred with the suggestion of Mr. Trench to form a committee to consider the duties of all Medical officers in the union.

Mr. Kelly bore testimony to the great abilities of Dr. Fitzpatrick, but he would object to an increase to his salary. He would recommend that he receive a gratuity for the extra duties performed. Mr. Kelly proposed that Dr. Fitzpatrick be awarded a sum of £50. It was the duty of the guardians not to mulct the ratepayers by giving an increase of salaries.

Mr. Driver observed that the vaccination fees amounted to a good sum.

Captain Rainsford was of opinion that a doctor should not be paid for extra work, which he should be glad to avail himself of in the advance of his practice.

Mr. Kelly—My amendment for giving Dr. Fitzpatrick a bonus of £50 is not for one year's increased duty, but for the last three years, as shown by Mr. Nolan.

The Chairman was in favour of having a committee appointed to consider the salaries of all Medical officers.

Mr. Owen said he thought Mr. Nolan had a strong claim, inasmuch as £100 now was not equal to that sum a few years ago. Every rate of wages is raised. We have to pay 30 per cent. more now than heretofore. Therefore, they should not anticipate a strike among Medical officers which might place the guardians in an awkward position at some future time.

Mr. Ireland was in favour of forming a committee to consider all Medical officers' claims. Some, he thought, might not be recommended an increase, and others might, according to their duties.

Mr. Kelly pressed his amendment, which was lost.

It was moved that Dr. Fitzpatrick's salary be raised £25 a year.

There were fourteen in favour and eight against.

The amendment was accordingly carried, awarding to Dr. Fitzpatrick an increase of £25.

UNMILITARY-LIKE CONDUCT.—The remains of Dr. Gore, late Major Surgeon in the Waterford Militia, and Coroner for the city and county of Waterford, were interred with partial military honours last week. Holding the position of Major in the Militia, the officers of the Inniskilling Dragoons stationed in the city, and the officers of the 5th Fusiliers, also stationed here, signified their intention to have their men in attendance to celebrate the sad event with full military honours; and sub Inspector Cary having consented to the city police being in attendance, full preparations were made. The hour for interment arrived, and with it the Staff-sergeants of the Militia, and the city police, but no troop of Inniskillings, or detachment of the 5th Fusiliers. The officers of both regiments asked the favour to attend, and afterwards, from some reason that is not explained, did not put in an appearance.—*Waterford Standard*, Feb. 15, 1873.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1873.

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ON A NEW METHOD OF EXTRACTING CATARACT BY PERIPHERAL SECTION OF THE IRIS, WITHOUT INVADING THE PUPIL.

By Charles Bell Taylor, M.D., F.R.C.S.E.,
Surgeon to the Nottingham and Midland Eye Infirmary.

[Sir,—In accordance with a request which I noticed in one of your recent Medical Annotations, I forward a copy of the paper which I read before the Ophthalmological Congress, held at the Royal College of Physicians, London, in July last. The woodcuts appended will, I have no doubt, make my meaning clear to your readers. —C. B. T.]

In spite of the almost universal performance of an associated or preliminary iridectomy as a part of the modern methods of extraction for cataract, I think it is evident that no operation will be permanently retained that involves a mutilation of the pupil. The cosmetic defect, the dazzling, and the defective vision occasioned to a greater or less degree in all cases by the sacrifice of a portion of iris—though perhaps little to be considered when we appreciate the comparative safety of modern methods of extracting—are still defects which leave something to be desired on the part of both patient and operator; and so long as this is the case we must always expect a restless aspiring after improved methods, and a constant effort to save the pupil.

The existence of this feeling is well shown by an observation emanating from Professor Stromeyer, who, in his lectures on the surgery of this country, called attention to the efforts made in this direction by Professor Liebreich, Mr. Critchett, and others, remarking "that it was evident that we ought to save the pupil;" and a similar sentiment is manifest by the frequent reversion to the old flap method, in spite of its attendant dangers by many of the most distinguished operators of the present day.

Before the adoption of Von Graefe's, Mooren's, my own and other modern methods of operating, prolapse of the iris was always considered the bugbear of extraction. We have got rid of this danger by the sacrifice of a segment of iris, and the question that presented itself to my mind was, whether the same end might not be attained at less cost by merely removing a minute portion of the periphery of that membrane, so as to obviate the risk of prolapse during the few days following the operation, and yet, in the end, maintain the pupil in all its integrity, and secure the chief advantage of the old flap method without its principle attendant danger. This end I have attained by excising a small piece of the outer edge of the iris, and through the aperture thus obtained, separating it with very fine scissors from its marginal attachments to an extent corresponding to the size of the wound required for the easy exit of the lens.

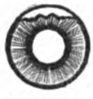
The sphincter of the pupil is thus not stretched by the passage of the cataract which glides from its posterior surface; the iris is not drawn out of the wound during the excision of the minute portion it is necessary to remove. The wound is so small that there is no bleeding from the iris to obscure the future steps of the operation, and the portion of iris corresponding to the wound so frequently the initial seat of fatal inflammatory mischief escapes the bruising which Von Graefe's researches have shown was so frequently the cause of disaster in Dariell's method.

I find also, as a matter of experience, that a slight wrinkling, to be seen only when sought for, is frequently the sole change to be observed in the margin of the iris after the recovery of the patient, while, as a result of the procedure, the pupil is maintained intact, central, and moveable. I have in some cases endeavoured to facilitate the first part of the operation by the preliminary application of the calabar bean, and the adoption of a minute section in the corneo-sclerotic junction at the summit of the globe, as also by occasionally performing

the minute iridectomy six weeks before the extraction. These precautions, however, may generally be dispensed with, and the section completed at once, either by the small knife which I commonly use for extraction, or Von Graefe's. The capsule may be lacerated either through the slit in the iris or the natural pupil.

Since devising this method I have operated in the manner described upon thirty-five cases. In two of these all chance of vision has been lost; three had iritis with closed pupil, and in three others, owing to prolapse of the vitreous, the marginal pupil was larger than I could have wished it. In the majority, however, the result was very brilliant, and quite equal to the most successful flap extractions. The operation is somewhat tedious, but may be easily enough performed with care—a fact which, through the kindness of Mr. Bader, the distinguished ophthalmic surgeon of Guy's, I have been enabled to demonstrate on more than one occasion to the students of that hospital.

Figs. 1 and 2 are accurate sketches of the two eyes of a patient named Pritchard, of Grantham, in which I operated by peripheral section, on the right eye No. 1, by Von Graefe, on the left No. 2. Though both operations were perfectly successful, the right eye is much the better of the two, the slight slit upwards being quite concealed when the lid is *in situ*.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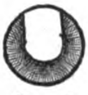
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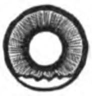
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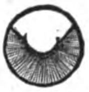
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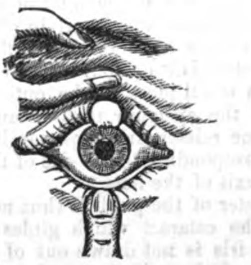
Are also sketches from a case of double extraction in which a peripheral section downwards (No. 3) is contrasted with a somewhat imperfect Graefe's operation upwards, No. 4.

No. 5 is intended to represent the exit of the lens through the slit in the margin of the iris.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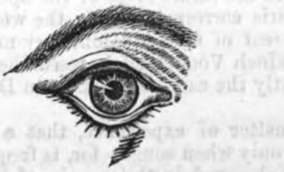
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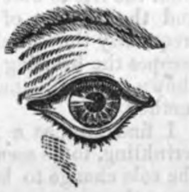
No. 7.

No. 6 is an accurate sketch of an eye in which extraction by this method has been peformed upwards; and No. 7 represents correctly the same operation downwards, as performed on a patient of mine named Camm, residing at Spalding, in Lincolnshire.

ON DACTYLITIS SYPHILITICA (a).

By John Morgan, F,R.C.S.,

Professor of Anatomy in the Royal College of Surgeons in Ireland.

It may be interesting, in a surgical point of view, to bring under notice the peculiar affection of the fingers and toes, known as dactylitis, owing to an acquired or a congenital syphilitic taint. This had been described by Taylor, of New York, and Parry, of Philadelphia, who had given numbers of cases that rendered the nature of the affection beyond dispute. There might be a milder form where the connective tissue round the joint might be alone diseased, or there might be a severer form where the disease went further, and the peculiar gummatous matter was deposited in the vicinity of the bone, either underneath the periosteum or where true inflammation of the bone was established. Not a few cases had come under his notice, and the drawings which he exhibited that evening represented truly the peculiarities of the disease. One of these cases raised the question with regard to the congenital taint, whether the father was more potent than the mother in transmitting the taint, and it was also interesting as illustrating the skips that took place, one child being affected, the next being born healthy, and then a third child being affected without the father or mother exhibiting increased signs of the disease. The drawing before them showed the condition of the hand in a child of two years old before it went on to a state of ulceration. The history both on the father's and mother's side was one of infection, and the mother had previously given birth to two apparently healthy children. This child also appeared healthy, and was pretty well on to its second year, when the disease became manifest, the finger getting a tense appearance, just as if the finger and thumb were thrust through an India-rubber ball, and then it became a purple or violet blue, and finally went on to ulceration. This one burst of itself, a thin fluid exuded, and underneath appeared that peculiar matter seen in the later stages of syphilis known as gumma. After some time he passed in a probe, and could just notice a little scale of diseased bone. Shortly afterwards a decided syphilitic rash appeared over the child's body. He submitted the child to anti-syphilitic treatment and dressed the part with iodized collodion, and in due time the child got well. This drawing also represented the appearance of the child's foot. About this time another child, two years of age, came under his notice; it had the disease not only in the hand, but in both feet, and it showed a copious syphilitic rash. Dr. Cronyn saw this child with him. The mother had previously produced two healthy children, then this child, which was treated mercurially and recovered, and since then the mother had produced another child now seven months old, which has not as yet showed any signs of a syphilitic taint. The drawing which he next exhibited was that of a hand of a boy which had come under his notice in the hospital. The mother admitted she was infected by the father, and this child had cicatrices over the body and also this affection in the hand. He opened the tumour in this case; a thin gluey fluid escaped, and the gummatous matter was found underneath. There was no syphilitic rash at this time; but there could be no doubt that the case was syphilitic, and the mother had a syphilitic sore on the jaw, and admitted that she had been affected. Another case, a cast of which he exhibited, showed that this might be an acquired taint. This was the hand of a woman, wife of a man in rather a respectable condition of life, and this taint was given to her by him. She was forty years of age, exhibited all the evidences of intense syphilitic taint, having ulcers on her legs with gummatous matter exuding from them, and she had this affection of the hand, which he had just learned from the husband was again manifesting itself. The globular aspect of the first finger and thumb was as thrust through a ball, was well shown, and he might observe that the disease affected rather the dorsal than the palmar aspect of the hand. This case did not go on to suppuration. It presented a tense shining appearance, it had a semi-elastic feel, and it would be seen that in the adult, where the taint was acquired, and in a child, where it was congenital, the appearances were very nearly the same. The next case he would mention was that of a boy, the son of an infected mother, who was affected eighteen years before the birth of that child. The boy suffered from gummatous ulcers over the body, and had seven or eight scars upon him, and lately his hand became affected, and gummatous matter exuded from it. In the next bed to this boy there was a man suffering from the gummatous ulcer. In another drawing they would observe the same gummatous ulceration in the ear of a child, and also syphiloma of the liver. The vast majority of infected children showed this taint in the first few months; but here they had some remarkable cases where the disease skipped over the intermediary stage and went into the dactylitic stage, or where the gummatous matter appeared. They might have the primary stage omitted, and they might have the periosteal first presented, where nodes formed and where they came close to the joints. It was difficult to say whether the case was one of synovitis or periostitis. He exhibited casts of the feet of a child. The only sign of syphilitic taint shown by the child was periostitis of the tibia, and one leg was twice as large as the other. It yielded under the treatment applicable to syphilis. They often saw an adult get primary syphilis; they saw him getting into bad health, and suddenly rushing into the gummatous stage or periostitic stage, or some of the acute phagedænic ulcerations. If this occurred in an adult, it might be fairly inferred that it might occur in a child, and that the primary or intermediary stages might be skipped over, and the case go into the gummatous or periostitic stage. The question might arise, Were these cases of struma? Whether struma was modified syphilis, was a question capable of being debated. If, however, these were strumous cases, they ought not to have been treated as syphilitic cases, but in all these cases he had treated them with mercury, and they had all recovered. One of the feet in the case he saw with Dr. Cronyn was resolved, in the other a lancet was passed into it; the child was puny and weak, but after being treated mercurially the rash disappeared, and the patient got rapidly well, so he thought it was evident that the cases he had cited were due to syphilitic taint. The question might be raised whether this matter was gumma or tubercle. The appearances so closely represented one another that it was difficult to say, but it resembled the matter known as syphilitic. Fingers had often been amputated for strumous disease, but it was possible that some of those cases might have been of syphilitic origin and might have been cured by mercurial treatment. It was, therefore, important in a surgical point of view that the true nature of the disease should be recognised. He had seen some puzzling cases of this peculiar affection. Not long ago there came under his notice a woman who had been infected by her first husband, and who married a second time, a healthy and robust young man, and who had produced two healthy children since, that had never shown any syphilitic taint, this might go to show that the influence of a healthy father was very powerful, but, on the other hand, they were all aware that there were other cases where the mother would influence the child no matter the condition of the father. He thought that if by recognising the disease he had brought under their notice, they could save an individual's hand, it was a matter of considerable importance. Because a child had not certain sores indicative of an early stage of the affection, they were not to assume that it never was constitutionally tainted. The treatment he adopted in these cases was inunction of mercury, and the administration of bi-chloride of mercury with bark.

(a) Read before the Surgical Society of Ireland.

◆

CASE OF DISEASE OF THE SACRO-ILIAC SYNCHONDROSIS (a).

By H. G. Croly, F.R.C.S.I.,

Surgeon to the City of Dublin Hospital.

A boy, æt. 13, was admitted to the City of Dublin Hospital on the 5th October last. About nine months ago he perceived a small tumour over the left sacro-iliac synchondrosis. He was of a strumous diathesis; he had a most agonising pain down the limb, shooting down the nerves of the thigh, and also a pain in his loins; and he screamed when any attempt was made to touch him. On examination of the region, Mr. Croly came to the conclusion that the boy had got periostitis of the sacro-iliac synchondrosis, and of the cartilage, and was in for an attack of disease of that articulation. He supported his strength by cod-liver oil, at the same time leeching the part. He got hydrate of chloral draughts in the night time, and also by day, in ten or fifteen grain doses, to relieve the intense pain from which he suffered. The boy left hospital for a time. The abscess pointed in the region where he felt the pain, and it was opened by a surgeon. The mother called on him, and informed him that the abscess had been opened, and that shortly afterwards he bled profusely from it, and she described the hæmorrhage coming out in such a jet that there could be no mistake as to its being arterial. It shot up to the ceiling, which, however, was not a very high one, and the boy almost bled to death. He saw the boy immediately, and he presented all the appearance of a patient that had lost a large quantity of blood. He warned the mother that the boy might bleed again, and if so, she would have no one to control the hæmorrhage, and it would therefore be better to send him to hospital. She would not do so, however, and he left with her some perchloride of iron and lint, with directions what to do if the hæmorrhage recurred. He bled repeatedly, and the woman was so alarmed that she consented to bring him into hospital. He had an abscess in the sacro-iliac synchondrosis, with a small opening in it, having angry and red looking edges; and shortly after admission he bled profusely. In fact, he bled repeatedly night and day, the occurrence of the hæmorrhage being indicated by an intense burning pain, which gave time to call for assistance, which was always at hand, and the case was at once treated with compresses, and the hæmorrhage controlled. In a short time the boy presented all the appearances such as were seen in prolonged hæmorrhage—white gums, white cheeks, &c. His pulse rose to 130; he had jactitation, and called out for air and light. He informed the boy that it would be necessary to apply a hot iron to the part. He accordingly laid open the sac of the abscess, and applied the actual cautery. At the time he laid open the abscess, one spot spouted up as if the vessel came from the bone. The cautery stopped the bleeding at that time, and the boy was taking constantly wine and iron. Mr. Croly began to flatter himself that the boy was getting all right, when one day he got a sudden hæmorrhage into the rectum. The sac of the abscess went into the rectum, and he bled into it, and passed enormous clots of blood. The boy, however, did not die; the hæmorrhage ceased, and that day he had seen him walking about well; but he had an abscess still discharging a little healthy pus from the original seat of the disease. This disease was rare compared with hip disease, with which it might be sometimes confounded. The point of greatest interest in the case was this,—that it showed that the surgeon ought to be very slow in opening a chronic abscess. He had seen them opened, and had opened them, but experience told him that those chronic abscesses which were left to Nature healed the best. The old idea of the danger of opening chronic abscesses was the admission of air, and instruments were devised to prevent that accident; but the real danger of it arose from hæmorrhage into the sac of the abscess when it was opened, and not to the admission of air. He had treated a great many of these cases with Chassaignac's drainage tubes, and they did not act satisfactorily. The drainage tube looked very nice when it was placed in the abscess; but when they inquired next morning how much pus came out through the tube, they would find that little or none had come; that the tube had become plugged, and acted as a foreign body, causing increased irritation. His plan was to treat the patient constitutionally, and leave the abscess to take care of itself. If an abscess pointed, the surgeon might interfere to facilitate the exit of the pus, and the safest thing to use was the potassa fusa, making an issue in it. Now, suppose this was a case occurring in private practice, and that it passed through the same steps as this had done, the surgeon might be blamed for interfering, and probably accused of opening some vessel. The case was the first of its kind he had ever seen, and it was one that presented such alarming symptoms that he had not the slightest hope of the boy's recovery.

(a) Read before the Surgical Society of Ireland.

Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; late Physician to the City and to the Metropolitan Dispensaries; Corresponding Member of the Academies of Medicine of Madrid, Lyons, Barcelona, &c.

TUBERCULOUS ABSCESS IN THE LARYNX.

(Analysis of Dr. Wahlberg's Paper.—*Continued from page* 270.)

Let us next criticise infiltration. As far as the qualitative relation is concerned, infiltration is not distinguished in this respect from homogeneous processes in other pathological conditions. Its elements are cells with roundish-shaped, ordinary, apparently large nuclei, but we cannot perceive any specific mark in them. The peculiarity is the place, where infiltration (which generally introduces the entire tuberculous abscess picture) first appears, and where it also, in a quantitative view, generally reaches its greatest development.

Fig. 4 shows us the excretory duct of a gland, around which a circumscribed infiltration has taken place. No other abnormality is yet to be remarked in the same cut; neither do we see the epithelium especially exuberant, nor any notification of the above-mentioned network, although the alteration *of the pins*, which lie between the particular abscess and the duct referred to, has already gone before it. We find also a written proof of this observation in the prepared Fig. 1, in which the circumference of the glands and their excretory ducts appears to be the chief seat of the infiltration. This result is not so striking if we reflect that the material of the infiltration consists of the elements of the outgoing vessel, and that there is an especial abundance of vessels around the gland. Besides, we find in this place the infiltration extending to close under the epithelial layer. Let us now direct our attention to the second, as we said above, constantly appearing phenomenon, *i. e.*, to the network, which we found under tuberculous abscesses. And as our attention belongs to the situation where this picture will be remarked in the greatest abundance, we must give the preference to the bottom and sides of the damaged substance, as shown in Figs. 1 and 2. In consequence of this the bottom presents a weak exaggeration, as if filled up with a fine granulated mass; and would this not also be the case with the borders, where still not a single abscess is established, but only one in process of formation is perceived, and where therefore the epithelium remains inviolate, so that we may believe that the entire network is only an artificial product caused by the hardening of a dead mass? That this is not so, follows, when we obtain a view in an entirely fresh preparation.

How does this network now appear? By a moderate power the cross pieces offer a puffy, soon to be granulated, soon fine striped appearance, and are large and small, leaving partly rectangular and partly roundish gaps. By a stronger power we see in this a second net, whose cross-pieces are much thinner and tenderer. The same fine network exists where, overlooked on account of the stronger cross-pieces, it does not appear; and let us now bring it nearer, that its most beautiful development may be found, where the first-mentioned will be visible even in its first rudiments, hence removed farther from the abscess, so we must consider this result as two different grades of development in the same picture. Let us behold Fig. 5, which shows us the network under consideration; there we see apparently great spindle cells, they lodge strong, light-refracting nucleoli in their continuations. These continuations are identical with the cross-pieces, and the cross-pieces produce the network, which hence consists of the extensions of spindle-shaped cells. In such places where the coarser network begins to be formed, we do not see the spindle cells so clearly, the cross-pieces have taken on a thickening (the spindle-cell extensions having become compact on one another), appear puffy, but always show the small highly refracting nucleoli, and here and there we see a larger spindle cell with nucleus, whose extension stands in relation with a neighbouring cross-piece. We have next the vessels to speak of as a form occurring in the network. They are mostly of a capillary nature, and well filled with blood, with this exception, they are all found in the abscess border, where they fall to destruction, first shown by a loosening of the walls, and finally by an entire loss of continuity. The vessel contents must also have suffered modifications. Now carmine does not colour the contents of entirely healthy vessels, but in a diseased state it is readily absorbed, and shows through metamorphosis of the contents of the vessels of the network. This goes next to the arteries, the same thing taking place in the veins. We have already described the cellular infiltration around the circumference of glands and their ducts, yet we have still to add that they ar often found strongly hypertrophied, and their excretor ducts filled with an accumulated secretion. Before w come to the peculiar change in the epithelial layer w have still something to mention. We see partly whe still no abscess is present, that the before-mentione change has already taken place, partly at the bottom a partly on the sides of an abscess. The network (alwa sub-epithelial) contains (Fig. 2) heaps of cells, apparent confined to certain situations, and whose middles are fill with a large round compact centre of a very fine gran lated constitution. All this represents the ideal dyi tubercle, and must be well understood. We have no left to describe the epithelial existence. In the laryn we know that pavement changes into the shining epithe lium (*a*). For example, the ventricular bands and mo gagnian ventricle have the shining variety which is co tinued over the vocal cords as pavement epithelium. W must bear this in mind, otherwise we could not unde stand if the tuberculous process has been carried on to [illegible] abscess of both vocal cords, and even sooner, how w always observe only the proper pavement epitheliu This pavement epithelium is composed of first, a row o palisade-like cylindric cells, strung on one another, [illegible] which follow several rows of roundish flattened cel which by degrees change into entirely flat cells. Stro papillary formations have also often the same constru tion (Fig. 6). They grow inward from the epitheli towards the sub-epithelial tissue. Their appearance [illegible] cancroid-pin-like; swollen at the lower extremity, w now and then appears divided. The nearer you g the abscess the greater they appear, and by de stronger, and as you move away they vanish [illegible] leaving an exuberant epithelium. It thereby [illegible] become very small if pavement or shining epith existed. Fig. 3 shows us where the mentioned relatio exist so distinctly stamped, although the cut shows us th picture through a ventricular band, where therefo shining epithelium must have existed. How this la spoken of relation is accomplished we cannot infer fro our observations.

From the preceding we see that by his description o catarrhal abscesses, Rheiner has explained himself on thi subject, that the origin of the shining epithelium remain undestroyed. Later on the wrinkles go to the bottom and the cells, pointed from above, lie scattered from on another. This we can corroborate, but will add, that th epithelium changed in such a manner does not remain so but falls into an exuberance, whereby it no longer produces the characters of shining epithelium. But th newly-organized epithelial cells are so arranged on on another that a pavement epithelium results therefrom, which shows as well the nature as if it had been from the

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(*a*) Handbuch d. Lehre v. d. Geweben. 3. Liefer. p. 460.

beginning, pavement epithelium, as we have already seen. These are the peculiar changes. They are truly microscopic of tuberculous abscesses, and which, as we have so well seen, being peculiar to these abscesses, give more ground to affirm the specific nature of the last.

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The Medical Press
RETROSPECT
OF
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No. IV.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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ANATOMY AND PHYSIOLOGY.

PHYSIOLOGICAL CHEMISTRY.

Baumstark.—"Studies on Cholic Acid." *Berl. Klin. Wochen.*, Jan. 27.

Rother, R.—The *Pharm. Jl.*, Feb. 15, has a note from the *Pharmacist* by M. Rother, in which that writer adduces evidence that in the presence of starch albumen is held perfectly in aqueous solution at a boiling temperature, and that only a strong acid can then separate it from such a solution.

HISTOLOGY.

Ciaccio, G. V.—"New Researches on the Internal Structure of Tendons." *Mem. dell'Accad. delle Sci. dell'Inst. di Bologna.*, Serie 3, Tome 2, Fasc. 2.

ORGANS OF LOCOMOTION.

Kolliker.—"On the Areas of Absorption of Bone." *Verh. der Physikal-Medecin Gesellschaft im Wurzberg*, III., 3, new series. Dr. P. H. Pye Smith gives a very full account in the *Medical Record*, Feb. 5, of Prof. Kölliker's interesting and important researches.

Struthers, John.—"On Hereditary Supra-Condyloid Process in Man." *Lancet*, Feb. 15. Prof. Struthers relates a case proving the supra-condyloid process to be hereditary.

THE BLOOD.

Richardson, G.—"The Structure of the White Blood-Corpuscle." *Trans. Amer. Med. Soc.* Dr. Richardson advances the opinion that the salivary corpuscles are migrating white blood corpuscles distended by endosmosis of the salivary fluid. A good abstract of the paper is given in the *Lancet*, Feb. 8.

Struve, Heinrich.—"On Blood-Pigments." *Virchow's Archiv.*, Band 36, Heft 3, Nov. 30, 1872. We refer our readers to the *Med. Times and Gaz.*, Feb. 8, for a good epitome of Dr. Struve's researches.

ORGANS OF CIRCULATION.

Brugnoli.—"The Suction Power of the Heart and the Activity of the Cardiac Diastole considered in the Diseased State." *Mem. dell'Accad. delle Sci. dell'Inst. di Bologna*, Serie 3, Tome 2, Fasc. 2.

Paton, George.—"Researches on the Action and Sounds of the Heart." London, 1873. Dr. Paton holds the curious view that "the second sound of the heart is produced by the force with which the blood is propelled by the contraction of the auricle, through each auriculo-ventricular foramen into the ventricles during their diastole."

ANIMAL HEAT.

Murri, A.—"The Regulating Power of the Animal Temperature." *Lo Sperimentale*, Jan.

ORGANS OF SECRETION.

Wittich, in *Pflüger's Archiv.*, Heft 1, 1873, relates experiments from which he concludes that the liver contains a ferment which can convert starch into sugar, and which, he believes, is generated in the proper cells of the liver.

INNERVATION.

Putnam, Mary.—"On Removal of the Restiform Body." *New York Med. Record*, Jan. 1. The subject of experiment was a dog; ever since the operation the animal exhibited extraordinary vivacity and exaggerated moral sensibility.

ORGANS OF SENSE.

Schirmer.—"Congenital and Acquired Defects in the Perception of Colours." *Berl. Klin. Wochen.*, Feb. 3.

ORGANS OF VOICE.

Behnke, Emil.—"The Movements of the Vocal Cords in the Production of Musical Sounds." *Lancet*, Feb. 8.

MEDICINE.

MORBID STATES OF THE BLOOD.

Neumann, E.—"Case of Leukæmia with Disease of the Spinal Cord." *Arch. der Heilkunde*, Nov., 1872.

Hueter, C.—"On the Etiology and Therapeutics of Metastatic Pyæmia." *Deutsche Zeits. für Chir.*, Vol. 1, Part 2, 1872. See Dr. Beck's abstract in the *Med. Record*, Feb. 5.

Gigot-Suard.—"On Spontaneous Uræmic Intoxication." *Acad. de Med.*, Jan. 21. The author concludes that the injection of uric acid may give rise to uricæmia, and that the organs and tissues on which the uric acid acts are, in order of frequency, the skin, mucous membranes and their glands, the lungs, kidneys, liver, pancreas, brain, lymphatic glands, articulations, spleen, pericardium, spinal membranes, and the heart.

GENERAL DISEASES.

Legg, J. Wickham.—"The Urine in Hæmophilia." *Brit. Med. Journ.*, Feb. 8. In the case recorded by Dr. Legg there was no diminution in the amount of urea daily excreted, on the contrary, the amount was above the natural average.

Langenbeck.—"On the Use of Sarcosin in Gout." *Berl. Klin. Wochen.*, Jan. 5.

Cavazzani.—"Treatment of Articular Rheumatism." *Lo Sper.*, Jan.

Meynet, M. P.—"On Blennorhagic Rheumatism." *Lyon Med.*, Jan. 19.

FEVERS.

Agnew.—"Origin of Fever." *Canada Lancet*, Jan.

Havard, V.—"On Carbolic Acid in Intermittent Fever." *Western Lancet*, Dec., 1872. He found it of no value in the nineteen cases in which he tried it as an ante-periodic.

Porcher, F. P.—"On the Treatment of Yellow Fever." *Amer. Quart. Journ. Med. Sci.*, Jan. Dr. Porcher speaks highly of the external application of cold water as a means of reducing febrile heat.

Taylor, Matthew.—"The Treatment of Small-Pox by Vaccination." *Lancet*, Feb. 1. Mr. Taylor concludes from experiments that re-vaccination or vaccination after the appearance of the rash is powerless to check the disease, if not injurious.

DISEASES OF THE ORGANS OF CIRCULATION.

Broadbent, W. H. — "Study of a Case of Heart Disease, probably Malformation." *Med. Times and Gaz.*, Feb. 1.

Lawson, Robert.—"Two Cases of Death from Fibrinous Concretions in the Right Side of the Heart." *Med. Times and Gaz.*, Feb. 1. No causes could be assigned in these cases for the rapid and extensive deposition of fibrin in the cavities of the heart; in neither case had there been a surgical operation.

McNutt, W. F.—"On Acute Diseases of the Heart accompanied and marked by Functional Derangement of the Brain." *Western Lancet*, Dec., 1872.

Ponfick.— "On Fatty Degenération of the Heart." *Berl. Klin. Wochen.*, 1873, Nos. 1 and 2. See Dr. Bruce's epitome in *Med. Record*, Feb. 19.

Traube.—"On Double Sound in the Femoral Artery in Insufficiency of the Aortic Valves." *Berl. Klin. Wochen.*, Nov. 25, 1872.

DISEASES OF THE ORGANS OF RESPIRATION.

Gerhardt.—"On the Treatment of Pulmonary Emphysema by Mechanical Assistance of Expiration." *Berl. Klin. Wochen.*, Jan. 20. Gerhardt uses manual compression of the chest and abdomen.

Harris, F.—"Acute Pleurisy with Effusion, Paracentesis Thoracis—Recovery." *St. Barth. Hosp.*, reported *Lancet*, Feb. 1. The weight of evidence as illustrated in this case appears to be in favour of this method of treating acute pleurisy with effusion, especially in those cases where there are no signs of commencing absorption of fluid by the natural process.

Southey, Reginald.—"On the Varieties of Phthisis." *Brit. Med. Journ.*, Feb. 8.

Zuradelli, C. — "Various Forms of Pulmonary Phthisis." *Ann. Univ. de Med.*, Dec., 1872.

Williams, Theodore.—"The Various Modes of Contraction of Cavities and their Results." *Med. Soc. Lond.*, Jan. 13. Four means by which contraction may take place were pointed out, viz.—1st. Expansion of lung-tissue round the cicatrix; 2nd. Expansion and drawing over of the opposite lung to the affected side; Displacement of the neighbouring organs; and 4th. Collapse of chest-walls. Dr. Williams pointed out that the size of a cavity was no index of its rate of contraction; he then drew attention to some of the occasional evil results of contraction.

Teissier.—"On Bronchial Hæmorrhage as a Cause of Pulmonary Phthisis." *Lyon Med.*, Jan. 5. M. Teissier cites some cases in favour of the view that bronchial hæmorrhage is sometimes a cause of pulmonary phthisis.

Trastour.—"On Congestive Hæmoptysis." *Journ. de Med. de l'Ouest*, 1872. The author holds that hæmoptysis occurs quite independently of pulmonary phthisis very frequently.

Thaon, M. L.—"The Varieties of Caseous Pneumonia." *Mouv. Med.*, Dec. 7, 1872.

DISEASES OF THE ORGANS OF DIGESTION.

Blackstock, W. H.—"Enteritis with Abscess of the Umbilicus." *Canada Lancet*, Jan., 1873.

Macrae, John.—"Case of Intestinal Obstruction of Eighteen Days' Duration successfully Treated by Belladonna." *Lancet*, Jan. 25. The most remarkable feature in this case was the sudden improvement after the patient got fully under the influence of belladonna, when the case had become hopeless under other means.

Thorowgood, J. C.—"Fatal Case of Intestinal Obstruction." *Med. Soc. Lond.*, Jan. 13. The appearances after death were those of atony and wasting of the bowel, but no stricture or tumour was discoverable. Acetate of lead was administered when other remedies had failed in the hope that it might untwist the invagination which was supposed to exist by acting on the muscular coat of the bowel; after as much as five grains had been administered copious relief followed.

DISEASES OF THE LIVER.

Legge, J. W.—"On the Pathology of Cirrhosis of the Liver." *St. Barth.'s Hosp. Reports*, Vol. 8.

Murchison, Charles.— "Spindle-Celled Sarcoma of the Liver." *Path. Soc. Lond.*, Jan. 21. This was an extremely rare case, the clinical history of which more resembled that of hydatid tumour than that of cancer. In the discussion on the case Mr. Arnott called attention to the fact that spindle-celled growths differ from other malignant tumours by remaining dormant for a long time and startttivit nhecaiyingont .

Ward, Stephen. H.—"Case of Abscess of Liver opening into Lung, and subsequently opened externally with Successful Result." *Lancet*, Jan. 25. This is an interesting case as illustrating the diagnostic symptoms of abscess of the liver. Dr. Ward at once diagnosed the case by the peculiar bright, brick-dust coloured expectoration.

DISEASES OF THE KIDNEYS.

Fussell, E. T.—"Malignant Disease of the Kidney, with a Normal Condition of Urine." *Sussex County Hosp.* Reported *Lancet*, Jan. 25. There was no symptom pointing to disease of any particular organ; the urine was normal; the trocar alone furnished information of any diagnostic value.

We may here call attention to a sub-leader in the *Lancet*, Jan. 25, on the Solvent Treatment of Phosphatic Calculi. In this article the writer indicates the mode of treatment and alludes to Brodie's successful employment of a weak solution of nitric acid. Mr. Southam has also successfully tried the same method.

DISEASE OF SUPRA-RENAL CAPSULES.

Bucquoy, in *Mouv. Med.*, Dec. 21, 1872, relates an interesting case of Addison's disease. The autopsy showed that the right supra-renal capsule was hypertrophied to the size of a large chestnut, and was undergoing cheesy degeneration.

DISEASES OF THE NERVOUS SYSTEM.

Down, J. Langdon.—"Remarks on the Correlation of Physical and Mental Conditions." *Trans. Odont. Soc.*, Vol. 4, No. 1. Dr. Down says that idiotcy and imbecility are "profound diseases, involving almost every organ and system of organs in the body." He says that there is a greater probability of improvement for the patient with an ill-developed, than for the patient with a damaged, brain. The lips, he says, are thick, particularly the lower one, often transversely fissured and deficient in muscular power, so that the saliva has a tendency to trickle over the chin. The tongue is very large and long, deficient in muscular tonicity and but feebly under the control of the will. The palate is very narrow, inordinately vaulted and unsymmetrical in congenital cases. The author carefully describes the [illegible] of the teeth and other organs. The paper is a most [illegible] able one, and an able *résumé* of it is given in the *Medical Record*, Feb. 5, by Dr. Hughlings Jackson.

Latham, P. W.—The controversy between Drs. Latham and Anstie as to the pathology of sick headache is continued by the former in a paper in the *Brit. Med. Journ.*, Feb. 1, in which he endeavours to combat Dr. Anstie's theory that atrophic molecular irritation of the trigeminus root is the cause of sick headache.

Hammond, W. A.—"On Cerebral Hæmorrhage." *Quart. Journ. Psychol. Med.*, No. 3.

Zenker.—"Pathology of Spontaneous Cerebral Hæmorrhage." *Allg. Weiner Med. Zeitung*, No. 45. Dr. Zenker has found the existence of minute aneurisms in all cases which he has examined. The production of these minute aneurisms he believes to be due to sclerosis of the internal membrane of the small cerebral arteries. See *Lancet*, Jan. 25.

Magnan and Mierzajewsky.—"Lesions of the Walls of the Ventricles and of Adjacent Parts in General Paralysis." *Arch. de Physiol.*, Jan.

Moxon, Walter.—"Case of Insular Sclerosis of Brain and Spinal Cord." *Guy's Hosp.* Reported *Lancet*, Feb.

15. The symptoms of this characteristic case were, "weakened intellect, with staccato speech, jerky palsy of voluntary action in limbs, head, and trunk, retained sensibility of skin and muscle, freedom from the pains of locomotor ataxy.

Williams, S. W.—"On the Treatment of Melancholia Attonita with Refusal of Food by the Continuous Current." Dr. Williams is not an advocate for forced feeding of patients suffering from acute insanity. The two cases related were very successful; the patients began to recover immediately the electric current was passed through their brains. *Lancet*, Jan. 25.

Anthony, Mark.—"Aphasia." Med. Press and Circ., Jan. 29. Dr. Anthony relates a very interesting case, due probably to embolism of the middle cerebral artery.

Eulenburg.—"On Neuroses of the Upper Extremity." *Brl. Klin. Wochen.*, Jan. 20.

Bouchut.—"On the Connection of Zona and Neuralgia." *Gaz. des Hôp.*, Jan. 7 and 9. M. Bouchut thinks that zona and the neuralgia preceding, accompanying, or following it are both produced by a neuritis of the corresponding branch.

DISEASES OF THE SKIN.

Coigne.—"On Tuberculo-Caseous Erysipelas." *Archiv. de Physiol.*, 1872. The skin is so rarely affected with tubercle that this is an extremely interesting case.

Fox, Tilbury.—"Skin Diseases: their Description, Pathology, Diagnosis, and Treatment." 8vo. London, 1873.

Shrunk.—"A Contribution on Purpura Variolosa." *Allg. Wiener Med. Zeitung.*, Jan. 21, 1873.

Squire, Balmanno.—"The Etiology of Psoriasis." *Brit. Med. Journ.*, Feb. 8. Mr. Squire thinks it probable that the expression met with in the Bible, "a leper as white as snow," may refer to this disease. He has noticed psoriasis to be specially common among Jews. He thinks that the prevalence of the leprosy of the East in certain countries is a question of climate, not of race or contagion; that the contagiousness of leprosy (vaguely so called) is probably limited to that proportion of cases which are simply cases of syphilis; and that the hereditary cases of leprosy are probably cases of psoriasis. Psoriasis is not an affair of climate, but of ancestry.

"Apparent and Real Death." Leading article, *Lancet*, Feb. 8. The simple method of diagnosing death by tying a thread round the finger and observing whether the distal part swells and becomes livid is alluded to. Prof. Rosenthal's researches, *Stricker's Med. Jahrb.*, 1872, are quoted as proving that the "absence of electrical excitability in the muscles is an unequivocal sign of complete somatic death when the retention of other characters might render it in some measure doubtful.

[The following subjects are unavoidably held over till our next:—Surgery, Midwifery, Diseases of Women and Children, Medical Jurisprudence, Hygiene, Materia Medica, and Therapeutics.]

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

urgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture V.

Advantage of system in Anatomical description — Spinal Column as a whole--Its surfaces and extremities—The Spinal Canal—Measurements of Canal in the different regions—Movements of the Spinal Column—Difference of opinion among authors as to the extent of rotation—Curves of the Spine—Question of increase of strength in consequence of the Curves—Sir C. Bell's view of the use of the Curves—Lateral Curves and Lateral Curvature—Distinction between Lateral and Angular Curvature—Effects of direct and indirect violence applied to the Spine—Can dislocation occur without fracture?—Paley's description of the Spine—Anatomical modifications entirely dependent on the functions to be performed—Owen's view of "irrelative repetition" combated—Perfection of the Vertebral Column and of its separate segments (a).

Gentlemen,—In all descriptions, and especially in anatomical descriptions, it is well to proceed systematically. System may be unattractive and uninteresting, but it is absolutely essential for the acquirement of precision and accuracy. A loose order of facts leads to loose and slovenly habits of thought, and is sure to produce omissions and oversights. Hence it is that I prefer to maintain the common phraseology of our text-books, and in considering and describing a particular bone, to say that it "presents for examination" so many surfaces and borders. Adopting this method with the Spinal Column as a whole, we notice that it possesses four *surfaces*, two *extremities*, and a *Canal*.

The *Anterior Surface* exhibits the front aspects of the Bodies of the Vertebræ, separated by the Inter-Vertebral Discs. The variations in the width of the Bodies give rise to the appearance of four *Pyramids*. Commencing from above, we find the *first pyramid* extending from the Atlas to the First Dorsal Vertebra which forms its base. The *second pyramid* is inverted, its base being above at the First Dorsal, and its Apex below at the Fourth. The *third pyramid* comprises the nine lower Dorsal Vertebræ, and all the Lumbar. The *fourth pyramid* is inverted and comprehends the Sacrum and Coccyx. In the age of catch questions the student was asked which was the smallest of the Dorsal Vertebræ, and he was expected to say the Fourth. Which is actually the smallest I am not prepared to decide, for there is very little difference in weight between the first seven Dorsal Vertebræ, and it would require an extended set of observations to settle the point. Professor Humphry states that the Vertebræ "decrease in size and weight as we trace them from below upwards, so that it is not correct to say that they are smallest at some part of the back, and that they collectively form two cones with their apices united in the back. This may be true if we regard their anterior aspect only, all the Lumbar and a few of the Cervical bodies having a greater transverse diameter than the Fourth and Fifth Dorsal; but the difference is compensated to the latter by the extension of their antero-posterior diameters. A front view shows that the bodies diminish in width up to the Fourth Dorsal Vertebra, that the Third is rather wider than the Fourth, and that there is often a sudden increase in the width of the upper two Dorsal Bodies, which is caused in part by a prominence of the bone in front of the articulating surface for the rib on either side." As a contribution towards the solution of the question I subjoin the weights of two sets of macerated and dried vertebræ.

	1st Set.		*2nd Set.*	
	Drachms.	Grains.	Drachms.	Grains.
Atlas	3	40	3	4
Axis	4	22	3	32
3rd Cervical	2	13¼	2	6
4th ,,	2	20	2	15
5th ,,	2	13	2	26
6th ,,	2	14	2	38
7th ,,	2	48	2	55
1st Dorsal ...	3	32	3	34
2nd ,, ...	3	30	3	21
3rd ,, ...	3	17	3	9
4th ,, ...	3	14	3	12
5th ,, ...	3	25	3	13
6th ,, ...	3	46	3	23
7th ,, ...	3	40	3	43
8th ,, ...	4	39	4	2
9th ,, ...	4	25	4	32
10th ,, ...	4	51	4	40
11th ,, ...	4	48	5	27
12th ,, ...	5	24	5	36
1st Lumbar ...	5	59	6	24
2nd ,, ...	6	57	7	1
3rd ,, ...	8	16	7	58
4th ,, ...	7	36	7	30
5th ,, ...	8	26	Missing.	

(a) The subject of Development is reserved.

It is interesting to note that in both series there is a diminution in weight of the Dorsal Vertebræ immediately below the first. In the first series the Fourth Dorsal Vertebra is the lightest; in the second series the Third. These weights, therefore, tend to support the common view of the diminution in size of the Dorsal Vertebræ from the First to the Fourth. I am unable to explain the irregularities in the weights of the Vertebræ in the first series. The great proportional weight of the Atlas and Axis, the Axis especially, cannot fail to arrest attention.

The *Posterior Surface* presents the following objects:—In the middle line the series of *Spinous Processes* project. In the Neck they are bifurcated and incline a little downwards. In the Back they are long, "bayonet-shaped," and incline more and more obliquely downwards as far as the centre of the series. Their obliquity then diminishes gradually to the Lumbar region, where they are square and deep and stand out horizontally with distinct intervals between them. The central Dorsal Spines completely overlap each other. On each side of the Spinous Processes we observe the posterior aspects of the *Laminæ*, long, narrow, and inclined in the Neck; short, broad, and imbricated in the Back; stout, broad, and separated by intervals in the Loins. Beyond the Laminæ in the Neck and Loins are the rows of *Articular Processes;* in the Back the *Transverse Processes* stand backwards behind the Articular Processes to increase the capacity of the Chest. Between the *Spines* and the *Articular Processes* in the Neck and Loins, between the *Spines* and the *Transverse Processes* in the Back, is a Groove called the *Vertebral Groove*. It is shallow and formed by the Laminæ only in the Neck and Loins, it is deep and formed by the Laminæ and Transverse Processes in the Back. It is continued downwards on the posterior aspect of the Sacrum, with which it has been already described. It lodges the large muscles which maintain the trunk erect.

In examinations of the Back it is as well to remember that the Spinous Processes are not always arranged in an even vertical series; one or two may deviate naturally from the middle line. The varying obliquity of the long Dorsal Spines and the more horizontal position of the Cervical and Lumbar Spines have reference not only to the motions of the Vertebræ, but to the convenience of man, by enabling him to lie comfortably on his back. The transverse processes in the Dorsal region stand backwards for a similar reason, as well as for the purpose of enlarging the capacity of the Thorax. The ribs sweeping backwards rest against them, and reaching the levels of the line of the Spinous Processes form a broad surface well fitted for the recumbent posture.

The *Lateral Surfaces* present anteriorly the sides of the *Bodies* of the Vertebra, prominent at the margins, hollow in the centre. In the Dorsal region the *facets for the Ribs* form distinctive features. Behind the Bodies is the row of *Inter-Vertebral Foramina* formed by the junction of the *Notches* and separated by the *Pedicles*. The Foramina generally are oval in shape. They are large in the Neck, especially when viewed from the interior of the Spinal Canal, their size being due to the comparative slenderness of the Pedicles and the thickness of the Inter-Vertebral substances.

In the Back they seem rounded when seen from within, slightly irregular when viewed from without on account of the projection backwards of the costal facets. The size of the Pedicles and the narrowness of the Discs contract the Foramina.

In the Loins they are very large, the Inter-Vertebral Substances being thick, and compensating for that thickness of the Pedicles which would otherwise have diminished them. Owing to the curve backwards of the Dorsal region of the Spine, the Foramina appear to be placed more posteriorly in the Back than in the Neck and Loins.

Between the Inter-Vertebral Foramina in the Neck the *Transverse Processes* project; behind them are the *Articular Processes*. Behind the Foramina in the Back are the *Articular Processes*, and behind the Articular Processes the long *Transverse Processes* sloping backwards. Behind the Foramina in the Loins are the *Transverse Processes* lying in front of the *Articular Processes*.

The *Upper End* of the Spinal Column is the superior aspect of the Atlas; the *Lower End* is the tip of the Coccyx.

The *Spinal Canal* produced by the junction of the Vertebral Holes and bounded by the Bodies and Arches of the Vertebræ with their uniting ligaments, follows the Curves of the Spine. In its general shape it is triangular, the ba being formed by the Bodies and Discs, and the sides by th Pedicles and Laminæ. In the Back it assumes a rounded shape. In size the Canal varies according to the quantity of nervous substance which it has to contain and th amount of motion permitted between the Spinal segments.

Subjoined are the measurements of the foramina of tw sets of dried vertebræ. The *interior* diameters are given (a

	1st Set.		*2nd Set.*	
	Antero-Posterior.	Tranverse.	Antero-Posterior.	Tranverse.
	Inches.	Inches.	Inches.	Inches.
Atlas	1 2-10ths	1 1-10th	1 2-10ths	1 2-10ths
Axis	6-10ths	8-10ths	8-10ths	9½-10th
3rd Cervical	5-10ths	8½-10ths	5-10ths	9-10ths
4th ,,	5-10ths	9-10ths	5-10ths	1
5th ,,	5-10ths	9½-10ths	5-10ths	1
6th ,,	5½-10ths	1	5-10ths	9½-10th
7th ,,	5-10ths	9½-10ths	5-10ths barely	9½-10th
1st Dorsal	5½-10ths	8-10ths	5½-10ths	8-10th
2nd ,,	5½-10ths	7-10ths	5½-10ths	8-10th
3rd ,,	5½-10ths	6½-10ths	5½-10ths	7-10th
4th ,,	5½-10ths	6½-10ths	5½-10ths	7-10
5th ,,	5½-10ths	7-10ths	6½-10ths	7-10
6th ,,	5½-10ths	7-10ths	6½-10ths	7-10
7th ,,	5½10-ths	7-10ths	5½-10ths	6-10
8th ,,	5½-10ths	7-10ths	5½-10ths	7½-10
9th ,,	5½-10ths	7-10ths	5½-10ths	6½-10
10th ,,	5½-10ths	7½-10ths	6-10ths	7½-10
11th ,,	6-10ths	7½-10ths	6-10ths	7-10
12th ,,	6-10ths	8-10ths	6-10ths	8-10
1st Lumbar	6½-10ths	9-10ths	6-10ths	9 10
2nd ,,	6½-10ths	9-10ths	5½-10ths	9-10
3rd ,,	6½-10ths	9-10ths	6-10ths	1
4th ,,	6-10ths	9-10ths	7-10ths	1
5th ,,	Missing.	———	7½-10ths	1 1-10

From the foregoing measurements it would appear th the *antero-posterior diameter* in the Cervical portion of Canal is as nearly as possible half an inch; in the Do region rather more than half an inch (5½-10ths); and in Lumbar region about a tenth of an inch longer than in Dorsal (6½-10ths). The *transverse diameter* in the Neck Loins is, as nearly as may be, an inch long; in the B about 7-10ths of an inch. The antero-posterior diameter longest in the Atlas and Axis, and after these Vertebræ the last Lumbar. The transverse diameter is longest in Atlas; after the Atlas comes the Fifth Lumbar, and aft the Fifth Lumbar the Axis with the Cervical and Lumb Vertebræ generally. The transverse diameter dimini a tenth of an inch at the First Dorsal Vertebra, and ag diminishes at the Second or Third (b).

The MOVEMENTS performed by the Spinal Column are following:—Bending forwards or *flexion*, bending backw or *extension*, bending to either side or *lateral inclin* *rotation*, and a combination of the other movements or *cumduction*.

During *flexion*, the Edges of the Bodies of the Ve are approximated to each other anteriorly and posteriorly; the anterior parts of the Inter-Verteb are compressed, and the posterior stretched, the A Common Ligament is relaxed, the lower Articular Pro of the Vertebræ in motion glide upwards on the Sup Articular Processes of the Vertebræ, with which they artic late below. The Laminæ and Spines are separated fr each other, and the Posterior Common Ligament, the Lig menta Subflava, the Supra-Spinous, and Inter-Spinous Lig ments are put upon the stretch. When the flexing force

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(a) The foramina of the vertebræ below the Axis measure, as a gene rule, more below than above, on account of the laminæ sloping away fr the bodies. In the above table the transverse diameter is given accord to the measurements between the pedicles. The antero-posteri of the Atlas includes the space in front for the odontoid process, th lateral diameter was measured immediately behind the articula processes.

(b) Mr. Paget gives the following measurements in *lines* of the At and Axis in three specimens:—

	1.	2.	3.
Antero-Posterior diameter of Atlas ..	16	14·5	15
,, ,, ,, ,, Axis ...	10·5	7·5	8·5
Tranverse ,, ,, ,, Atlas ..	15	13·5	13
,, ,, ,, ,, Axis ..	18	11	11·5
Width between the Articular Processes of the Atlas	8·5	7	7

"Medico-Chirurgical Transactions," vol. xxxi., p. 285.

over the elasticity of the Yellow Ligaments and Inter-Vertebral pulp suffices to restore the column to its original form.

During *extension*, the posterior portions of the Discs are compressed, the Spines and Arches are approximated, and ride over each other in the neck and back. The inferior Articular Processes of the Vertebræ in motion glide down the Superior Articular Processes of the Vertebræ with which they articulate. The Posterior Common, Supra-Spinous and Infra-Spinous, and Yellow Ligaments are relaxed, and the Anterior Common Ligament is put upon the stretch. The elasticity of the pulp causes the necessary recoil. Extension is more limited than flexion.

In *lateral inclination* the Discs are compressed at the sides, the lateral margins of the Bodies, and the Transverse Processes are separated on one side and approximated on the other. Each of the foregoing movements will be checked by the ligaments which are put upon the stretch.

Rotation, which is the revolution of a Bone round its own Axis, consists in the turning of the bodies of the Vertebræ horizontally round an imaginary vertical line drawn through their centres and through the centres of the Discs. In this movement the anterior surfaces of the Bodies of the Vertebræ in motion are directed to one side, and the Spinous Processes to the other. The Articular Processes glide horizontally on each other in opposite directions on the two sides. Some of the fibres of the Laminar portions (or Crucial Ligaments) of the Discs are stretched, and others relaxed.

Capability of motion in these directions depends chiefly upon the size of the Inter-Vertebral Discs, the shape and direction of the Articular Processes, and the comparative looseness of the Ligaments. In the Neck the Inter-Vertebral Discs below the First, which lies between the Second and Third Vertebræ, are thick, the Articular Processes oblique, and the Capsular Ligaments loose. Hence flexion, extension, and lateral inclination are free. Rotation is limited.

In the Back the Discs are thin, the Articular Processes and their facets are nearly vertical, and the Capsular Ligaments are tighter. Flexion and extension, and lateral inclination take place only to a slight extent. Extension is still further prevented by the imbrication of the Laminæ and the Spinous Processes, and lateral inclination by the ribs.

Rotation is freer than elsewhere, "the Articular Surfaces lying in the Arc of a circle whose centre is in front of the Vertebræ" ("Quain's Anatomy," vol. i., p. 125).

In the Lumbar Region the Inter-Vertebral Discs are thick, the Articular Processes are vertical, and the convex, outward-looking facets of the lower Articular Processes of the Vertebræ above are embraced by the concave, inward-looking facets of the upper Articular Processes of the Vertebra below. It is evident that the Articular Processes can glide up and down on each other, and that flexion and extension and lateral inclination can be readily performed. The only controversy is in reference to the possibility of rotation. Several anatomists, including Mr. South, say that the rounded form of the Articular Processes permits slight horizontal rotation. Gray says, "Rotation takes place only to a slight extent in the Neck, but is more free in the lower part of the *Dorsal* and *Lumbar* regions." Humphry, who enforces his statement by solid arguments and experiments, says, "In the Loins there is no rotation." Ellis, following Humphry, remarks, "Its degree is greatest in the upper Dorsal and the Cervical Vertebræ, but it is absent in the Lumbar portion of the Column."

In Quain we read, "In the Lumbar region the centre of the circle in which the Articular Surfaces lie, being placed behind, rotation would involve an amount of motion between the bodies of the Vertebræ that is impossible. The Articulating Processes, however, fit sufficiently loosely to permit of lateral flexion, and by combination of this with Antero-Posterior flexion, some degree of rotation is produced" (a).

In reference to the foregoing description it must be remembered that the disposition of the Articular Processes, and the shortness of the Ligaments generally, render the motions performed between any two pieces of the column very limited, and that it is by the combined action of several pieces that freedom of movement is secured. "The mobility of the Spine may be compared to that of a chain, between any two links of which there is but little motion, while the whole chain is abundantly pliant" (a).

(*To be continued.*)

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 14th of March.

Dr. Denham, the Vice-President of the Royal College of Surgeons, in the Chair.

INJURY OF THE SPINAL CORD.

Mr. H. G. **Croly** said he had promised the Society to lay before it the result of the injury to the spinal cord of a child which he had mentioned at the last meeting. He was glad to say the child had recovered perfectly, and was now at home with its parents. It was a fortnight since the accident had occurred.

Mr. **Morgan** brought under the notice of the Society some cases of

DACTYLITIS SYPHILITICA,

the detail of which will be found at page 286.

Mr. **Croly** had seen amongst the children of the poor some cases such as Professor Morgan had described; the question as to whether they were syphilitic or strumous, was one on which a conclusion could only be arrived at by a careful inquiry into the history of the case. Every practical surgeon knew that if syphilis attacked a patient of strumous habit, it was a difficult case to treat. The form of mercury be preferred was the green iodide which he used in strumous cases with a combination of cod-liver oil and iron. He believed the green iodide if well prepared and freshly made, was the best and safest for children.

The **Chairman** said he had seen a great many children, and adults too, of a scrofulous diathesis, where he had no reason to suspect syphilis, largely benefited by mercurial treatment, so that he did not think that the fact of a child being benefited by mercury, was a proof that the child was syphilitic.

Dr. **Darby** said he had always felt a great difficulty in making a diagnosis in these cases, as Dr. Croly said they were often complicated by a combination of the two diseases, and as there was but little truth to be ascertained from the parents the physician was thrown on his own resources. He had sometimes decided that a case was syphilitic, sometimes that it was scrofulous, and sometimes a combination of both, but he confessed he was unable to state why he had come to these conclusions. He had a case at present which bore upon the discussion. A woman, who was confined in the hospital, had a common furuncle on the point of her chin, it had nothing specific in its character, and he applied a common poultice. However, it did not get well, and when the child was two months old, the nurse called his attention to an eruption on the child's nates, and this opened his eyes to the character of the little spot on the mother's chin. He at once saw that it was of a specific character, and he adopted an anti-syphilitic treatment. He had not found the green iodide of mercury successful in his hands, and preferred to use the mercurial inunction, which, however, he did not adopt in the case of young infants. He gave them gray powder in doses of one-sixth of a grain every day at furthest. The woman and child were now in perfect health. He believed that cod-liver oil with mercury was very valuable in these broken down cachectic cases. He could not say much as to dactylitis, he had generally looked on these as purely strumous. Unless there was some peculiar circumstance which led him to believe that there was syphilitic taint, he treated them as strumous affections.

(a) As an ounce of experiment is worth a pound of argument, I subjoin Professor Humphry's account of his observations on the movements of the Column. "In order to ascertain for certain the direction of the movements of the different parts of the Column, I took out the entire Spine, with the heads of the Ribs and the Pelvis, the Ligaments remaining entire; and having fixed the Pelvis, made the following observations. The forward and backward movement was decidedly most free between the third and fourth, and the fourth and fifth Lumbar Vertebræ, that is, at the part where the Lumbar Curve is sharpest. At this region the nervous cords are less closely connected with the fore part of the Vertebral Canal than elsewhere: the spinous processes are large, and the inter-spaces between them are free, and filled with stout elastic ligaments, which have a powerful effect in bringing the bones back with a spring when the Column has been forcibly bent forwards. Moreover, the projecting pubes and sternum in front, and the projecting Sacrum and dorsal curve behind, enable both the flexor and extensor muscles to act with great power upon this part of the Spine. The antero-posterior movement became suddenly much less above the third Lumbar Vertebra, and was further diminished towards the middle and upper part of the back, where it was very slight. It increased again in the neck; the capability of motion backwards from the upright posture being in this region greater than that of the motion forwards, whereas the reverse was the case in the loins. There was not much movement between the second and third Cervical Vertebræ, the intervertebral substance being there very shallow. Lateral inclination or flexion to either side was permitted at every part of the column, but was most free in the neck and between those Lumbar Vertebræ which possessed the greatest range of the antero-posterior flexion and extension. Rotary motion was slight in the neck, more free in the upper part of the back. It decreased towards the lower part of the back, and quite ceased between the Tenth and Eleventh Dorsal Vertebræ, no rotation at all being practicable in the loins. Thus, the neck enjoys each variety of movement, flexion, extension, lateral inclination, and rotation, the two former freely, the two latter with moderate freedom. In the back there are also the four movements; but the three former are less free than in the neck, and the rotation ceases at the lower part. In the loins there is no rotation, but flexion and extension and lateral inclination are all very free." Human Skeleton, p. 165, 166. The more advanced student may read with advantage the very interesting treatise of Professor Humphry. It contains much valuable matter which he will not find in any of our English anatomical text-books.

(a) Todd and Bowman's "Physiological Anatomy," vol. i., p. 140.

The CHAIRMAN observed as to the difficulty of believing what people told them. He had seen women actually in labour protesting against the probability of their being pregnant.

Dr. BENSON.—Would any of them say they had syphilis when they had not? That is Mr. Morgan's point.

Dr. WHITE said there were two points of interest in this subject. One was the peculiar remitting character of syphilis in its congenital form. He had recently had several cases of congenital syphilis under his care, and the point about them was the perfect freedom of their parents from disease, and yet the children presented a few days after birth the usual characteristics of the disease, and improved under treatment. The other point, of even more importance, was the incurability of syphilis, he thought the case Dr. Morgan had brought forward of the disease appearing in a child eighteen years after the mother had been affected pointed to the incurability of the disease. He believed they met with cases where the disease wore out, but as to any surgeon saying he cured the disease, he thought that was a great mistake. They met with cases frequently, where a remission took place in the disease, the cases passed from under the observation of the surgeon, and he thought he had cured them, when in reality he had not done so. He had watched cases of syphilis going on in several individuals, he had seen a person apparently cured, and then some illness came on, and when the symptoms of that illness disappeared the syphilis again manifested itself. One case happened to him at a time when he did not understand the subject as well as he did now, and it was one of a class which surgeons frequently met with from time to time, and which presented great difficulty in treatment. He spoke of a man who had suffered from syphilis at some former period of his life, who came under his care with a fracture that would not unite. In one case ten months passed by without the fracture uniting, and finally (under what exact line of treatment he could not state) recovery took place. Subsequently, this man came under his care with a severe attack of diphtheria, and that drew his attention to his former illness, for when depressed by the attack, a profuse syphilitic eruption appeared over his entire body. He found on making enquiry that this man had had syphilis many years before. A child of his died of what was commonly called water on the brain, a few months after birth. All these symptoms pointed to the same taint. All these cases showed the inveterate nature of the disease, and this bore practically on a matter on which they were often consulted, namely, when a man came to them and said, "I am about to be married; will my children be healthy?" He had seen cases lately where men had married, and their children had died with a syphilitic taint. As to the cases Mr. Morgan had referred to, and which were described as dactylitis the view generally taken of them was, that they were of a scrofulous character. Whether that was a right view or not, it was for the future to decide. But with regard to the treatment he was satisfied that mercurial treatment was of more real value in strumous than in syphilitic cases; that might seem to be a strong view to put forward. Every surgeon knew the value of the preparation of mercury used by Mr. Morgan in those strumous attacks of the eye where there was ulceration of the cornea, and they also knew the value of mercury in strumous affections of the joints. The question of the treatment of syphilis by mercury was so difficult that he could not discuss it. But they all knew there was a great difference of opinion on the subject. He was sorry to hear Dr. Croly advocate the use of the green iodide in the cases of children. In his hands it had had a bad effect, causing green stools and tenesmus, he had used doses of capsicum with the green iodide to prevent this, but he had had to abandon it. As to congenital syphilis in children, there were two lines of treatment, either the inunction or the use of small doses of gray powder. In a case he was now treating he used half-grain doses.

Dr. KENNEDY said that when Mr. Morgan brought this matter forward at the Obstetrical Society he stated his impression that the cases he had mentioned were strumous, and not syphilitic. Mr. Morgan used the argument that the administration of mercury, followed by success, necessarily showed that the cases were syphilitic. He (Dr. Kennedy) believed there were many cases of decidedly strumous disease beneficially treated by mercury. In strumous ophthalmia, for instance, there was no superior remedy to the perchloride of mercury. The late Dr. O'Beirne wrote an admirable paper, in which he showed that the administration of mercury was sufficient to stop the disease in some of the joints. He would also draw attention to the remarks of Dr. Stokes in his great work "On Diseases of the Chest." He mentioned cases of pneumonia where the use of mercury was found most beneficial. He alluded also to the remarks of the late Mr. Colles, bearing on the subject, where he spoke of the difficulty of separating the two diseases, and especially of separating them when they were mixed. There was a chapter in Mr. Colles's book on the difficulty of distinguishing syphilitic from strumous sore throat. With these difficulties they must hesitate before they pronounced Mr. Morgan's cases to be of a syphilitic nature. In London at present there appeared to be a perfect rage to attribute everything to syphilis. He called it a mania, and he trusted that it would not spread amongst the Faculty in Dublin. He might add that Drs. Churchill and Robert Smith, who were present at the meeting of the Obstetrical Society, agreed with him that the cases brought forward by Mr. Morgan were strumous.

Mr. MORGAN, in reply, said he had admitted that the question was a debatable one whether these cases were strumous or not, but when he found them accompanied by a syphilitic rash he could not separate that from the affection of the hand. Then there was the case of a woman who came into the Lock Hospital affected with syphilis, and then got this affection of the third finger. It might be called strumous if they liked, but there was no evidence of struma until syphilis stepped in. The facility with which these cases yielded to mercurial treatment was, he thought, a strong argument in favour of his view. In the case of the child whose foot was affected, the tumour, which looked so angry, disappeared as soon as the influence of the mercury was manifested. There might be a strumous form of the disease, but there certainly was one in which it was syphilitic.

Mr. H. G. CROLY brought a case of

DISEASE OF THE SACRO-ILIAC SYNCHODROSIS

before the Society, which will be found at page 287.

The CHAIRMAN asked whether Mr. Croly thought, if the abscess had been left to Nature, the hæmorrhage would not have occurred?

Mr. JOHN MORGAN said, that not very long ago he had under his care a case of an abscess nearly over the sacrum, of very considerable size, extending from one side to the other. The patient was æt. 14. He tapped it with the aspirateur with a fine needle at intervals of seven or eight days, but the boy succumbed. He tried on two occasions to tap a psoas abscess with the aspirateur. In one case he succeeded, and drew away a large quantity of pus from the abscess. By-and-by, one of the perforations ulcerated, and communicated with the abscess. He thought by this operation he put the patient, who was a woman, in a better position for a natural cure than if the abscess had been left to itself. The other woman died, wasting away by the continuous discharge. He tapped her on wo occasions; the part inflamed, and she wasted away. The hæmorrhage in Mr. Croly's case was a feature of interest. Mr. Croly thought it came from the bone, and he (Mr. Morgan) would rather attribute the ceasing of the hæmorrhage rom the bone to the actual cautery than to Nature, as Mr. Croly seemed to do.

Dr. R. P. **White** said that last year he used the aspirateur everal times in cases of psoas abscess, and he thought its ntroduction had been of use to the Profession. It was the practice of the late Mr. O'Ferrall to open abscesses with a mall trocar, which was much the same as with the aspirateur, except that the matter drained away more slowly. He was puzzled by what Mr. Croly said as to the danger from hæmorrhage, in opening a chronic abscess. He had opened many, and he never saw any danger from that source. Mr. Croly's case was, he thought, unique.

Dr. **Henry Kennedy** would like to know whether there was a hæmorrhagic diathesis in this case, and whether there was evidence of the abscess communicating with the rectum?

Mr. **Richardson** said that Dupuytren had laid down the rule that the surgeon should avoid as much as possible opening a psoas abscess. He described cases in which the liquid pus of the psoas abscess was absorbed, and a kind of concrete pus remained, which was Nature's mode of cure. Mr. Stanley, of London, had more recently recommended the ame treatment as regarded psoas abscesses.

The **Chairman** observed that there was in his day a very general objection to opening a psoas abscess.

Mr. **Croly**, in reply, said Dr. White had misunderstood him, if he thought he intended to convey the idea that the opening of a chronic abscess would necessarily be followed by hæmorrhage. He had mentioned the extraordinary amount of hæmorrhage in the case as a point of interest. As far as his experience went, he should say they should not open a psoas abscess, especially when they considered he length to which it sometimes extended, and the enormous size of the sac. The late Mr. Williams, of the City of Dublin Hospital, a man of great practical experience, always aught his pupils not to be in a hurry to open a psoas bscess. "Let them point," he used to say, "let them urst." The late Dr. Geoghegan, a very eminent surgeon, laid down the same rule. Dr. Kennedy asked whether there was any history of hæmorrhagic diathesis in this case? He heard that the boy never had a tendency to bleed from the nose, or anything to indicate a hæmorrhagic diathesis. He thought the opening of the abscess had nothing to do with the hæmorrhage; but he thought it possible that in such a case the question might be raised as to whether anything had been cut, or not, in opening the abscess. His idea as to a communication with the rectum was that when a stop was put to the bleeding by the actual cautery, an ulceration took place; which ultimately communicated with the bowel, and the blood being staunched at the other surface, it had easy access to the rectum. If the abscess had not been opened at all there might have been great hæmorrhage into the sac, which might have caused much difficulty in dealing with the case.

The Society adjourned.

DUBLIN PATHOLOGICAL SOCIETY.

At the usual weekly meeting of this Society on March 29th, 1873,

Dr. **Henry Kennedy** in the Chair,

Dr. **Robert Smith** exhibited a case of

ANKYLOSIS AFTER CONCUSSION OF THE KNEE-JOINT,

t the request of Dr. M'Conkey.

ENORMOUS ACCUMULATION OF EXTRANEOUS MATTER IN THE STOMACH.

Dr. **Yeo** showed the stomach of a girl, æt. 4, who had died n the Hardwicke Hospital of uncontrollable purging and vomiting. She had been a healthy child, and nothing peculiar had been observed by her mother about her appetite. For nine months she had had a hard tumour in her abdomen. She was not at all emaciated, and while in hospital was remarkably listless and apathetic. She never complained of any pain till two days before her death, when she was attacked with sudden colic which lasted about an hour and recurred twice. The large hard tumour occupied the anterior and superior part of the abdominal cavity and was freely moveable. The *post-mortem* examination showed this tumour to depend upon a collection of extraneous matters, such as pieces of cloth, cord, straw, grass, chips of wood, &c., which were all matted together into one large mass occupying the entire of the cavity of the stomach. A similar aggregation was found near the end of the jejunum. The rest of the intestine was empty and healthy throughout, with the exception of a large ulcer which existed in the duodenum over the head of the pancreas. Dr. Yeo considered this case interesting as showing the difficulties attending the diagnosis of the disease called pica when the peculiar aberration of the appetite had never been observed. The amount and position of the aggregation was also unusual. The ulcer in the duodenum seemed to support the idea that some irritation in the alimentary tract is the usual cause of the disease.

Dr. F. C. **Crossle** laid before the Society a case of

ISCHIATIC HERNIA,

which occurred recently in his practice in a remote district in the north of Ireland, and an account of which might be said to possess one or two features of interest to the Society. In the month of August last a strongly built, healthy-looking woman, æt. about 40, the unmarried sister of a comfortable farmer, came to him concerning a tumour situated on the right buttock. On questioning her with regard to the history of this tumour he ascertained that about two years previous to that date she had, while in the act of stooping and assisting to lift a heavy iron plough into a cart, become suddenly conscious that something had given way in a situation deeply seated and corresponding with that now occupied by the face of the tumour; that a dull pain remained for some time in the part rendering her slightly lame for a time but unattended by any fever or other complication calculated to prevent her from paying her accustomed attention to domestic duties. Regarding the occurrence as one of trifling importance she did not at the time seek Medical advice, but some three or four months, subsequently, on discovering a small tumour about the size of a pigeon's egg situated on the lower margin of the glutœal fold on the same side, she became frightened and consulted her usual Medical attendant concerning the cause of her alarm. Mentioning to him the occurrence of the strain and the size and situation of the small tumour she suggested to him the fear that she was ruptured. No examination of the tumour was made at the time and her Medical adviser assured her that rupture in such a situation was entirely out of the question, and that the tumour need afford her no anxiety. Encouraged by this assurance she returned home, but contrary to expectation the tumour kept gradually but sensibly increasing in size, until at last it attained such inconvenient proportions that she was induced to consult several other Medical men, himself (Dr. Crossle) among the number. Different theories seem to have been propounded with regard to the nature of the tumour, one of those whom she consulted assuring her that it was "a cancer," but that its situation would render its removal a hazardous undertaking. On proceeding to examine his patient he found a tumour springing from the lower border of the right glutœal fold, its apex lying across the back of the left thigh immediately below the glutœal fold of the left side. It was at the time about the size of a well-formed fœtal head at full period, and distinctly ramifying over its surface were several veins. To the touch it was soft, yieldy, and pulpy. On percussion the greater portion of the tumour yielded a dull sound, but certain points of it were slightly tympanitic; in fact, the whole appearance of the tumour, entirely apart from the history connected with it, at once suggested to my mind the idea of an ischiatic hernia. He therefore directed the patient to cough, and an impulse was at once conveyed to the tumour so great that a moderate cough increased its size by nearly one-half. A similar effect was produced when she assumed the erect position. He next attempted to return the tumour within the pelvic cavity, and although he could not after the most careful and protracted efforts to return the entire mass of intestine, he was still enabled to reduce the size of the tumour to such an extent as to permit him to feel the edge of a very considerable indurated opening immediately overlying the great sacro-sciatic foramen, this, with the contents of the tumour, were at once forcibly protruded on the removal of the hand with which he had attempted its reduction. From the most careful examination of the parts it appeared to him that the complete return of the intestine was prevented not so much by its size as in consequence of adhesions which had evidently been contracted between the hernial mass and the structures amongst which it had thus become abnormally placed. On questioning her as to her general health he ascertained that the tumour had as yet proved nothing more than an inconvenience, save on one or two occasions when due attention to the state of the bowels had been neglected. On such occasions an unusual pain and fulness was felt in the tumour which was, however, at once removed by the use of ordinary purgative medicine. The menstrual function was, and still remained, perfectly normal, and no abdominal symptoms were complained of. He explained to her the nature of the affection and assured her that in its present condition it involved no danger to life, but that from his examination of the case he feared it was impossible to attempt anything calculated to effect a complete and permanent return of the bowel to its natural position. The tumour was, however, a most decided inconvenience to her, preventing her from assuming the sitting posture, except with very great discomfort to herself; and as it was growing more and more inconvenient every month from its slow but steady increase in size, he strongly advised her to proceed to Dublin for the purpose of having a proper appliance made for the support of the hernial tumour. He wrote accordingly to his kind friend and former teacher, Mr. Stokes, and in the month of September last she was admitted into his ward in the Richmond Hospital, where those gentlemen who saw her concurred with him in the diagnosis which he had already formed of the case. While in that institution Mr. Stokes was kind enough to obtain for him the drawing which he exhibited to the Society, and also a cast of the tumour as it then existed. He also obtained for the woman a truss, the use of which had certainly prevented the tumour from increasing so rapidly in size as it did before its application. To conclude his notice of the case he had only to say that the patient, notwithstanding the existence of such a formidable looking malady, is still in the enjoyment of excellent health and spirits, that she is in the habit of taking long walks, and that she daily attends to her share of the work in and about a large country farm house. When they looked over the writings of those who had paid particular attention to the subject of hernia, they found that such cases as that which he had described were very rare and most of the early recorded cases were of a very unreliable nature. At the time when Lawrence wrote his admirable "Treatise on Ruptures" it did not appear to have ever been recognised in the living subject. True it was, that he mentioned several cases in which such a malady was supposed to have existed, collected from the writings of Papen, Bertrandi, Bose, Cowper, Lassus, and Monro, but none of those did he regard as a well-established case of ischiatic rupture. In his exhaustive work "On Hernia," Sir A. Cooper recorded one isolated example of the affection for which he acknowledged himself indebted to Dr. Jones, of Barbadoes, he himself having never seen an instance of it in the living subject. In that case a young man, æt. 27, had suffered from symptoms which gave rise to the suspicion of strangulated hernia, but no hernia could be found, nor was the neighbourhood of the sciatic foramen examined. Death, however, occurred somewhat suddenly, and on examining the body afterwards, a small portion of the ileum intestine was found to have passed out at the sciatic notch and to have become strangulated in that position. Mr. Hamilton, the present distinguished surgeon to the Richmond Hospital, has favoured him (Dr. Crossle) with the notes of a most remarkable case in which a man, æt. 47, was affected with double ischiatic hernia. The disease had at the time of observation existed for eighteen months without giving rise to any serious consequence. In the *British Medical Journal* of last year (Oct. 5th) a case was recorded in which Dr. Marzolo, of Padua, had recognised the existence of the disease in a women who first came under his notice in 1847, at the age of 30. Ten years previously she had observed a small swelling in the left buttock; it disappears when she lay down, but reappeared in the erect position and gradually increased. She had four abortions and bore one healthy child. When seen, the hernia extended over part of the buttock as far as the trochanter and forward to the groin. The abdominal wall was retracted. On lying down or sitting the greater part of the swelling could be returned into the abdomen, defæcation and coition were difficult. Last year the patient again came under observation. Her condition had changed but little, the hernia was now irreducible, and at the lower part there was dulness on percussion and fluctuation. A puncture was made, and a large quantity of fluid removed. Diarrhœa set in and the patient soon died. No *post-mortem* examination could be obtained. Dr. Crossle said he felt that some apology was due for having usurped so much of the Society's time, but the malady, an example of which he had thus imperfectly brought before them, was one of such rare occurrence that it might easily be overlooked in its early stage, as indeed occurred both in Sir A. Cooper's case and in that which fell under his own observation, and that too in the hands of men deservedly enjoying a high professional reputation, and it was of course in that stage that a correct diagnosis was of the greatest importance. Should the communication he had made, however, be so fortunate as to impress on the minds of some of his hearers the possibility of such an occurrence, he would then feel assured that the time of the society had not been altogether thrown away.

Dr. **Foote** showed an instance of double aneurism of the aorta—one on the right of the artery and one on the transverse portion of the artery.

Dr. **Ormesby** brought under the notice of the society a brain and clavicle which had been removed from the body of a man who had been admitted into the Meath Hospital on Wednesday morning last, at three o'clock, suffering from all the symptoms of compression of the brain, dilated pupils, stertorous breathing, hot extremities, and perfectly unconscious, and also suffering from fracture of the left clavicle. The history of the case went to show that on Tuesday, about twelve o'clock, he was descending into the hold of a steamer by a ladder, and slipping he fell a depth of sixteen feet, his head and shoulder coming in contact with a cask. When picked up he seemed greatly stunned, but after a short time spoke a few words. He vomited a good deal, and when seen shortly after the occurrence was supposed to be under the influence of intoxicating liquor. On admission to hospital he was put into a warm bed, his head shaved, and all the usual remedies administered. He had convulsions on the left side, the right side being perfectly quiet, and the right pupil more dilated, pulse over 100. He never rallied, and died fifteen hours after admission, and thirty-seven after receiving the injury. A *post-mortem* examination was made fifteen hours after death. On making an incision across the scalp a great amount of epicranial extravasation was found over the occipital and parietal bones. On the calvarium being removed, a great amount of blood escaped, and a fracture was discovered passing up from the lamboidal suture into the parietal. Another depression was discovered when the brain was removed, the under surface of the right anterior cerebral lobe being found to be extensively lacerated, and a large clot was also found. The middle cerebral artery was found to be ruptured. No further lesion was found in the brain. The thorax was examined and a transverse fracture of the left clavicle was found next the sternal end. There was no ribs fractured nor any pulmonary laceration. The interest which attached to the case was first that the symptoms had originally been mistaken for intoxication, that the man was conscious for four hours after the accident, that the laceration was at the anterior part of the brain, while the fracture was over the occipital, that he was convulsed on the left side and paralysed on the right, and that the right pupil was more dilated than the other.

(*To be continued.*)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 2, 1873.

GENERAL MEDICAL COUNCIL.

The Council has met, and its deliberations have resulted in much the manner we ventured to predict in our last issue. Nevertheless, the meeting has not been uneventful, and some revelations were made which appeared to astonish the Council and reflect no credit on the Government. The conduct of the Lord President of the Privy Council has been, in our opinion, most disgraceful, and will tend to render the Profession more discontented with the sent Government than ever. Either Mr. Gladstone must take up the question of Medical Reform, and put an end to the follies of the department which interferes only to obstruct, or he must lose the confidence of the Medical men of the three kingdoms.

THE REGISTER.

But we anticipate. Dr. Paget commenced the proceedings with a business-like address, in which he made some important statements. One of these was that the Register is more perfect than it was last year, and for this we have to thank the assiduity and intelligence of the clerks, who have always been both careful and courteous. It would be well for those members of the Profession who change their residences to send notice of removal, as the clerks cannot alter the Register without instructions—a hint that we hope will not be lost.

FINANCES.

The income has been large, the expenditure small, and the year is therefore a better one than the next is likely to be. The President, however, spoke hopefully on the [illegible].

CONJOINT BOARDS.

Dr. Paget alluded to the schemes expected, and the alleged inability of the University of London and the Society of Apothecaries to join in them. He then read a letter received by the Society from the Privy Council, in which that august body sets up the cry *non possumus.* This was afterwards the point of departure for the revelations to which we have alluded, and it is gratifying to know that these were received with disapproval. Dr. Storrar deserves well of the Profession for the outspoken manner in which he stated the substance of communications made to him and others, and from which it is clear that the University of London is to be absolved from all blame. That body has evidently been sincere in its desire to co-operate for the good of the Profession, and has only been prevented from so doing by the paltry jealousy of my lords of the Privy Council, who seem to fancy they have a prescriptive right in Medical legislation, though they have done nothing but meddle and muddle. Lord Ripon or Mr. Forster, or both, must be held responsible for delay and for obstruction of the very worst kind. A dog-in-the-manger policy has been adopted in spite of remonstrance, the result being that the efforts of the London University and the Apothecaries' Society have been frustrated and the work of the Medical Council wasted. The time has come for the Privy Council to be told that it must cease its petty interference or be subjected to the reproof of Parliament. In all that relates to the Medical Council it has always been most unreliable, and the present is only a gross instance of the manner in which it has previously acted.

Our readers know pretty well what has been expected, but the revelations of Dr. Storrar will come upon them, we doubt not, as a surprise. After the Under-Secretary of the Home Department and the Solicitor-General had told Dr. Storrar in private that the desire of the London University was to be enabled to co-operate—a desire dictated by the most proper feelings on the part of the Senate and thoroughly supported by the Profession—the Privy Council "put a spoke in the Bill." So an official of a Royal College told Dr. Storrar, and explained that "the Privy Council people found out what was going on between the University and the Home Office and claimed [illegible] they are to deal with the Medical Council, not the Home Office." If this is not a disgrace to the Government, what is?

But worse than this, the Privy Council having snubbed the Home Office have "hung up" the matter, and the Profession was left as helpless as before.

Lord Ripon has never been remarkable as an acute or broad-minded statesman. He got a marquisate for his mismanagement in America, and some fancy he seems to take the edge off Mr. Forster's bluntness, but it is quite clear that with all that has passed we have fallen on evil days if we are to trust to either in matters Medcial.

How about those who inspire or enact them? Fears have often been expressed, and from what has lately passed we have no occasion to congratulate ourselves on the mode in which Government business is transacted in this country. Unless Medical reform be taken up as public question, and the subordinates of the departments sent about their business, it is likely to be "hung up" for some time to come.

A NEW MIDWIFERY DIPLOMA.

We have a great variety of diplomas, but another looms before us, for a communication from the Queen's University in Ireland was presented to the Council, stating that the University had granted diplomas in midwifery, and requesting that such diplomas might be entered on the Register; whereupon Sir D. Corrigan explained that the certificates in midwifery were granted by the University in order to meet certain requirements of the Poor-law Commissioners of Ireland. After some discussion on the subject, it was resolved "That the question of the admissibility of the certificates on the Register be submitted to the opinion of counsel."

QUALIFIED MIDWIVES.

A memorial was read, requesting that the Council would recommend the institution of a searching examination for the purpose of "differentiating" properly qualified women from the class of unskilled midwives. This memorial was referred to the Committee on the Medical Qualification of Women.

CHANGE OF NAME.

A memorial was read from Mr. James Cooper Pigg, M.R.C.S.E. and L.S.A., praying to be restored to the Register, his name having been erased under the 14th section of the Medical Act, accompanied by a deed showing that he had changed his name to James Cooper Cooper. The Council admitted the plea.

RE-QUALIFYING AFTER REMOVAL FROM THE REGISTER.

A very curious story was related by certain Medical practitioners at Redruth, Cornwall, respecting John Permewan, now practising at Redruth, whose name had been erased from the Medical Register. The memorial set forth that in March, 1866, John Permewan was convicted of felony and sentenced to seven years' penal servitude; that in May, 1866, his name was erased from the Register, and also from the list of members of the College of Surgeons of England; that in 1871 he was discharged on a ticket of leave; that in March, 1872, he obtained a licence from the Royal College of Physicians of Edinburgh after an examination, and shortly afterwards settled in Redruth as a Medical practitioner, obtaining appointments, and styling himself "Dr. Permewan." A letter was also read from Dr. Haldane, of the College of Physicians of Edinburgh, stating that Permewan was admitted to examination in consequence of his (Dr. Haldane's) having omitted to refer to the list of names erased from the Register; and that Permewan produced to the officer of the college his diploma of the College of Surgeons of England.

APPREHENDED COLLAPSE OF MEDICO-EDUCATIONAL REFORM.

THE Medical Council, the Licensing Bodies, Journalists, and the Profession, have been positively electrified by the facts which have been brought to light at the first day's meeting of the Medical Council, and at present all parties, except the root and branch revolutionists of the Profession who are rubbing their hands in delight, are breathless with astonishment and indignation. Our readers will recollect that the Government Medical Reform Bill introduced two years ago was, after passing the Lords, prevented completing its journey through the Lower House by the opposition of certain bodies to a Clause introduced in the interest of the Universities. That Bill having been defeated, the Licensing Bodies set to work to do, by their own efforts, exactly that which the Government wished to do by its will. The English Medical authorities speedily found that two of their number, *i.e.*, the Apothecaries Company and the University of London, though anxious to co-operate, were prevented by their Acts of Parliament from modifying their systems. They at once opened negotiations with the Home Secretary, the Apothecaries by letter, and the London University by verbal communication, and requested that they might be enabled, by the passing of a short Act, to co-operate in the proposed Conjoint Examination. At once they were assured that the Government would aid them in obtaining such power, either by introducing a Bill themselves or supporting one brought in by the London University. On the faith of this assurance, the negotiations between the English Licensing Bodies were proceeded with, and nearly two years were occupied by conferences, which resulted in an agreement to a suitable scheme. This done, the Medical Council was called, and nothing remained but to submit such scheme to it—run the short Bill through Parliament, and go to work with the new system of qualifying next October.

The opening statement of the President operated as an earthquake, which razed to the ground the entire structure of Medico-Educational Reform, which the leading minds of the Profession had spent nearly two years in rearing up.

In reply to a letter from the Apothecaries Company, Mr. Simon informed the Company that "His Lordship (the Marquis of Ripon, President of the Privy Council) as at present advised, has decided not to introduce any such measure into Parliament. It has seemed to his Lordship that a measure of that merely permissive kind would not of itself secure a satisfactory improvement in the present system of Medical qualifications; and I am to say that his Lordship retains the opinion which he expressed in 1869 and 1870 in his correspondence with the General Medical Council, and on which he afterwards acted, with the full concurrence of that Council, in introducing the Medical Bill of 1870—namely, that any Bill to be introduced on the part of her Majesty's Government for the amendment of the Medical Acts ought to be such as would cover all the ground where amendment of the Medical Acts is wanted, and as would therefore probably be, at least for some time, a settlement of that branch of legislation."

After the reading of this document, Dr. Storrar, the representative of the London University, made a statement which unfolded to the Council the most extraordinary act of Government inconsistency and tergiversation which has, ever since the *régime* of Mr. Gladstone, astonished politicians.

It was briefly to the effect that, after a definite, formal, and official promise from the Home Secretary that the required Bill would be introduced by the Government, the matter had been, without any communication whatever, passed over to the Privy Council office where Mr. Forster, without hesitation, at one strangled the Bill, and intimated the determination of Government neither to do anything itself, nor to permit the Licensing Bodies to do anything. We give Dr. Storrar's narrative in his own words, as reported in the *Lancet*. He said:—

> There was some private communication made to the Secretary of State for the Home Department, and that was followed by a formal communication, proposing to him to introduce as a Government measure a Bill in the terms that I have described. We received an answer to the effect that it would be done. Just about that time I met in society the Under Secretary for the Home Department and the Solicitor-General. I spoke to them about the matter, and the answer was, "Oh, yes; we know all about it, and it will be done somehow." Virtually the answer appeared to me almost to be, "You need not trouble yourselves about it, because it is all arranged to be done." We were expecting a draft of the Bill to come to the Senate of the University for approval, but no draft came. We went on towards the end of the session, when Dr. Sharpey and I one evening found ourselves in conversation with a very distinguished member of the Council of the College of Surgeons, who said, in the ordinary way of chat, "By the way, they have put a spoke in your Bill." "How is that?" we asked. "Oh," he said, "the Privy Council people found out what was going on between you and the Home Office, and they have claimed as their right that they are to deal with the Medical Council, and not the Home Office." So it has passed on from the Home Office to the Privy Council, and there it is hung up. I was a good deal pulled up by this, and, I own, a good deal annoyed. I said, "Well, we really ought to have some explanation of this," when, looking towards the door of the room, I saw Mr. Forster, the Vice-President of the Council. As he is an old friend of mine, when he came forward I pulled him into the circle and asked what was the meaning of all this. "Well," said he, "if you had introduced a private Bill it might possibly have been right enough for the Government to consent to it; but, you see, you saddle the Government with the responsibility of this Bill, and it is for the Government fairly to consider whether it should undertake that responsibility." I then said, "You know, the University of London, being placed under the Home Office, had no power to act otherwise than through the Secretary of State." He replied: "These conjoint examinations are all very well, but we have to look at this question as an imperial one. It might be very well to establish conjoint examinations under proper authority, but at present at least, while the examinations are conducted by separate bodies, the country has a guarantee for an adequate number of general practitioners being licensed. Competition, whatever may be its injury in one respect, has at any rate that advantage." Well, sir, my hair had been brushed for the evening, but really I think it not unlikely that it almost stood on end when I heard this statement. It will be remembered that when the Council applied to the Home Office for legislation to strengthen Clause 40 of the Act they could get nothing from them; the Council then changed their course, and went to the President of the Privy Council, and after some delay a letter was received from Mr. Simon, the gist of which was: "We understand what you want. What we propose is that you should enter into conjoint examinations to put a stop to this system of single or

half qualifications for the future; if you are prepared to assent to this the President of the Council will be ready to acquiesce." We announced our readiness to assent to this. We are now in this ridiculous position: we assent to the Government doing a thing which they wish to do and which afterwards they refuse to go on with, and they will neither move themselves nor allow us to move.

It will not be surprising that after this statement Sir William Gull intimated his intention of refusing to sit upon the Council, if the Privy Council persisted in its intention to violate its pledges and insult the Medical Council.

Aside from any consideration as to the advisability or practicability of Medico-Educational Reform, there can only be one opinion as to the transaction thus laid before the public. The Government gave pledges which the Profession and the Medical Council were foolish enough to confide in. It put the Medical authorities throughout the country in operation to carry out its recommendation, and it permitted knowingly the negotiations, the perfecting of which, it must have been aware, was dependent on its help. It is inconceivable that it can now be seriously proposed to forget the previous cause of events and the expressed desires of the Government, and to visit upon the Profession the contemptible official jealousy which Mr. Forster has already so abundantly displayed.

Notes on Current Topics.

Treatment of Croup.

PROF. QUASSAC, of Montpelier, suggests a treatment of croup based on the derivative hypothesis, and discards the recognised remedies of vomiting, &c.; he suggests that topical means hitherto used are of no value, cauterisations, the use of emetics or local applications to the chest or throat are equally inert. He relies on the use of emollient drinks and gargles, and diaphoretics, but applies blisters to the limbs, one to each member at a time, and he supports the argument in favour of this method of treatment by the good effect of blistering in pneumonia, pleurisy, and rheumatism, &c.

London Hospital Medical College.

ON the 22nd ult., Mr. J. Needham, F.R.M.S., the Demonstrator of Histology at the London Hospital Medical College, was presented by his class with a testimonial and n address. The students felt that some special recognition of Mr. Needham's service was due, as besides having evoted very much time and trouble in the discharge of is duty he had prepared and presented to each member f the class a number of very beautiful preparations of all he tissues and organs. It should be added that some of he past students who had availed themselves of the privilege of attending the course took part in the proceedings, hich were of a very enthusiastic character. We drew ttention at the beginning of the session to the arrangements of this College for instruction in practical physiology and histology, and it is gratifying to learn that Mr. Needham's assiduous efforts have been appreciated by his lass.

THE Royal Irish Academy Society will meet on Monday, 4th April.

Prosecutions under the Adulteration Act.

THE Sanitary Inspector of St. Luke's, Middlesex, has led the way with the first conviction under this most salutary Act. Hitherto no one seems to have had sufficient courage or patriotism to lay a charge and carry it through what at first sight might appear, the intricate windings of the law for the benefit of the community at large. Now, however, that the process is shown to be so simple, we hope dishonest manufacturers of food and dietetics generally will entertain a wholesome dread of its consequences and the inevitable exposure, which cannot fail in the end to bring ruin upon themselves. In the present case, which occupied the Clerkenwell Court on Friday last, iron filings were present in considerable quantities to give "colour and flavour" to the tea, whilst chopped stalks and sand added not inconsiderably to the weight. The defendant was fined £10 and costs for his pains, and received a caution from the magistrate for his behaviour in future, which appeared to give great satisfaction to a crowded court.

Cataract Extraction with and without Iridectomy.

IN a recent communication made by Dr. A. H. Jacob to the Surgical Society of Ireland, and published in the MEDICAL PRESS AND CIRCULAR the week before last, the author was courageous enough to avow a certain scepticism as to the much-cried superiority of the modified linear extraction of Graefe over the old peripheral flap operation. The heresy which Dr. Jacob embraces seems to have received the adhesion of some converts of note, the last of whom is M. Warlomont, the distinguished editor of the *Annales d'Oculistique*, and certainly the leader of the ophthalmic specialists of Belgium. In his memoir of the Ophthalmological Congress of London last year M. Warlomont says—

> "Concerning the operative procedures for the extraction of cataract, the English oculists when interrogated have given us the same response we have received in many other places: 'We operate by Graefe's method, but we have modified it.' To such a point is this carried that the *classical* peripheric method hardly receives entire respect anywhere. Everybody wishes to do better, an indication of at least mitigated satisfaction.
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> "We have seen Bowman—*horresco referens*—make several extractions by the method with the large flap, without the least iridectomy, in a word, by the *classic* extraction, and he did not blush the least in the world. But what marvellous hability!
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> "Is the era of peripheral extraction so soon ready to expire? At least criticisms accumulate about it to such an extent that the thought may be permitted. The method is not proof against inflammatory accidents, such as iritis, and especially cyclites. Now, even at the thought of traumatic phenomena in the ciliary region, does not the spectre of sympathetic ophthalmia appear?"

University Oarsmen.

THERE is no contest in the United Kingdom which creates a greater or more genuine enthusiasm than that which takes place annually upon the London waters between the two foremost seats of learning, the universities of Oxford and Cambridge. The proneness of Britons for all sports which demand a great amount of self-denying hard work and muscular exercise is of as world-wide celebrity as the mental culture which has for so many generations distinguished the inhabitants of these isles. And, if it were possible, the interest in the struggle of Saturday was even greater than on any preceding occasion. Much of this was probably due to the new style of rowing which the sliding seats necessitated, and the effect which the difference of muscular action this as yet untried innovation would have both upon the performers and the performance. The professor of anatomy at Cambridge, Dr. Humphry, had already expressed himself very favourably thereon, and the new work issued at so appropriate a juncture by Messrs. Macmillan and Co. (*a*), entitled "University Oars," by Dr. J. E. Morgan, completely sets the hitherto debateable point of the comparative mortality of athletes, so frequently raised by the late Mr. Skey, at rest in favour of those who go in for scientific and common-sense training, for all whose natural constitutions are fitted for muscular exercise. Indeed, there is so much that is readable and interesting in the work to which we have referred that we cannot do better than to recommend everyone interested in the subject—and who is not—to read the work for themselves. Into the merits and demerits of the rowing itself it is not, of course, our province to enter. The distance of four miles was traversed in 19 minutes 35 seconds, which is two minutes faster than it has ever been rowed before, the crews appearing but little exhausted by the strain. The University of Oxford has yet two races to the good in point of numbers, although Cambridge has now won four years in succession.

Another Death from Chloroform.

While the question of a death from chloroform in Dublin is still possibly to be discussed in legal form, we cannot fairly criticise any of the circumstances. A death, however, occurring this week in London brings the question again into prominence. While increased precautions are constantly being taken in the administration of chloroform, evidently either the death ratio is on the increase or so great reticence is not observed in notifying the deaths that do occur. If the latter be the case we may fairly multiply by ten the death-roll already recorded from time to time. In this particular case it will be seen that old age or fatty heart was not apparently the cause of the fatal result, and also that the quantity of chloroform was small, notwithstanding all the special pleading of the advocates of chloroform, its dangers are daily more strikingly manifest. The circumstances of this last case are reported in a weekly contemporary as follows :—

The patient, a boy, æt. 15, had been the subject of necrosis. An examination was being made of his right humerus, which had recently undergone spontaneous fracture. A very small quantity of chloroform was given (one or two drachms), and he was hardly brought under its influence. It was administered by the house-surgeon. The heart had been previously examined, and nothing amiss found. The examination of the arm had been completed, and directions given for the treatment. In recovering consciousness, the boy vomited, bringing up some greenish fluid. Suddenly his pulse, previously good, stopped ; the pupils were widely dilated ; and respiration was impeded. Artificial respiration and galvanism were at once had recourse to and persevered in for an hour and a half, but without the least return of the heart's action.

It is to be hoped that increased attention will be give to the ether question and more particularly to the safet and most convenient mode of its administration. Th Ether and Chloroform Committee of the College of Surgeon Dublin, will, it is expected, very shortly give some repo of the results of statistics as so far collected in Dublin, s as to give some idea as to the safety and efficacy of etheri sation against chloroformisation ; these would be partic larly interesting, as the table drawn out by the Committ embraces such accurate details as must satisfy the m sceptical.

Furneaux Jordan, F.R.C.S., Surgeon to the Quee Hospital, Birmingham, and Lawson Tait, F.R.C.S., Ed and Eng., Surgeon to the Women's Hospital, Birmingha have been appointed honorary consulting surgeons to th West Bromwich District Hospital.

At a conference held last Wednesday to consider best means of raising funds for the enlargement of North-Eastern Hospital for Children, which during it years of existence has provided Medical treatment 50,000 sick children, £1,000 out of the £3,000 w were subscribed on the spot, and the appeal for th mainder to the general public will, we hope, be shortl the hands of the treasurer.

Elevation of Temperature during Convul Attacks.

M. Magnam reports the following observations on point in a woman, æt. 25, under his care, suffering f epilepsy. When the convulsive attacks came on, dilata of her pupils occurred, the convulsions were first tonic then clonic with coma and stupor. The temperatu the rectum was tested by the thermometer, and show considerable elevation of temperature ; the optic p was also examined during an interval of calm, and a table injection was perceptible in it.

The Carmichael Prizes.

We understand that in response to the advertisem issued some months since by the Council of the R College of Surgeons in Ireland, five competing e have been sent into the College. The prize, as ma our readers are aware, is one or two hundred g according as the Council may determine, and i bequest of the late Richard Carmichael, who devis sum of money to the Council to enable them to awa prize for the best essay on "Medical Education." default of such award being made, the principal sum w to lapse into the hands of the trustees of the Roy Medical Benevolent Fund Society of Ireland. On th last occasion of the award, three members of Coun Messrs. Hargrave, Barker, and Macnamara, were a pointed by the Council to read the essays, and the pri was awarded conjointly to Dr. Mapother, of Dublin, a Dr. Isaac Ashe, of Letterkenny, whose essays have sin been published.

The trust which the will of Mr. Carmichael imposed o the Council, is not discharged without some difficulty The labour of perusing the manuscript essays an adjudging their relative merits is so great, that no perso could be expected to undertake it without adequate remuneration, for it would involve not less than two months application on the part of the adjudicators. There is,

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(*a*) "University Oars: being a Critical Inquiry into the After-Health of the Men who rowed in the Oxford and Cambridge Boat-race from the year 1829 to 1869, based on the Personal Experience of the Rowers themselves." By John Ed. Morgan, M.D., M.A. Oxon. Macmillan & Co.

however, considerable doubt whether, on the one hand, the Council is, under the terms of the bequest, at liberty to delegate the duty of reading the essays to extra-conciliate persons, or, on the other hand, whether remuneration can be legally voted or accepted by councillors for the discharge of a duty vested in them as trustees.

For this occasion at least, the Council appears to have lecided that it is competent to make such vote, for it has ppointed by the casting of a lot, Messrs. Albert Walsh, Colles, and Robert M'Donnell, to adjudicate on the merits of the essays.

Considering that the bequest has never borne fruit of any great value to the Profession, and that the subject to which the essays are confined is already done to death, we would suggest to the Council the consideration as to whether the fund would not be applied with much greater advantage, if it were permitted to lapse into the Royal Medical Benevolent Fund.

Expulsion of a considerable portion of the Mucous Surface of the Small Intestine consequent on Injury of the Abdomen by the Buffer of a Waggon.

DR. GALLEZ gives an interesting case of this injury. A nan received a severe stroke from the buffer of a railway ar while he was in the act of eating his breakfast. He mmediately vomited and became thoroughly prostrated nd collapsed, the abdomen over the left hypogastric region became very painful of peritonitis, the urine was on the ext day but one, bloody, and discharge from the bowels ery fœtid, dark, and bloody, and all the signs of a ocalised peritonitis developed themselves; the stomach was highly irritable. The accident took place on Dec. 3rd, and until the 22nd the patient suffered severely from olicky pains and incessant irritability of the stomach; on hat day he felt a foreign body as he thought being voided, and by making traction on it he succeeded in withdrawing ne ell and a half long of the mucous lining of the intestine. On examining this carefully and critically, it was found to be composed of the mucous and submucous tissue with some valvular conniventes, and led to the idea that y this blow the membrane was separated or divided in wo separate places, and was finally detached. The patient finally recovered.

H.R.H THE DUKE OF EDINBURGH will preside at the ty-ninth Anniversary Festival of the Royal Hospital for iseases of the Chest to be held at the City Terminus otel, Cannon street, on Monday, May 19th next.

DR. BARNES will lecture on the "Convulsive Diseases of omen" at the College of Physicians of London, to-day ednesday), and next Friday at 5 o'clock.

WE learn with very great regret of the death, on last nday week, by a grave form of typhus fever, of Dr. es, Physician to Mercer's Hospital, Dublin, and rer on practice of physic in the Ledwich School of icine. Dr. Eames was a young practitioner of great nise, and enjoyed a rank in his profession, and in the ct of his brethren beyond that which his years might le him to. The news of his death will be received universal sorrow and sympathy.

THE Royal Irish Academy, by its vote of the Cunningham Medal to Sir William Wilde, testified not too soon the high estimation in which it holds the services which that gentleman has rendered to archæology and ethnology, and to the academy itself, in the arrangement and systematising of these departments of its museum. Sir William Wilde has evinced a constancy and ardour in the pursuit of this science—if it may be so called—which is worthy of the best acknowledgments of the academy, and has produced results for which the historian of Ireland may well be grateful.

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ELEPHANTIASIS SCROTI.

THE *Indian Medical Gazette* of 1st January last, supplies us with a communication of considerable interest by C. Macnamara, Surgeon to the Native Hospital and Ophthalmic Hospital, Calcutta, concerning the removal of scrotal tumours (*Elephantiasis scroti*).

Dr. Macnamara found that, though the operation for the removal of scrotal tumours was simple enough, the subsequent treatment was tedious, often occupying four or five months before the wound left, after one of these operations, thoroughly healed; and that, even then, the resulting cicatricial tissue, especially that near the penis, frequently took on an unhealthy action—ulcers forming, which worried the patient for many months, or, it might be, all his life.

With a view to avoid this, Dr. Macnamara, some time ago, endeavoured to provide a covering for the wound by dissecting off flaps of integuments from the upper part of the patient's thighs, turning these flaps backwards over the testes, and uniting them by sutures in a line corresponding with the raphe of the scrotum. "After a little practice, however," he says, "I found that, in some instances, a more simple proceeding than that above described might be resorted to in cases of Elephantiasis scroti; for, as a general rule, the integument corresponding to the neck of the tumour is healthy, and may be made to form a very good covering for the testicles." Twelve patients had been thus operated upon, but this number is admitted to be too small to allow of any conclusions being based upon them. It is, nevertheless, thought expedient that the subject should be brought to the notice of the Profession, in order that it may be seen whether further experience will prove to be in favour of the operation or not. Of course, the great danger which may be expected to attend it is the implication, though perhaps too slight for appreciation at the time of operating, of the skin lying in such close contiguity with the diseased parts.

Dr. Macnamara gives a description of the *modus operandi*, which need not be repeated here. He states, as a result of his plan of treatment, that he has known the flaps of skin to unite in the mesial line within fifteen days after the operation; and that, though the cicatrix over the penis takes some time longer to heal, he has been able to discharge several patients at the expiration of one month. Some of these were even sent from hospital "with a pendulous, healthy-looking scrotum, minus its dartos, and with a very serviceable penis."

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ENGLISH ANTI-TOBACCO SOCIETY.

THE Annual Meeting of this Society was held in the Town Hall, King Street, Manchester, on Thursday, the 27th March, Mr. Mason, J.P., of Ashton-under-Lyne, in the Chair. The finely-decorated hall was densely crowded by an audience, for the most part of the male sex.

Mr. FRANK SPENCE, Secretary of the Society, read a very cheering account of the financial position of the Society, the subscriptions of the past year having amounted to £800, and there being a balance in hand. Mr. Spence read several letters sympathising with the objects of the Society from Sir C. Trevelyan, Dr. Cheadle, Mr. Arthur Trevelyan, &c. He referred to the growing feeling arising against the use of tobacco among Medical men, the clergy, and all who had the good of the race at heart. The Society had entered on a crusade against tobacco.

Mr. Mason, J.P., said he believed it was quite possible to check to a certain extent the habit of tobacco-smoking. When we speak with votaries of the weed, they cannot excuse themselves. The Society would not be disappointed if it did not make very rapid progress. He never yet, he said, met with a smoker, and a father of a family who wished his children to smoke. He could not give any personal experience, but he used to drink moderately of wine, &c., and now he is a teetotaller. For three or four years he had abstained, with great benefit to his health, from intoxicating drinks. He, however, had never spent a penny on tobacco. Smoking is an extravagant habit. The Bishop of Manchester objected recently to extravagance. Now, sixty millions a year are spent in Britain on drink and tobacco. Only moral means are used by the English Anti-Tobacco Society. They desire only to persuade, not to dogmatise.

The first resolution, condemning the use of tobacco as injurious to the health of the race and the true happiness of mankind, was moved by Dr. Charles R. Drysdale, Senior Physician to the Metropolitan Free Hospital of London. He asserted that smoking wanted the character of a true luxury, for it was a poison, and thus inflicted far more suffering than pleasure. Smokers were liable to cancer of the lip, to inflammation of the mouth, gums, throat, and windpipe, to blackening of the teeth and fetid breath, to dyspepsia, with emaciation and melancholy. Palpitation of the heart was very frequent in smokers, and irregularity of the pulse. Dr. Drysdale quoted Mr. George Critchett's opinion, that weak sight and blindness were very often caused by smoking. All kinds of nervous affections, including paralysis, neuralgia, impotence, prolapse of the rectum, and insanity might ensue from great smoking. Replying to a criticism in a tobacco journal on a paper of his in the Medical Press and Circular, Dr. Drysdale said that the operatives, about 2,000 in number, of the Vienna State Tobacco Factory suffered severely from the nicotine poisoning, especially the boys and girls, and the infants of the workwomen. People who smoked in small rooms injured women who lived in their rooms, and thus, women ought to object to smoking. Besides which, women, of course, would prefer men not to smoke, just as men at present dislike smoking in women, because it would destroy their attractiveness.

Dr. Edmunds, in seconding the resolution, said a great number of able men used tobacco; but this argument merely showed that able men had weak points, and was not of much account. Example is as much as precept. A habit which is bad for women is bad for men. Men smoke mostly from mere habit. Boys learn smoking because men do it. Some doctors prescribed smoking, but these doctors are fools. Medical dogmas are dangerous, Medical science beneficent. Tobacco-smoking is not of the least use in dissecting-rooms as a disinfectant. It merely *conceals* bad odour. The expense is a very serious affair. Men who drink and smoke are envious of those who don't do either. All water-drinkers know that persons who drink are always pressing them to drink. It is like the fox that lost his tail. That person is most to be envied who has the fewest weak points. Smokers don't know how offensive they are to non-smokers. Children have been killed by their father's smoking in their little rooms. The injury to a man's health is great. Smoking is most injurious to persons with weak heart. It damages the centre of the circulation. Many cases of failure of memory are attributable to it. Bad appetite is caused by it, and a man with a bad appetite is no good. Paralysis is frequently caused by tobacco. A catalogue of diseases might be run through where tobacco has done harm.

The Rev. John Ross, of Hackney, said he travelled a great deal, and had suffered a great deal from persons smoking in railway carriages. A lady said to him once, "You have a great influence with my husband; he is neglecting his business, &c., from smoking." The poor man died of it. Clergy who smoke belie their mission. Christ would not have smoked. Robert Hall was truly a great genius, and smoked; but he would have been greater without it.

Rev. John Stock said that whenever a large meeting comes together for good purposes temperance people come forward. There is, he said, a great charm in nicotine, the smoker of tobacco takes it for the pleasure it gives. In 1492 Columbus's sailors found the savages smoking "like devils." Many clergy injured themselves more by smoking than by study. If men should smoke, women should smoke still more, for they have suffering to bear which men have not.

Mr. Spence, of Pendleton Alum Works, spoke highly in praise of Mr. Mason as a gentleman who was foremost in all good works, and who had recently erected a splendid institution for his workpeople at Ashton-under-Lyne.

A gentleman in the body of the hall said that he was connected with a society where 15,000 young persons were pledged to abjure both drinking and smoking.

The motion moved by Dr. Drysdale, and thus spoken to, was put to the meeting and carried unanimously.

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Literature.

OBSTETRICS AND GYNÆCOLOGY OF THE OLD AND NEW WORLD (*a*).

These volumes represent fairly the literary work done by gynæcologists, and of the position which obstetric practitioners hold in Scotland and in America respectively.

The Transactions of the Edinburgh Obstetrical Society form a large volume of nearly 500 pages, printed in good clear type, and illustrated with wood cuts and coloured lithographs, its size is explained by the fact, that it contains the "Proceedings" of the Society for two years. The communications it contains have all appeared previously, but when collected together in one volume, from a most valuable addition to the literature of obstetrics.

The papers are contributed by many well known practitioners, whose names are sufficient guarantees for their value. Among them is a short communication from the late Sir James Simpson, giving some particulars of the only case of death which had occurred in his practice to a patient while under the influence of chloroform. Sir James evidenty was of opinion, that this woman might have died from a faint, even had chloroform not been given, and he states, that "he knew of four cases in Edinburgh, where death had resulted from sudden fainting without any chloroform being administered at all" a fact which should be borne in mind in these days, when an outcry is being raised against chloroform.

It is quite impossible in the limited space at our disposal, to comment even briefly on the numerous and valuable papers contributed by the members of the Society, all of which are worthy of careful perusal, we can only allude to one or two. That on "Pelvic Peritonitis and Pelvic Calculitis," by Dr. Lauchlan Aitken, we consider to be eminently practical and useful, yet strange to say, it is one of the few papers on which no discussion is reported. We agree with him, that it is far better to retain the old names for these affections, and that the terms *perimetritis* and *parametritis* suggested by Virchow, and adopted by Matthews Duncan, are only likely to cause confusion, and are moreover an unnecessary and arbitrary nomenclature. Dr. Aitken's short paper is most valuable, and we cannot but regret, that no member of the Society deemed it worthy of a comment. Further on we meet with another paper from the same author, on "Some of the Dangers attending the use of Tangle Tents;" dangers, of the existence of which there can be no doubt, but the frequency and importance of which are, we suspect, exaggerated, and which, when they occur, we are inclined to think, are generally traceable to their being employed in unsuitable cases.

The first thing which strikes us in reading this paper is that the author always speaks of their use in the singular number, thus, "*The tangle tent* is expanded, and ought to

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(*a*) Transactions of the Obstetrical Society of Edinburgh. Vol II. Session 1869-70-71. Maclachan and Stewart. II. The American Journal of Obstetrics and Diseases of Women and Children. No. IV. Feb. 1872. Wm. Baldwin and Co, New York.

be withdrawn in eight or ten hours." In this city a *single* tangle tent is but seldom used, three, four, and sometimes a much larger number being, by Dublin gynæcologists, introduced at once, and this difference of practice explains why in Dublin the unpleasant consequences, which are observed elsewhere, seldom follow the use of these tents, for they are not, as far as we know, used by any of the Irish obstetric surgeons in the treatment of cases of dysmenorrhœa depending on a contracted cervical canal or os interum, these being the cases in which, apparently, their action is followed by the most serious result, their use in Dublin being mainly confined to the dilatation of the cervical canal and cavity of the uterus, in cases of intra-uterine tumour, or of old standing disease of the cavity, when the os internum is relaxed and easily dilatable.

An interesting case of tetanus coming on nine days after parturition, is recorded by Dr. W. Craig, a form of puerperal disease of very rare occurrence.

Dr. Mathew Duncan's contributions are, as was to be expected, numerous and able, his paper on the "Mechanism of the Expulsion of the Placenta" though not containing anything actually new, is practical and instructive, and calculated to check an evil not very uncommon, namely, the too hasty removal of the after-birth, and the still worse practice, of attempting this by pulling the cord.

Dr. Angus Macdonald's comments of a case of "Puerperal Convulsions," in which the most beneficial results followed bleeding and by the exhibition of chloroform. We agree with him, that the value of bleeding in such ases, is not sufficiently recognised.

The *American Journal of Obstetrics*, is an ably conlucted periodical. The first paper in it is on the "Cause f Labour," which the author, Dr. Clark, of Oswego, conends to be the separation of the decidua from the uterine vall, which, becoming de-vitalized, becomes thus "*a oreign body in contact with the inner surface of the uterus*, nd as such is offensive to the reflex instincts of that rgan," the paper is interesting and well written.

A paper further on, from Dr. Goodell, on "Some Ancient Methods of Delivery," contains many curious articulars, but the most valuable part in our estimation f the volume, is the latter portion, which contains opious abstracts of the proceedings of various Obstetrical Societies. Those of New York, Philadelphia, and of Dublin appear there. Among the former are given the particulars of a case of "*Hysterical Tetanus* following the use of the Curette in a case of Granular Disease of the *Endo-Metrium*," we strongly disapprove of this mode of reating granular disease, for unless the removal of the granulations" be followed by some treatment calculated set up a healthy action in the mucous membrane, a re will not follow. The volume concludes with a uarterly Report on Obstetrics and Diseases of Women, d with some brief notices of books.

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Correspondence.

IRISH SURGERY IN PAST DAYS, 1789.

O THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—A desire to recall to the knowledge of the present neration the services of the past, induces me to send you following extract from a paper published in the year ove-mentioned, by Sylvester O'Halloran, Surgeon to the unty of Limerick Infirmary, and Honorary Member of Irish College of Surgeons, on the Extraction of taract. This operation of his has been slightly alluded by Mr. Wilson in an article of his on the same subject, the *Dublin Quarterly Journal*. It will be seen that he anticipated some of the improvements of the great lists of modern days. He introduced the sclerotic incision advocated by Graefe, and his knife was identical with that of Mr. Bowman as to form. Whether the lateral section he recommends be desirable or not, I cannot pronounce, but he must have had some success, and it might be well if some modern occulists were to try it. I may add that O'Halloran was made Honorary Member of the Irish College of Surgeons for a very excellent memoir written by him on "Injuries of the Head."

After an intelligent and original description of the nature of cataract and its pathology, a description of the operation of couching, and of the flap operation as performed in those days, and his objections against the latter, he thus proceeds to describe the *modus* of his own :—

"My knife is of the size and figure of those used in the operation, except that it cuts on both sides from its point, and that the incisive parts are a little convex ; the concave or inside of which should be marked in the handle. With the concave part next me I pierce the sclerotic very near the edge of the cornea (suppose the third of a line), at either the external or internal canthus, according to the eye to be operated on ; instead of pushing it on in a straight line as recommended, I direct the point rather a little more towards the aqueous chamber than the iris, for fear of wounding this last, which its rising convexity exposes it to. The passage of the needle is proved by part of the aqueous humours escaping, and by your seeing the point within the cornea, between it and the iris. You now incise the inferior side of the sclerotica, advancing the incision to the edge of the cornea transparens, as the adherence between the iris and sclerotica approaches closer to the cornea the farther you go from the sides of the eye. Without withdrawing the instrument you cut the upper side of the sclerotica in the same manner. The reason the inferior incision is made first is that if you cut the upper side first a little blood might oppose your carrying the inferior opening very accurately afterwards. Thus, nearly one side of the sclerotica from top to bottom at its junction with the cornea becomes divided ; with the point of this very instrument you prick the crystalline capsule (the smallest inclination of it inside the pupilla will do this), and then gently press on the globe of the eye ; the cataract will instantly slip out, and though divided into parts as it sometimes will be, can with the greatest facility be extracted through the aperture.

"By this simple mode of operating, very little, if any, opacity can appear in the cornea, and though some may, yet, as it is at its very edge from whence the rays of light are seldom transmitted to the bottom of the eye, no defect can follow. Whereas by incising half the cornea from side to side, and not confining the opening to its extremity, a very great opacity remains. I have made no allowance for the escape of the vitreous humours, because it cannot possibly happen, except the iris is wounded, and a very little attention will ever prevent that."

I am, Sir, yours, &c.,
James Martin, L.K.Q.C.P., F.R.C.S.

Portlaw.

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SEA-SICKNESS AND THE NEW CHANNEL STEAMERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Last week I was afforded, at the wish of Captain Dicey, a practical trial, on the river Thames, of his plan of steamers for crossing the Channel to France. Several gentlemen of scientific and nautical experience were present. The little steamer, merely a model experiment, was about fifty feet long, and proved herself to have great speed, buoyancy, and steadiness, and remarkably free from that motion which induces sea-sickness. Captain Ward, R.N., and Captain Robinson, R.N., Inspectors of the National Lifeboat Society, present at the trial, were of undoubted opinion that a vessel on Captain Dicey's plan on a large scale, must prove a grand success for travellers. Closely watching the motion of the small steamer in rough river-water, I fully endorsed the opinion of my naval friends, and felt confident the upheaving or nauseating motion so remarkable in the class of steamers at present used for crossing the Channel from Dover to Folkestone would be *nil*. Captain Dicey informed me that a large vessel would be built without delay. My friend, Mr. Reed, C.B., in connection with Mr. Bessemer, is building a vessel on Bessemer's plan, that is, the swing cabin system ; and I trust ere long that the travelling public may have to thank Captain Dicey and Mr. Bessemer for both inventions.

Yours truly,
J. M'GRIGOR CROFT, M.D., M.R.C.P. Lond.,
Late Staff-Surgeon in H.M. Army.

Mandarin Villa, St. John's Wood, N.W.,
21st March, 1873.

ARMY MEDICAL WARRANT, 1873.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—After the termination of the Crimean War the Committee on the Medical concerns of the army recommended in the tenth of the nineteen paragraphs of its summary report, "That the Committee agree with the recommendation of the Director-General (Mr. Alexander) as to *leave of absence, honorary distinctions, funeral honours, special services*, and *relative rank.*"

Consequent upon this the Royal Warrant of 1858 laid down that Medical officers of the army should be entitled to all the advantages appertaining to the same relative rank among combatant officers. The Medical officers were satisfied. In two or three years, to their astonishment, a circular from the Horse Guards directed that military surgeons should rank, not according to date of commission, but *junior* to majors. A very considerable row was the consequence ; a subscription, a petition to the Secretary of State for War, who was waited upon by a deputation representing the feelings of military surgeons. As a result the obnoxious clause was shortly afterwards withdrawn. The attempt left, however, behind a sense of insecurity and wounded pride ; discontent spread to the schools, and the well-known result—no candidates, lowering of the educational standard, and extending the limit of age, to obtain men. Another Royal Commission, and the following recommendations :—1. Increase of pay, 2s. 6d. to all ranks ; 2. That Medical officers ranking as field officers should provide themselves with charger and horse furniture, and appear mounted when required to attend parades ; 3. Requiring Medical officers only to sit on Medical Boards ; 4. Doing away with any second place at mess.

In the Royal Warrant for 1867 and Queen's Regulations these were placed and the department given its proper footing, and its officers that relative position which by their age, profession, specific attainments, and duty they were entitled to, and the department was gaining in the army high and honourable distinction.

The recent Warrant has undone the greater part of these rights we have fought for.

In the Pay and Promotion Warrant for 1867, under heading of Relative Rank, it was distinctly laid down that surgeons-major of twenty years' service should rank as lieutenant-colonels, junior *except* for choice of quarters, and that surgeons should rank as majors according to date of commission. We are now placed *junior* to both, for if a Medical officer is to be appointed to a regiment every five years, he must be constantly coming in junior to the other field officers. Surely when one Medical officer was put to do the duty hitherto performed by two, he should have gained instead of lost in rank.

Then again, the paragraph about forage ; how is it to affect us ? Are we to be no longer mounted officers, and again have to sink into obscurity ?

These and other points are being angrily discussed in every garrison, and should in all fairness be at once settled, as they were before, by the issue of a special circular.

The latest phase in the ever-to-be-remembered document is the issue of a letter by the Director-General to the principal Medical officer of each district, drawing their attention to the fact of only one Medical officer being allowed for each regiment in future, and informing them that "the Medical officers are at his disposal for any duties in the command they may be enabled to perform." A rather high-handed document !

Who is to be in charge of the regiment—the junior or senior ? If we are to be moved about in this manner the mean device of keeping us attached to regiments to get out of paying staff allowances should be done away with, or our position in them definitely settled and not left an open question. If only attached we should at once have our money returned to us, and be no longer required to pay annual subscriptions.

Unless these points are attended to, this wretched Warrant will never be workable, and lead only to renewed agitation and discontent.

I am, your obedient servant,
ONE OF THE UNFORTUNATES.

Obituary.

DR. BRYDON, C.B.

THE death is recorded at Westfield, Ross-shire, of Dr. William Brydon, C.B., of the Bengal Medical Service, who was the one solitary individual of the 13,000 soldiers and camp followers, composing the army of General Elphinstone, who was neither killed nor taken prisoner at the terrible disaster of January, 1842. When the retreat commenced, as we are reminded in the *Hour*, Dr. Brydon was attached to the 6th Regiment of Shah Shoojah's Hindustani Infantry, which, like the rest of the Sepoy force, became completely disorganised before the first day's march from Cabul was completed. He kept with the 44th Foot, and the glorious gunners of the First Troop, First Brigade, of the Bengal Horse Artillery. Without tents, without bedding, without fuel, the snow deep upon the ground, and the road the roughest in the world, this unhappy remnant found themselves on the night of the 12th of January in the middle of the Jugdulluk Pass, naturally the most difficult portion of the route, and to make the assured destruction doubly sure, barricaded at the narrowest point by a breastwork of trunks and boughs of trees. The fingers of the soldiers were so benumbed and frost-bitten that they were unable to open or shut the pans of their firelocks, still less to remove this formidable obstacle ; and immediately they halted the savage enemy came down upon them like ravening wolves among a helpless flock of sheep. At the beginning of the troubles at Cabul Dr. Brydon had cured a Hindustani whose lower jaw had been fractured by a round shot. Directly the struggle began the native was cut down, as was Dr. Brydon himself immediately afterwards, by some one from behind. The blow cut through the forage cap, as well as a number of the *Bengal Magazine* which he had inside it, and injured the bone below. He regained his feet, and picking up a soldier's cap to protect his wounded head from the biting cold, he struggled through the abattis as best he could, and plodded his weary way on foot. At daybreak he found himself at the outlet of the Pass, in the midst of a crowd of heart-broken worn-out men. He himself had given up all hope of life, when a native follower of the commissariat, who was seated on the ground beside a galloway, called to him faintly, and said "Sahib, I have been hit in the belly, and nothing can save me ; you are unwounded. Mount my horse and perhaps you may escape. There are bullets and powder in the holsters." Brydon, seeing that he was mortally wounded and thoroughly in earnest, mounted the pony and proceeded on his way. They were still more than thirty miles from Jellalabad. Dr. Brydon fell in with a foraging party from Jellalabad, and was soon within the walls of the fort, the centre of a crowd of his bewildered and horror-stricken countrymen. The bloody 44th cap was on the table by his side, and his horse was lying down dead beat at the door of the hut, where he was found stark and stiff the next morning. Dr. Brydon went through the rest of the siege of Jellalabad with the "Illustrious Garrison," as Lord Ellenborough called them ; and it was his singular fate to be again shut up with Sir Henry Lawrence at Lucknow, and to pass uninjured through that long and trying beleaguerment.—*Globe.*

MR. WILLIAM HARVEY.

In the death of this gentleman which took place last week at his residence, Lonsdale Square, Islington, the Profession has lost one of its oldest members. Mr. Harvey was a Fellow of the Obstetrical Society, and was highly respected in the neighbourhood in which, during a period of fifty-seven years, he had practised as a surgeon. At the time of his death he was chairman of the Islington Board of Guardians, a position which he had held from the formation of the board. He filled, at various times, all the parochial offices; was a member of the vestry from its formation; was one of the first *ex-officio* members of the Metropolitan Asylums Board, nominated by the Poor-law Board; and was a prominent member of the Burial Board. During many years he was an active supporter of the Islington Literary and Scientific Institution, in the management of which he took great interest. He was well known as an occasional lecturer, and as an able speaker on the leading subjects of the day, and was a frequent contributor to periodical literature. Mr. Harvey had passed the ripe age of four-score years, and was followed to his grave on Saturday last by a large circle of friends.

INSPECTOR-GENERAL DOWSE.

The death is announced of Mr. Dowse, Inspector-General of Army Hospital who expired at his residence, Plymouth, on the 21st ult., æt. 79. He entered the army in 1814 as assistant-surgeon, and served at the surrender of Martinique and Guadaloupe in 1815, also in the Ionian Islands during an epidemic of plague in 1826. He was promoted to be surgeon in 1836, deputy inspector-general in 1855, inspector-general 1857, and was granted the reward for distinguished services in 1871. Mr. Dowse was a native of Ireland, and uncle of the Right Hon. Baron Dowse, formerly M.P. for Londonderry. His service had been a long one, and his experience such as few only of those left of our army surgeons can parallel.

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Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on the 27th March, the following gentlemen, having passed the necessary examinations, received the L.S.A. deploma, viz.:—Messrs. William Charles Hansell, of Taunton; William Vickress Lindsay, of Fulham Place, Paddington; and Michael Sweeney M'Donnell, of Storrington, Sussex: and the following passed the primary professional examination, viz.:—Messrs. Frank Hawes Elliott, of University College Hospital; Charles Louis Webb, of Guy's Hospital; and John Payne Massingham, of Queen's College, Birmingham.

London International Exhibition, 1873.—A meeting of the ub-committees on Surgical Instruments and Appliances as held in the West Theatre, Royal Albert Hall on Monday he 24th ult. The following members were present:—ir William Fergusson, Bart., F.R.S., Mr. W. White Cooper, l. J. Domville, C.B., M.D., Mr. J. Hilton, F.R.S., lr. R. Liebreich, Professor J. Marshall, F.R.S., A. E. ckay, M.D., Mr. T. W. Nunn, Dr. W. S. Playfair. The mittees inspected the various objects which have been vered for exhibition.

ondon Hospital.—The directors of the Bank of England e voted £1,000 in aid of the London Hospital Extension d.

equests to Medical Charities.—By the will of the late . Robinson, of Ambleside, the Devonshire Hospital, kton, is entitled to a legacy of £200. A donation of 000 is announced to Charing-cross Hospital under the initials . S. N."; British Hospital for Skin Diseases, £10 10s. n J. Barton, Esq.; Samaritan Free Hospital, London, from Thos. Hall, Esq.; Hospital for Diseases of the Throat, London, £10 10s. from Alfred Webb, Esq.; the London Hospital has received a fifth £1,000 from "E. F. H;" the Westminster Hospital has received a third £1,000 from "Z. D. W.;" the Metropolitan Free Hospital has received another £1,000 from "E. G." Mr. Samuel Moses Samuel, of Park Crescent, Regent's Park, bequeathed £1,000 to the London Hospital, and £250 each to the Royal Free Hospital, the Royal Hospital for Incurables, the City of London Truss Society, and University College Hospital. Mrs. Becconsall bequeathed £1,000 to the Preston Infirmary. Mr. George A. Clark, of Paisley, bequeathed £1,000 to the Paisley Infirmary. St. Mary's Hospital, Paddington, receives £500 from "A Lady."

Rights of Licentiates of Colleges of Physicians.—In consequence of recent cases the Royal College of Physicians of Edinburgh have requested the opinion of counsel on the following points:—1. Can a Medical practitioner in England, holding the licence of the Royal College of Physicians of Edinburgh, as such licentiate solely, and as such registered under the Medical Act, and without being possessed of any licence from the Society of Apothecaries of London, sue in any court of law for the cost of medicines supplied by him, while in attendance on Medical case, or would he be liable to a conviction under the Apothecaries' Act for having so supplied such medicine? 2. Supposing that, by the Apothecaries' Act, a licentiate of the Royal College of Physicians of Edinburgh was prevented from suing for medicines supplied, would the fact of his having supplied medicines, although he made no charge therefore, incapacitate him from suing for, and recovering reasonable charges for professional aid, advice, and visits?

Opinion.—The opinion of the eminent counsel to whom the questions were submitted is in the following terms: We are clearly of opinion that a Medical practitioner, duly licensed by the Royal College of Physicians of Edinburgh, and registered as such licentiate under the Medical Act, may dispense medicines in England, may sue in any court for medicines so supplied by him, and would not be liable to a conviction under the Apothecaries' Act for having supplied them. The Medical Act superadds another qualification upon that required by the Apothecaries' Act—viz., that the practitioner dispensing medicines as part of his professional practice shall be (among others) a fellow or licentiate of the Royal College of Physicians of Edinburgh, and registered as such. The Apothecaries' Act is not repealed. It still has its application to persons not having the new qualification conferred by the Medical Act, but its provisions are superseded where the new qualification attaches. 2. In our view, it becomes unnecessary to answer the second query.

(Signed) C. Jessel.
J. H. Lloyd.

◆

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Notice to Subscribers.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Non-Medicus.—Air is forced into the water by the ordinary pump.

Dr. L. E. R.—Yes, the work mentioned is, like *Bow Bells*, got up very cheaply; but, unlike that publication, it is not nearly so well done.

Intending Student.—The hospital to which you refer is the most central, and the school attached thereto is decidedly the most rising in the metropolis. We cannot give you better advice than to hold to your opinion, and join the school when the proper time arrives.

Cataract at the Zoological.—A correspondent of the *Leeds Mercury* vouches for a recent amusing, though rather serious, incident. He states: "An eminent oculist was called in to operate for cataract upon two very ugly patients—grizzly bears. Chloroform was administered, and the operations were successful, but unluckily one of the patients recovered from the anæsthesia too quickly, and considerably mauled his keeper. The same oculist has now been asked to operate on one of the tigers. But he respectfully declines the proposal, saying that he must draw the line somewhere, and he draws it at grizzly bears."

Cundurango in the Treatment of Granulations, etc.—In our issue for March 5 we gave a short account of the employment of this drug in the granulations of ulcerated surfaces, &c. Since then several correspondents have asked for further information, which we now append: "In cases of chronic ulcer, syphilitic and simple, a tea-spoonful of the fluid extract four times a day. In the ulcerations of tertiary syphilis the trial is especially valuable. On the other hand, after a fair trial in nine cases of cancer, Professor Andrews obtained no good results. 'He was most forcibly struck with the speedy improvement which took place in the granulations of ulcerated surfaces.' This change, he writes, 'is visible in from two to ten days, and is sometimes very remarkable. The growth of granulations is followed by contraction of the ulcer, and often by rapid cicatrisation. In some cases the remedy seemed after a time to lose its effect, but in none did it fail to bring at least some benefit. Most of the patients experienced an increase of the appetite, and many, but not all, a greater frequency of alvine discharges, so that constipation was often completely relieved by it. The nervous system showed no evidence of being affected, except by a diminution of pain in certain cases. Some showed a decided increase of flesh, vigour, and good spirits, as if elevated by the influence of a powerful tonic. This was best seen in one patient, who took double doses steadily for fifteen months.'"

ETHER *versus* CHLOROFORM.

Sir,—There is a masterly analysis of all facts and ideas as to Chloroform and Ether in the *American Journal of the Medical Science* of Oct., 1871 (occupying fifteen pages), I have in vain asked in the journals to name that reference. Forty-one deaths during or after the administration of Ether by itself are given as the result of a search by the "Boston Committee," that Report was published in 1861, now twelve years ago, and since then there have certainly been not less than about ten deaths more. In that paper the ratio is given by Prof. Andrews, of Chicago, as 92,815 administrations with four deaths. There is also the well-known Lyons series of ether accidents, some ascribed to hæmorrhage in consequence of the ether.

I am, yours, &c.,
Charles Kidd, M.D.

Sackville Street, Piccadilly, W.,
March 27.

P.S.—I carefully studied that "Report" itself, case by case, at great labour; it is mere evasion, especially of one or two journals, to say that except I copy out that dismal list, and go again through forty-one libraries, newspapers, and American fly-sheets, they will still hold that there has not been a single death from Ether. I know by sad experience that when I had made the copy I would be only laughed at for my pains, especially in the *British Medical Journal*.

[This correspondence must now close.—Ed.]

Communications, with Enclosures, &c., have been received from Dr. Smart, C.B., Anerley. Dr. Gordon, C.B., Dover. Dr. Myrtle, Harrogate. Professor Mapother, Dublin. Dr. Miller, Edinburgh. Dr. Cotterell, West Bromwich. Dr. Luther, Cappoquin. Dr. Hime, Sheffield. The Secretary of the Royal Institution. The Secretary of the Medical Society of London. Dr. Robertson, Buxton. Mr. J. Aston, Wadingham. Dr. Parkinson, Burnley. Dr. Williams, Brompton. Dr. H. L. Smith, Donaghmore. Dr. Bridge, Wellington. Dr. Johnstone, Brampton, Carlisle. Mr. Green, London. Mr. Verdon, London. Dr. Bell Taylor, Nottingham. Dr. Morgan, Dublin. Mr. E. Nugent, Dublin. The Chairman of London Hospital House Committee. Dr. Whittaker, Cincinnati. Dr. Palfrey, London. Dr. Corfield, London. Dr. Maul, Southampton. Dr. Trend, Southampton. Dr. Toulmin, Kensington. Dr. Moore, Hereford. Mr. Bancroft, San Francisco. Dr. Collard, Bishopwearmouth. Mr. Evans, Tenby. Dr. Harrington Tuke, London. Dr. Hughes, Bethesda. Mr. Coulson, London. Mr. P. Le Neve Foster, London. Mr. Cole, C.B., Kensington. Mr. Berry, Holmfirth. Dr. Macnamara, Torquay. Dr. Lane, Ludlow. Mr. Collingridge, London. Mr. Hamilton, Metz. Mrs. Barnes, London. Dr. Smith, London. Dr. McGrigor Croft, St. John's Wood. Dr. C. Kidd, London. Mr. Kemm, Corsham. Mr. Hyslop, Streton. Mr. Hill. Mr. Gaskoin, London. Mr. McGill, Sligo. Dr. Richardson. Dr. White, Rickhill. Sir Dominic Corrigan, M.P., House of Commons. Dr. Borchardt, Manchester. Mr. Orton, Loughborough. Dr. McGann, Mysore, India. Dr. Robert Owen, Beaumaris. Mr. Miller, Rentham. Dr. Taylor, Wicklow. Mr. W. W. Pearse, Atherstone. Dr. Parsons, Liverpool. Mr. Forsyth, Darlington. Dr. Harding, London. Mr. Barker, Dublin. Mr. Pycroft, F.S.A., Norwood. Dr. Mackie, Cork. Dr. Pearce, London. Mr. Tichborne, Dublin. Mr. Bourns, Oxtead. Mr. Driffield, Leeds. Mr. Pomfret, Hollingworth. Dr. Knipe, Kingstown. Dr. F. W. Brown, Uppingham. Mr. Holden, Liverpool. Dr. Price Roberts, Rhyl. Dr. Byron Booth, Manchester. Mr. W. C. Daniel, Epsom. Mr. Davenport, London. Mr. Kemp, Hospital for Diseases of the Chest. Dr. George Geere, Brighton. Mr. T. A. Johnson, Children's Hospital. Dr. Swern, Ballyragget. Mr. T. F. Hale, Barrow. Dr. Hayes, Rathkeale. Dr. Callaghan, Cork. Dr. Trotter, Meath. Dr. O'Neill, Waterford. Dr. Scott, Achill. Dr. Forsayeth, Templemore. Dr. MacEven, Cork. Dr. Merdock, Castledawson. Dr. Ryan, Newpalles. Dr. Swanton, Bantry. Dr. Barker, Dublin. Dr. Allen, Kingstown. Dr. Anterson, Cookstown. Dr. Hartland, Nilheistown. Dr. Burnside, Clondalkin. Dr. Lyons, Dublin. Dr. Fisher, Portarlington. Dr. Given, Gortin. Dr. O'Halloran, Rathmore.

VACANCIES.

Middlesex County Lunatic Asylum. Assistant Medical Officer. Salary £150 per annum, with board and residence.

Radcliffe Infirmary, Oxford. Resident Dispenser. Salary £80, with board, washing, &c.

East Kent Sanitary District. Medical Officer of Health, at a salary of £800 per annum. Qualifications and duties as prescribed by the Public Health Act. Applications to Allen Fielding, Esq., Canterbu

County of Berks. Officer of Health. Salary £750. Applications to J. S. Bowles, Esq., Milton Hill, Steventon, Berks, before the 3rd pro

Gloucester District. Medical Officer of Health. Salary £800 per annum, inclusive. Applications to L. G. H. Mayer, Esq., Glouceste

Sligo Union. Apothecary for the Dispensary. Salary £80 per annum. (See advt.)

London Fever Hospital. Resident Medical Officer. Salary [illegible] per annum. Application to be addressed to the Secretary.

Westminster Board of Works. Food Analyst, at a salary of [illegible] per annum.

Chesterfield Union. Medical Officer of Health. Salary [illegible] per annum. Applications to G. Haslehurst, Esq., Chesterfield.

Cockermouth Union, Cumberland. Medical Officer of Health. Salary £400 per annum. Applications to J. Musgrave, Esq., Cockermouth.

Wisbech Union, Cambridgeshire. Officer of Health. Salary [illegible] per annum. Applications to G. D. Collins, Esq., Wisbech.

Bridgnorth Union. Medical Officer of Health for the District and Union. Salary £99 per annum.

Huddersfield. Medical Officer of Health. Salary £200 per annum.

Northampton. Medical Officer of Health. Salary £800 per annum. Applications to W. Tomalin, Esq.

North Dublin Union. Medical Officer for No. 2 District. Salary £125 per annum, exclusive of fees. (See advt.)

Edinburgh Veterinary College. Chair of Anatomy. (See advt.)

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Handbook for the Physiological Laboratory. By Drs. Klein, Sanderson, Foster, and Brunton. London: J. and A. Churchill.

Guy's Hospital Reports. Vol. XVIII.

Remarks on a New Midwifery Forceps. By Francis Vacher.

Report of St. John's Hospital, Ashford, for 1872.

British Benevolent Societies Abroad. Official.

Prudential Considerations in Practice. By T. W. Trend, M.R.C.P.

Digest of the English Census of 1871. By James Lewis, Esq., of the Registrar-General's Department. London: Edward Stanford.

Lay Work in Hospitals, Asylums, &c. By a Protestant.

Report on Quarantine on the Southern and Gulf Coasts of America. By H. E. Brown, Surgeon United States Army.

A Treatise on Apoplexy. By John A. Liddell, A.M., M.D. New York: Wood and Co.

The American Journal of Obstetrics. The Practitioner. The Clini Le Mouvement Médical. Bordeaux Médical. La Ciencia y la Industria. L'Union Médicale du Canada.

APPOINTMENTS.

Barnes, G., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Chard Urban Sanitary District.

Boase, F., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District.

Brizzel, W. J., L.R.C.S.I., Medical Officer for the Marshfield of the Newport Union, Monmouthshire.

Brunton, W. R., M.R.C.S.E., Medical Officer of Health for the worth Rural Sanitary District.

Collier, T., M.R.C.S.E., Medical Officer of Health for the Ripo Sanitary District.

Dowell, R., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District.

Elliot, C., M.B., L.R.C.S.I., Assistant House-Surgeon to the Hospital, Bristol.

Elliott, T., M.B., House-Surgeon to the General Hospital,

Gregory, J., L.R.C.P.Ed., Medical Officer of Health for the Urban Sanitary District.

Hawkes, J., M.D., F.L.S., Resident Medical Superintendent of brooke House Asylum, Alton, Hants.

Hope, W. M.D., M.R.C.P.L., Senior Midwifery Assistant to St. lomew's Hospital.

Lane, J. W., M.D., Medical Officer for the Bishops-Castle No. the Norbury Districts of the Clun Union.

Parry, E., M.R.C.S.E., Medical Officer of Health for the Crick District of the Crickhowell Rural Sanitary District.

Peirce, J. E., M.R.C.S.E., Medical Officer of Health for the District of the Crickhowell Rural Sanitary District.

Phillips, W. W., M.R.C.S.E., Medical Officer for the Farnsfield District of the Southwell Union.

Provis, W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Mere Rural Sanitary District.

Richards, G. P., L.R.C.P.Ed., Medical Officer for the Kingsclere District and the Workhouse of the Kingsclere Union.

Seale, J. L., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Westbury and Whorwellsdown Rural Sanitary District.

Skrimshire, C. P., M.R.C.S.E., Medical Officer of Health for the Llanelly District of the Crickhowell Rural Sanitary District.

Welsh, J., L.F.P. and S. Glas., Medical Officer for the Clun District of the Clun Union.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1873.

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CASES IN COUNTRY PRACTICE.

By John Murdoch, M.B. Edinburgh University.

Being urged on by the idea that each generation owes something to the succeeding one in the recording of certain facts and circumstances in connection with the various arts, sciences, and learned professions, and as Rawdon Macnamara, M.D., Professor of Materia Medica, R.C.S.I., (to whom I was apprenticed), used to say to his class that much useful and most valuable information was lost to our Profession on account of our reticence, I proceed to describe a few cases which came under my treatment during the first years of my practice; not that I consider that the cases, which I am about to report, present anything extraordinary, but because, as is well-known to the Profession, every interesting operation or case of disease furnishes some fact, feature, or point of interest which is worthy of being put on record.

I.—*Case of Strangulated Femoral Hernia—Operation—Recovery.*

History.—I was asked to visit Rosanna M., æt. 50, married, farmer's wife, on the morning of 8th June, 1868, who was stated to be suffering from rupture which had become strangulated the previous night. I proceeded to visit her. On arriving there, I found her suffering from well-marked symptoms of femoral hernia of the left side, straining, retching, and vomiting much. After making inquiry, I ascertained that she had been labouring under the infirmity of reducible hernia for sixteen years. She referred the origin of it to one of her confinements, at which time she had no accoucheur. From that time till the present, she had been wearing a truss. Whilst sitting at the fire previous to going to bed, she took the truss off, and as she was going to bed the hernia came down. She slept none that night trying to reduce it herself, but without effect. She lay on her back with knees drawn up, pulse quick, small and hard; countenance pale, dragged, and anxious.

I placed her in the proper position, and then proceeded to apply the taxis but without effect. I then put her under the influence of chloroform, and applied the taxis again, but failed to reduce it. I then left, previously advising her husband to send her to the infirmary. In my absence, other Medical gentlemen visited her and applied the taxis, but to no purpose. I was asked to see her again in consultation with other Medical gentlemen. Having consulted, we decided that she should be sent to the infirmary, as general practitioners are not in the habit of performing such operations in the country, but the patient would not consent to leave her own house.

The only course open to us then, was either to let the woman die unrelieved or operate. I then undertook to operate. At this time she had suffered from the strangulation for the space of forty-four hours.

The patient being placed under the influence of chloroform. From her collapsed appearance it was thought there was no time to be lost. The tumour which at first was small and tense was now as large as a duck's egg. I took up a fold of the integument, with as much as possible of the cellular tissue, and transfixed—dividing layer after layer until I came to the sac, which I opened, and which contained some fluid, and knuckle of intestine that was very much congested. The stricture was divided with an ordinary probe-pointed bistoury and the intestine returned. The edges of the wound being brought together by three sutures, and a few strips of adhesive plaster applied. A piece of dry lint was placed over it, and a towel folded into a pad, and spica bandage applied. The patient was put to bed and ordered tr. opii. ♏xx. I visited her a few hours after the operation. She complained of very little pain, and the vomiting had ceased. I ordered her tr. opii. ♏xv. in every hour, the effect of which was to be watched, as I wished to keep and did keep her under the influence of the drug for four days.

June 9th.—Pulse 90; did not sleep much during the night; everything looks favourable; seems hopeful.

10th.—Pulse 95; tongue somewhat dry; no tenderness of abdomen; slept at intervals during the course of the day; the vomiting returned; with difficulty having procured some ice. It being given, as also effervescing draughts, which stopped the vomiting.

11th.—Pulse 90; tongue moist; vomiting has not returned; slept at intervals; bowels not yet moved; sutures removed, as they appeared to give rise to irritation. Calomel, gr. v.

12th.—Pulse 85; tongue moist; hopeful; slept; bowels not yet moved. As there is a slight erythematous blush, poultices ordered.

13th.—Pulse 90; bowels not yet moved. An enema was administered which relieved the bowels effectually. The erythema has disappeared; wound dressed with a weak chloride of lime lotion. Hitherto, food was principally of a fluid nature.

14th.—Pulse 75; tongue clean; seems very much improved; wound washed and dressed.

I continued to visit her every day and dress wound, and apply spica bandage for the space of a month, at the end of which time she got up occasionally out of bed.

I procured a properly fitting truss which she wore a few months. During the last three years she had dispensed with it. Her husband has since died, and she has got married again.

The points that I consider of interest in this case are,

1. The strangulation continued forty-four hours, and the symptoms were extremely urgent, yet she made a good recovery.
2. The usefulness of the ice for arresting the vomiting.
3. The propriety of keeping the patient under the influence of opium for the first four days, especially in cases where strangulation has continued for considerable time, as also where the bowel has suffered in being returned as in this case; also in not giving aperients early. Lastly, the inconvenience of wearing a truss being removed.

DR. STEINER, OF PRAGUE, ON THE TREATMENT OF HEREDITARY SYPHILIS, &c.

Notes by Dr. Charles R. Drysdale,

Senior Physician to the Metropolitan Free Hospital.

In the *Revue de Thérapeutique* there is a notice of some experiments made by Dr. Steiner, of Prague, for some years past, in treating hereditary syphilis with mercury, iodine, and expectation. His conclusions are to the effect that mercury makes the manifestations of hereditary syphilis disappear more surely and quickly than any other remedy, and this is remarked essentially in the skin affections; young infants born before term and in marasmus show the good effect of this therapeutic, although in such cases it cannot naturally be expected that the life of the infant will be saved. As to relapses, they are frequent whether in weeks, months, or years, and the disease scarcely then ever attacks the skin, but the mucous membranes, bones, and viscera. This, however, cannot be any argument against the treatment of hereditary syphilis by mercury, because it is both well to gain time, and because these relapses are equally frequent with iodine. A bad state of nutrition in the child is no contra-indication to mercury, and during its employment the practitioner has often the pleasure of seeing the aspect of the child visibly ameliorated. We observe pretty generally also that far from causing disorder in digestion, mercury often diminishes and causes a cessation of intense and obstinate catarrhs of the intestines. Still it is necessary when the drug is given to secure the milk of the mother or a nurse. As to the preparation to be used, Dr. Steiner has employed calomel, either internally or externally; he gives it twice or thrice daily in doses of one fourth up to half a grain, or about two centigrammes. If the children are anæmic, he adds a little saccharo-carbonate of iron; if they suffer in the digestive organs, with colic or sleeplessness, he gives small doses of Dover's powder or laudanum. The local effect of this medicine is very advantageous in syphilitic ulcers and pustular syphilis.

Iodine also is successful in getting rid of the symptoms of hereditary syphilis, but much more slowly, sometimes requiring weeks when mercury requires days. It is especially in the cutaneous forms of the disease that this is seen. On the other hand, sometimes, especially in obstinate secondary phenomena localised in the periosteum, bones or glands, iodine is preferable to mercury. When long employed, iodine acts easily in an injurious way on the organism; the signs of iodic saturation observed by the author in children are, digestive disturbance, coryza, angina, headache, trembling, excessive heat of skin, and sometimes erythema, which, when generalised and accompanied with angina, at first sight looks like scarlatina. The use of iodine should then be abandoned for a shorter or longer period. We observe great difference between children as to their tolerance of iodine. The author has most frequently had recourse to iodide of potassium, in the dose of six, eight, and even ten grains, *i.e.*, 36, 48, 6 centigrammes a day. He unites with it the extract o quinine in anæmic children. He rarely has recourse the syrup of the iodide of iron. In cases of extensiv syphilis he employs tepid baths, and treats the local affection by tincture of iodine or nitrate of silver in cases condylomata. When the mouth is affected he employs along with iodine, gargles of alum or chlorate of potash.

As to the natural cure of hereditary syphilis, D Steiner has also tried this, only prescribing to weak children when in marasmus tonic remedies, such as quini iron, and a strengthening diet suitable to the age of little patients. Local symptoms were treated with nit of silver, astringents, or tepid baths. Both with resp to rapidity and certainty this negative treatment succee much worse than either of the others in causing the symptoms of syphilis to disappear, but it is found sufficient i slight cases, or in very limited localisations of the disease, especially in children of a certain age who are well nourished. Hence we may see that Dr. Steiner is not very much in favour of expectant treatment in these cases. Dr. C. Drysdale, himself, prefers iodide of potassium in these cases.

The following very interesting case of syphilis of the liver and kidneys is, Dr. Drysdale thinks, well worth translating :—

In the Société Anatomique of Paris, 17th January, 1873, M. Lacombe related the case of a man, J., æt. 42, who entered the Hôpital St. Louis under Dr. Hardy in January, 1873. Eight years before he had a chancre followed by secondary eruptions, and there were rather deep scars o his forehead of ulcerous syphilitic skin disease. Thr years before he had been in the same hospital with ascites, and it was thus thought that he might have visceral syphilis, so he was treated with iodide of potassium, and in fe weeks was able to return to work. Eighteen months after this he again entered with the same symptoms, when he was again treated as before, and left in six weeks cured. Lastly, on the 9th January, 1873, he came again into the wards with œdema of the lower limbs and ascites. The liver was then found to be large, and there was much ascites; the spleen on percussion appeared normal; the legs were very œdematous; heart's action normal. The urine was very albuminous and scanty; no *râles* in chest; patient was emaciated. Two grammes of iodide of potassium (gr. xxx) were prescribed in the twenty-four hours. On the 15th the temperature was 31·02 C., and the patient was comatose; pulse 36. Patient died without convulsions. *Lungs* were found healthy; *heart* also; *spleen* also. The *Liver* was voluminous, its right lobe adhered to the diaphragm, and it was necessary to tear the superficial parts of its tissue. On the surface of the organ were seen larger or smaller plates, pearly, notably jutting out, and whitish; the largest of these, about the size of the palm, was in the middle of the convex surface. It is easily noticed by making sections that these plates are continuous at their periphery with Glisson's capsule, of which they seemed to be a thickening. The surface of the liver presents another peculiarity, and that is the existence of several depressions, radiated in appearance, whose depth was sometimes more than a centimetre, and which resemble scars of the skin. They seem like a destruction of the substance of the liver with consecutive cicatrices. These have not all the same form; the best marked occupied the interior aspect of the right lobe, and there was a deeper portion whence diverged irregularly several branches; it was surrounded by adhesions to the diaphragm. On making a section at this level a great thickness of the capsule was noticed, and the fibrous tissue dipped down into the subjacent hepatic tissue. Another depression on the anterior edge of the left lobe had completely destroyed the border. On section the colour of the liver was found to be abnormal. It was first of all denser and more resistant, and the finger penetrated into it with greater difficulty. The edges of the section presented a greyish-white border, and from the border there issued fibrous bands, which traversed the organ in all directions; much better marked at the level of the scar-like depressions, these bands did not seem to strangle the hepatic tissue, and it is certain that the latter did not present these salient granulations seen in alcoholic cirrhosis, it is only changed in colour and yellower than normal. The fibrous form was apparent in many places, and formed little heaps, varying in size from a lentil to a large pea; these were not circumscribed and were continuous with the fibrous bands. On examining some of the sections, we were struck by a brilliant look, like varnish and semi-transparent, which reminded one of amyloid degeneration; with a little attention this was found more or less marked in every section, and when treated with tincture of iodine and sulphuric acid the reaction characteristic of amyloid degeneration was well-marked. The gall bladder was filled with brownish bile.

The volume of the *kidneys* and their form were normal, but their surface was not uniform and slightly knobby. The capsule was there and detached with difficulty, especially on the left kidney, where it could only be taken off in small strips. When it is removed the knobs appear well. The colour was variegated, and there existed on both faces small stains of greyish yellow colour. On section, the two kidneys presented the same aspect as sections of the hepatic tissue. The same brilliant, slightly granular appearance was seen, resembling cooked sago, especially in the cortical part. At that part, too, the tissue was more consistent, the colour is not uniform, and rather resembles nephritic in Bright's disease, without the granular condition seen in the latter case; at first sight it looks like simple interstitial hyperplasia. The amyloid degeneration was apparent.

This observation is similar to one made by Dr. C. Drysdale in 1871, in the MEDICAL PRESS AND CIRCULAR, in a man who died of syphilitic Bright's disease in the Metropolitan Free Hospital.

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HYPERTROPHY AND GRANULAR DEGENERATION OF THE HEART, ACUTE PERICARDITIS, CALCEROUS TRANSFORMATION OF THE AORTIC VALVES, AND ATHEROMA OF THE AORTA.

Dr. HAYDEN exhibited, at a recent meeting of the Pathological Society of Dublin, the viscera of a man, æt. 55, a labourer of temperate habits, who died in the Mater Misericordiæ Hospital on the 12th March. Thirteen months previously, viz., on the 5th of February, 1872, this poor man was admitted under Dr. Hayden's care. He was then suffering from cough, dyspnœa, and great debility, He stated that twenty-years previously he had rheumatic fever, after which he was subject to winter cold and cough. Five weeks before admittance he began to experience dizziness, and three weeks later [illegible] and general weakness. There was evidence of pulmonary emphysema, and subacute bronchitis. The respirations were 24 in the minute; the pulse was 72, soft, weak, but regular, and visible in the radial arteries. Precordial dulness was all but abolished; there was no distinct cardiac impulse which was represented by a diffused and heaving movement over the lower sternum. The apex was felt to pulsate faintly half an inch below the nipple and in the nipple-line. At the base of the ensiform cartilage a loud systolic bellows murmur was heard, it was diffused over the entire front of the chest, and transmitted into the arteries of the neck, louder in the sitting than in the recumbent posture and loudest at the root of the aorta, and in the ascending portion of the arch; the second sound was sharp and clear. Under a tonic and sustaining plan of treatment, there was gradual improvement, and in the course of a few weeks the poor man left the hospital to resume his work. The cardiac signs, however, remained unaltered. On the 27th of February, 1873, this man was re-admitted under Dr. Hayden's care, he was then suffering from great oppression of breathing, orthopnœa, cough and extreme weakness, the sputa was copious and frothy but uncoloured; pulse feeble, but soft and visible at the wrists. A soft systolic basic murmur existed, as in the first instance, but there was now no second sound to be heard, and diastolic murmur. Under the use of digitalis and iron, with wine and counter-irritation to the chest he improved considerably, was able to lie down, and sleep in the recumbent posture. About the 6th March he was attacked with acute pericarditis; a double and very loud friction sound was audible all over the precordium, and not modified by respiration, effusion into the pericardium gradually ensued, and he died of asthenia on the 12th March. The lungs were found of large volume, emphysematous, congested posteriorly, enveloped in old and dense false membrane, and universally adherent to the chest walls. The base of the left lung was in the first stage of pneumonia. The pericardium contained about eight ounces of sanguinolent serum, and its internal surface, both parietal and visceral, was studded throughout with villous lymph resembling the dorsum of a sheep's tongue. The heart was globular, enlarged, and with the pericardium attached, weighed 23½ ounces, its substance was fawn-coloured and in the granular stage of fatty degeneration, the left ventricle was dilated in a slight degree, but greatly thickened, its walls near the base measuring ¾ of an inch. The right ventricle was dilated and thickened, and both ventricles contained decolourised cylinders of fibrin extending into the aorta and pulmonary artery respectively. The mitral valve was competent, and with the exception of the attached margin of the antero-right segment, which was calcified to the extent of about two lines of its depth, perfectly sound, the aortic valves were rolled up in the direction of the aorta, and completely calcified, the postero-left segment forming with the anterior mitral a continuous plate of calcific matter. The aperture left by the disorganized aortic valves was in the axis of the opening, and admitted only the point of the little finger; water poured into the aorta readily flowed into the ventricle through this aperture, the coronary arteries were sound, the aorta was dilated from above the valves throughout the arch, it was likewise in some degree rigid and patchy with atheroma, the latter condition extending into the roots of the great arteries of the neck, the liver was large, but otherwise healthy, as were likewise the kidneys and spleen. Dr. Hayden remarked that in January, 1872, the diagnosis made, as recorded in his notes of the case taken at the time, was hypertrophy, obstruction at the orifice of the aorta, and dilatation of that vessel. At no period during his residence in hospital was diastolic murmur audible. Dr. Stokes has remarked upon the frequent absence of diastolic murmur in aortic patency where fatty disease of the heart and aortic obstruction likewise exist. Dr. Hayden confirmed this observation, and begged to suggest that the explanation may be found in the rigid and inelastic state of the aorta, which is usually associated with the twofold condition of fatty heart and thickened or calcified aortic valves. In this state, although reflux may take place, giving rise to feeble, collapsing, and visible pulsation of the superficial arteries, it is not accompanied with sufficient force of current to develope a murmur, owing to the want of elastic reaction in the aorta. Finally, Dr. Hayden remarked that of the entire superficial surface of the heart the anterior aspect of the apex was alone smooth and free from papillated deposit of lymph. Professor Law many years ago observed that this exemption of the apex is of frequent occurrence, owing to the impact of that portion of the heart's surface against the chest-wall in ventricular systole.

BRANCHED RENAL CALCULUS.

Dr. Yeo, at a recent meeting of the Dublin Pathological Society, showed the kidney and large calculus, removed from its pelvis, of an aged female, who had died of typhus fever and lung complications. The kidney was surrounded with a thick layer of fat, its parenchyma had almost disappeared, the pelvis was enormously dilated and sacculated; the calculus, which was 3½ inches long, resembled a pig in shape. The section showed a central part, which was of a brilliant glistening white colour, surrounded by a thin brownish external layer. The central part consisted of carbonate of calcium, phosphate of calcium, and ammonio-magnesian phosphate (fusible calculus mixed with chalk), while the external part was composed of some organic matter, with carbonate and phosphate of calcium (bone earth). The other kidney was large, but had no fat around it. Dr. Yeo said this specimen showed an earlier stage of the fatty development around an irritated kidney, such an extreme example of which had recently been laid before the Society by Mr. E. Hamilton. The chemical composition differed from that usually accepted as the most common in renal calculi.

Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

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RHINOSCOPY.

Exploration of Posterior Nares by Reflected Light or Rhinoscopy—Early Efforts in this Direction—Theory and Practice of Rhinoscopy—Angle of Rhinoscope—Difficulties and Means of Overcoming them: Narrowness of Faucial Aperture, Sensibility, Adhesions, Respiration, Vocalisation, Palate Hooks, Ligatures, &c. —Position of Patient and Physician—The Rhinoscopic Image and its Parts in Health and Disease.

If the faucial mirror be held with its reflecting surface turned upwards, we may obtain a view of the posterior nares. It is this slight deviation from the ordinary procedure that has received the name of rhinoscopy (ῥὶν and ῥὶς, the nose, σκοπέω).

It is not at all surprising that from an early date attempts had been made to see these parts by the aid of mirrors, and Levret, Beaumés, Bozzini, and other pioneers in the art, appear to have considered it easier to explore the nares than the larynx. In the early days of laryngoscopy, Czermak took up this as a distinct branch of the subject, and the modern practice of rhinoscopy is usually said to date from the appearance of his paper (*a*). Semeleder, Voltolini, Stoerk, and others, soon took up the investigation, and their productions are well known to all who have investigated the subject.

The theory involved in the practice of rhinoscopy is exactly the same as that which has already been expounded as regulating laryngoscopy; the only difference being that the mirror is so held as to reflect the light into another cavity, of which accordingly an image is obtained. There are, however, some variations in practice, and inasmuch as the art of rhinoscopy is more difficult to acquire than that of laryngoscopy, it may be well to set them forth in detail.

In the first place, to explore the posterior nares, it is desirable to select a small mirror—one half an inch in diameter will always be found large enough. Most writers direct the rhinoscopal mirror to be fixed to the stem at a right angle, but this is not essential, for, as already stated, a view of the posterior nares may be obtained by simply turning upwards the face of the ordinary laryngeal mirror. As a rule, it may be found to facilitate the examination to have the angle a little less obtuse than usual for laryngoscopy, but the stem of the mirror may at any time be somewhat bent, in order to change the angle slightly. It is, however, not desirable for the beginner to indulge too much in this practice, as it is apt to render him more ready to blame the shape of his instrument than his own deficient patience. Very great variations are to be obtained by depressing or raising the stem of the mirror. By sufficiently depressing the handle, the face may be made to assume a vertical position, while raising the handle makes it more and more oblique.

Although as long ago as 1859, in the first edition of my treatise on "Sore Throat," I spoke of rhinoscopy as merely turning upwards the face of the ordinary laryngeal mirror, most authors have asserted the necessity of having the rhinoscope fixed at a right angle to its stem. The most recent writer, however, on the subject (Dr. Cohen, of Philadelphia) not only adopts my view, but maintains the superiority of the ordinary laryngoscope for exploring the posterior nares. He says:—

"The same mouth mirror may be used for rhinoscopic as for laryngoscopic examinations, only there is more frequent occasion for the employment of a mirror of smaller diameter. There is no necessity for attaching the mirror to the stem at a right angle, as recommended by some authors, nor is such a mirror as conveniently manipulated as the laryngoscopic mirror.

"If a vertical position of the reflecting surface is desired, it may be obtained very readily by depressing the handle of the mirror. If, on the other hand, it be desired to gain a view of the roof of the nares, or of the vault of the pharynx, the handle can be raised so as to give the mirror a more oblique position. A reflection of the parts, exact as to size and form, such as we obtain of our faces in a toilet mirror, could be obtained only in the absence of necessary structures which prevent our seeing the reflection when the mirror is exactly behind the nares in a vertical plane. It is only an image in perspective of the parts in front of the mirror and above it that can be seen at best, and this we secure with the laryngoscopic mirror in rhinoscopic position much more readily than with the so-called rhinoscopic mirror" (*a*).

The beginner will probably conclude from this that, as in so many other departments, he must expect success rather from his skill in managing his instruments than from the possession of a great variety.

Having selected his mirror, he takes his position opposite to the patient, nearly the same as for laryngoscopy. The greater the space between the posterior wall of the pharynx and the velum the easier will it be to illuminate the nares. When this space is unusually narrow it may be almost impossible to obtain a view of the parts.

The first glance in the mouth not unfrequently reveals the soft palate closely applied to the pharynx instead of hanging freely so as to permit us to pass the mirror behind it. This is caused by the patient breathing through the mouth. He must, therefore, be told to breathe through the nose, when the soft palate falls forwards. Some patients evince great difficulty in maintaining nasal respiration when the mouth is open, but they soon acquire the habit. They may be requested to emit nasal sounds, as suggested by Czermak. At the moment that the current of air is thus sent through the nostrils we may obtain a glimpse

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(*a*) Ueber die Inspektion des Cavum Pharyngo-nasale und den Nasenhöhle vermittelst kleiner Spiegel.—*Wien. Med. Woch.*, Aug. 6, 1859.

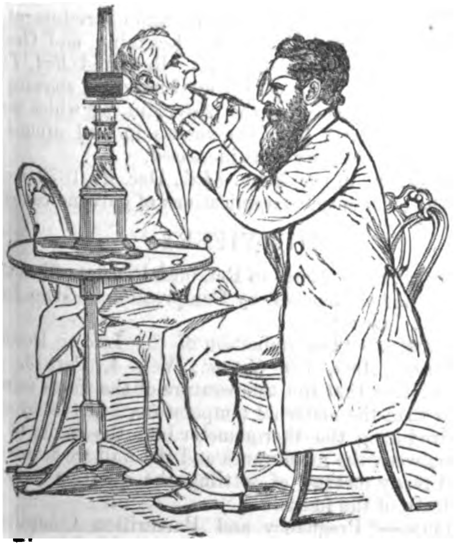
(*a*) "Diseases of the Throat." By J. Solis Cohen, M.D., Lecturer College of Physicians of Philadelphia, &c. New York. 1872. P. 70.

of the rhinoscopic image. In obstinate cases the soft palate may be mechanically separated from the pharynx during the examination. For this purpose variously shaped palate-hooks have been made, but they are not often of much use, for they generally give rise to spasm of the muscles, and thus defeat their object. If used at all, the simplest are the best. A broad, flat, or fenestrated hook, held in the left hand, so as just to support the uvula, is the most likely to be tolerated, but it is only by repeated contact that the muscles of the soft palate lose their irritability to such an extent as to make it of real service. The time and patience expended on this will usually suffice to train the patient to bear the examination without the hook. In extreme cases, and for operative purposes, a ligature has been passed round the uvula to hold it out of the way. The palate has also been held forwards by a couple of tapes passed backwards through the nostrils, brought out of the mouth, and secured by tying in front of the upper lip.

For ordinary diagnostic purposes the most unpromising patient may be taught to tolerate the examination, and in a large proportion of cases even the tongue-depressor may eventually be discarded. In most cases, however, some mode of controlling the tongue will be indispensable—at any rate, at first—and my tongue-depressor will be found the most simple and effectual instrument. (Figs. 13, 14, 15) (a).

Combinations of mirrors and tongue-depressors have been constructed, but will generally be found hindrances; for they really confine the movements of the mirror. The patient can himself easily employ my tongue-depressor, and thus the physician has both his hands free for manipulation.

The following engraving, copied from a photograph, shows the position of the parties in the simplest method of rhinoscopy.



It only remains to speak of the position of the patient, from which much assistance may be obtained. In speaking of the difficulties of laryngoscopy I pointed out that some of them could be removed by varying the relative position of physician and patient. In rhinoscopy this point is of greater moment. The lamp and other apparatus is managed just as in laryngoscopy, but it is obvious that the variations of position necessitate a little intelligent adaptation of our instruments. The mirror has to be held in such a position as to illuminate the posterior nares. The rays of light, therefore, must fall upon the mirror in such a manner that they may be reflected upon the parts of which the image is to be seen on its surface. The plane of this surface will form with the plane of the horizon an angle of about 130 degrees. To illuminate the mirror held in that position it will be found that the reflector has to direct the rays to a point rather lower in the fauces than in the practice of laryngoscopy. Hence some advise that the patient should occupy a somewhat lower seat than the physician, and this will frequently be found of great assistance. It is also desirable that the patient should sit quite upright. Indeed, as mentioned by Moura-Bourouillou, he may incline the head slightly forwards, so as to let the uvula fall in the same direction. Some observers, however, advise the patient to be seated on a higher level than the physician, and to incline the head slightly backwards. As a rule, I adopt the erect posture, which is also recommended by Semeleder. In this position a slight inclination can be at once given in either direction. The variety of recommendations only illustrates the fact that a view of the nares may be obtained without an exact adherence to either.

(a) [illegible] Reports in last volume of Medical Press and Circular.

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The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> 'The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. IV (*continued*).

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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SURGERY.

PROCESSES OF LOCAL DISEASE.

Hulke, J.W.—"On some of the Conditioning Circumstances attending the Evolution of Cancer." *Med. Times and Gaz.*, Feb. 8.

EFFECTS OF ANIMAL POISON.

Fayrer.—In an interesting article in the *Indian Med. Journ.*, Jan. 1, "On the Employment of Artificial Respiration in Snake-Bite," Dr. Fayrer says that probably the cobra poison acts not only on the nerve centres, but also on the peripheral extremities, and that the method of sustaining life by artificial respiration offers the most reasonable prospect of enabling the patient to live until the poison shall have been eliminated from the system.

VENEREAL DISEASE.

Kraus, L. D.—"Die Behandlung der Venerischen Krankheiten." ("The Treatment of Venereal Disease.") Vienna.

Hutchinson, Jonathan.—"A Second Report on the Communication of Syphilis in the Practice of Vaccination." *R. Med. and Chir. Soc.*, Jan. 28. This important paper and the discussion which it elicited will not admit of being epitomised. We must, however, refer to Mr. Hutchinson's remarks relative to the *prevention* of vaccination-syphilis. He said that it was important to avoid vaccinating from children whose parents were not known to the vaccinator, and not to use first-born children, but to wait until, by the development of one fine healthy child, a guarantee of freedom from taint on the part of the parents had been given; it was also important to avoid blood-stained lymph and the recent exudation from the walls of the vesicle. The paper has elicited leaders from most of the Medical journals, which may be read with profit; the *Student's Journ.*, March 15, contains a clever article relative thereto.

Scott, J. M. Johnston.—"Notes on a Case of Vaccino-Syphilis." Med. Press and Circ., Jan. 29. Dr. Scott relates an interesting case in which there was a syphilitic bullous eruption following the use of impure vaccine lymph taken from a person tainted with syphilis.

AFFECTIONS OF THE JOINTS.

Hutchinson, Jonathan.—"On Sub-Coracoid Dislocation of the Humerus." *Med. Times and Gaz.*, Feb. 1. Mr. Hutchinson believes that almost all the ordinary dislocations of the humerus which are called sub-glenoid are really sub-coracoid. He employs the relative lengths of the two arms between the acromion and the external condyle as the most important tests of the presence or absence of a sub-glenoid dislocation.

Lister, J.—"Attempted Reduction of Dislocation of the Shoulder-Joint—Rupture of the Axillary Artery—Death." *Med. Times and Gaz.*, Feb. 1.

AFFECTIONS OF THE NERVES.

Patauban.—A successful case, in which Nussbaum's operation of exposing, isolating, elevating, and stretching the sciatic nerve for the cure of obstinate sciatica performed by Dr. Patauban is recorded in the *Allg. Wiener Med. Zeitung*, Dec. 31. 1872. The details are given in the Med. Press and Circ., Jan. 15.

AFFECTIONS OF THE HEAD.

Busch, F.—"Treatment of Depressed Fracture of the Skull." *Archiv. für Klin. Chir.*, Vol. 15. From his experience Dr. Busch thinks that in compound fracture with notable depression elevation should at once be practised; he thinks that the absence of brain-symptoms should not deter the surgeon from immediate operation.

Smith, W. Johnson.—"Two Cases of Compound Depressed Fracture of the Vault of the Cranium Treated, in the Absence of Grave Symptoms, without Operation." Reported *Lancet*, Feb. 1. These cases would seem to show that if a compound depressed fracture of the skull be not seen for some days after the receipt of the injury and no symptoms be present, the best practice is to abstain from operating. Both cases here recorded made good recoveries.

AFFECTIONS OF THE SPINE.

Morgan, John.—"On Injuries of the Spine, the Result of Railway Concussions." Med. Press and Circ., Jan. 15, 22, and 29. This is a valuable communication, particularly in a Medico-legal point of view.

Nieden.—"Excessive Lowering of Temperature and Pulse in Injury of the Upper Dorsal Portion of the Spinal Cord." *Clin. Soc. Lond.*, Jan. 24. The temperature when the patient expired was as low as 80°. An interesting discussion followed the reading of Dr. Nieden's paper.

AFFECTIONS OF THE EYE.

Hogg, Jabez.—"Clinical Remarks on the Value of Strychnine in White Atrophy of the Optic Nerve." Med. Press and Circ, Jan. 15. Mr. Hogg believes that, notwithstanding the statements of Prof. Nagel and Dr. Chisolm, strychnine is only of use in those cases which are benefited by any of the so-called nervine tonics. He asserts that in white atrophy having cerebral origin, or in the atrophy following glaucoma, or in choroido-iritis in which the atrophic mischief involves the retinal vessels, or in the atrophy which sometimes follows syphilitic iritis, or in myopia with posterior staphyloma and albuminuric degeneration, strychnine is useless, if not harmful. Three interesting cases are recorded.

AFFECTIONS OF THE NECK, ŒSOPHAGUS, &c.

Mason, Francis.—"Carcinoma Œsophagi—Gastrotomy—Death." *St. Thomas's Hosp.* Reported *Lancet*, Jan. 25.

Tillaux.—"Contributions to the History of Internal Œsophagotomy." *Bull. de Ther.*, Jan. 15.

INJURIES OF THE THORACIC VISCERA.

Callender, G. W.—"On Removal of a Needle 1½ Inch Long from the Heart after it had been Fixed there for Nine Days." *R. Med. and Chir. Soc.*, Feb. 11. The needle was fixed in the muscular substance of the apex; the patient suffered but little discomfort, and recovered without a bad symptom.

HERNIA.

Anthony, Mark.—"Inguinal Hernia Reduced by Taxis and Position." Med. Press and Circ., Jan. 29. The patient was almost inverted, and while in this position slight manipulation reduced the rupture, which resisted every effort while in the recumbent posture.

Hill, Berkeley.—"Strangulated Congenital Inguinal Hernia Protruding from the Canal through the Ruptured External Oblique Aponeurosis—Operation—Recovery." *Univ. Coll. Hosp.* Reported *Lancet*, Feb. 15.

AFFECTIONS OF THE RECTUM AND ANUS.

The *Brit. Med. Journ.*, Feb. 1, has a note on the method adopted by Prof. Simon, of Heidelberg, of artificially dilating the anus and rectum by introducing the whole hand and part of the forearm, the patient being deeply narcotised. The process seems to be a useful one both for diagnostic and operative purposes.

AFFECTIONS OF THE URINARY ORGANS.

Hertzka.—"On the Diagnosis and Treatment of Nocturnal Incontinence of Urine." *Jl. für Kinderkrankheiten*, Heft. 7 and 8, 1872. He treats this affection by galvanic excitement of the mucous membrane through the rectum or bladder.

Teevan, W. F.—"On the Selection of Position for Catheterism." *Lancet*, Feb. 15. Mr Teevan advocates the sitting posture for the operator, and he would place the patient upright against a wall with his penis stretched horizontally forwards.

Teevan, W. F.—"Case of Impassable Stricture of the Urethra Successfully Treated by Leeching and Gradual Dilatation." *West London Hosp.* Reported *Med. Times and Gaz.*, Feb. 8. This case is instructive as showing the beneficial effect of leeching the perinæum, by which means blood is withdrawn from the vessels in and around the urethra and its capacity thus increased.

Dr. Tripier, in the *Mouv. Med.*, Dec. 21, 1872, recapitulates the chief surgical applications of galvano-cautery.

MIDWIFERY.

McGuire, E.—"Cases of Retained Placenta illustrative of the Method of Removal by Compression." Med. Press and Circ., Jan. 22.

Cohnstein.—"Determination of the Life or Death of the Fœtus." *Arch. für Gynak.*, Vol. 4, Part 3. Dr. Cohnstein says that the temperature of the fœtus in utero is higher than the maternal temperature, and that by carefully introducing the thermometer into the cavity of the uterus between the membranes and the wall we have a certain and ready method of settling the question as to the life or death of the fœtus.

Lohlein.—"Pregnancy and Parturition Complicated with Cirrhosis and Ascites." *Berl. Klin. Wochen.*, Jan. 20. In this case delivery had the effect of favouring the accumulation of fluid by the removal of the pressure on the portal veins.

Tait, Lawson.—"Successful Case of Gastrotomy for Extra-Uterine Pregnancy." *R. Med. and Chir. Soc.*, Feb. 11. Mr. Tait advocates early operation in such cases.

Chauvin.—"Cæsarian Section—Recovery." *Journ. de Med. de l'Ouest*, 4me Trimestre, 1872.

DISEASES OF WOMEN.

Simons, T. Strange.—"Atresia Vaginæ producing Tetanus." *Amer. Quart. Journ. Med. Sci.*, Jan.

Barba, Martino.—"On Complete Extirpation of the Uterus in a Case of Inversion." Slight [illegible] lowed the operation, but twenty-two days after the operation the patient was sufficiently recovered to leave the hospital. *Gaz. Med. de Paris*, No. 4, 1873.

Beigel, Herman.—In the *Wien. Med. Presse*, Vol. 22, No. 23, Dr. Beigel records two cases in which he tried transplantation of small portions of skin for the healing of indolent ulcers in the vagina with perfect success.

Byrne, J.—In the *New York Med. Record*, Dec. 16, 1872. Dr. Byrne advises the employment of the electric-cautery in all operations on the uterus, whether for cancer or fibroid tumours.

Dolbeau.—"On Retro-Uterine Hæmatocele." *Medical Times and Gaz.*, Feb. 1. Dr. Dolbeau defines this affection as a "tumour formed by blood encysted in the peritoneal cavity of the pelvis." He thinks there is every reason to believe in the existence of a close connection between sexual excesses and the complaint in question, and he states that one important cause of hæmatocele is the sudden suppression of the menses.

McIntosh.—"On Dysmenorrhœa and its Treatment with Sulphate of Quinine and Extract of Stramonium Seeds." *Amer. Quart. Journ. of Med. Sci.*, Jan.

Playfair, W.—"On Intra-Uterine Medication in the Treatment of Chronic Uterine Catarrh." Lecture 2, *Lancet*, Feb. 15. Dr. Playfair in this lecture describes the method which he adopts of swabbing the uterine cavity.

Whitehead, P.—"On Intra-Uterine Injection." *Brit. Med. Journ.*, Feb. Dr. Whitehead says that of late years he has nearly abandoned injections into the uterus, finding it better, safer, and attended with less trouble, when treating chronic endometritis, to apply remedies by means of Lallemand's porte-caustique.

DISEASES OF CHILDREN.

Adams, W. — "Fœtus with Arrested Development." *Path. Soc. Lond.*, Jan. 21. There was symmetrical arrest of development in both hands and feet; there was no malformation of the joints or hands, but they were shorter than natural. The legs were stunted and curved at the feet and knee-joints. The case is extremely interesting, inasmuch as while the mother was in her fourth month of pregnancy she was frightened at the sight of a cripple.

Roger, H.—"On Thermometry in Diseases of Children." See *Med. Record*, Feb. 5.

Uffelmann. — "On a Grave Disease of Childhood Localising itself in the Skin." The affection consists in the rapid formation of nodes on the shin and forearms; the nodes never present a change of colour as in erythema nodosum. *Deutsches Archiv. für Klin. Med.*, Vol. 10, Parts 4 and 5.

Vulpian.—"On the Pathological Anatomy of Infantile Paralysis." *Gaz. Med.*, Jan 4. M. Vulpian alludes to the relation of progressive muscular atrophy to infantile paralysis. Dr. Lockhart Clark has a good epitome of Vulpian's views in *Med. Record*, Feb. 19.

Waldenburg.—"On a Congenital Aphasia." *Berliner Klin. Wochen.*, No. 1, 1873. This is a most important and interesting case. The subject of the affection was a boy, æt. 6; his mother in the third month of pregnancy was attacked with hemiplegia and loss of speech.

MEDICAL JURISPRUDENCE.

Forensic Medicine as applied to insurance has recently had a valuable illustration in the case of Brembridge *v.* Hoare. Reported *Lancet*, Feb. 15.

Hills, William C.—"A Case of Hermaphroditism." *Lancet*, Jan. 25. The subject was 42 years of age, single, a dressmaker; had a perfect beard and moustache; upper part of body had a masculine form, mammæ undeveloped; lower part of the body had a feminine outline; the clitoris was large and had a distinct prepuce; there was no trace of testicles in the labia or inguinal canals; there was a distinct vagina. At an early age had thrice shown the slightest possible signs of menstruation.

King, Robert.—"Poisoning with Hydrofluoric Acid." *Path. Soc. Lond.*, Jan. 21. Half an ounce had been swallowed; death occurred thirty-five minutes after; the symptoms were violent retching and vomiting, speedy collapse and death. The epiglottic and œsophageal lining membranes could easily be peeled off; the throat was white and soft; there was ecchymosis of the stomach; the blood gave a strong acid reaction. Death appeared to result from closure of the glottis by shreds of mucous membrane.

Popoff, L.—"Case of Chronic Poisoning by Vapours of Oxide of Zinc." *Berl. Klin. Wochen.*, Feb. 3.

HYGIENE.

The *Brit. Med. Journ.*, Feb. 1, gives an epitome of a remarkable paper read by Dr. Falk at a recent meeting of the *Berl. Med. Soc.* relative to the "Geography of Traumatic Febrile Diseases." Dr. Falk believes that pyæmia and septicæmia are more frequent in the North than in the South of Europe. He holds that certain regions are more favourable to the healing of wounds than others on account of certain climatic circumstances such as uniformity of temperature, dryness of the air, and elevation, &c.

Allen, Nathan.—"The True Law of Population based on Physiology and Psychology." Med. Press and Circ., Feb. 5.

Barrett, F. J.—"Arsenical Wall Paints." *Pharm. Jl.*, Feb. 15. Mr. Barrett states that, having made a qualitative and quantitative analysis of three samples of green paint which had been used for colouring the children's ward of a large provincial hospital, he found that all three contained Scheele's Green (arsenite of copper) in considerable proportions.

Drysdale, C. R. — "The Absorption of Tobacco Smoke." Med. Press and Circ., Feb. 12.

Hime, T. Whiteside.—"On Anthracosis (Coal-Miners' Lung, Black-Spit." Med. Press and Circ., Feb. 12.

Sanderson, Burden.—This eminent experimentalist has recently been repeating the experiments devised by Dr. Carleton Bastian. *Nature*, Vol. 7, No. 167. He states that he has "established, at all events to his own satisfaction, that, by following Dr. Bastian's directions, infusions can be prepared which are not deprived by an ebullition of from five to ten minutes of the faculty of undergoing those chemical changes which are characterised by the presence of swarms of bacteria; and that the development of these organisms can proceed with the greatest activity in hermetically sealed vessels, from which almost the whole of the air has been expelled by boiling.

MATERIA MEDICA AND THERAPEUTICS.

Ackerman.—"On the Action of Digitalis." *Klinische Vortage*, No. 48, Dec. 19, 1872. An excellent *résumé* of Ackerman's views is given in the *Med. Times and Gaz.*, Feb. 8. The physiological action of the drug on the heart, circulation and bodily temperature are detailed, and its therapeutic applications are fully specified.

Biggers, G. W.—"On the Phytolacca Decandra in Mastitis." *New York Med. Record*, Jan. 1. He has used twenty-drop doses of the fluid extract in many cases of mammary inflammation, and always with success.

Briquet.—"Mode of Action and Administration of the Salts of Quinine." *Bull. Gen. de. Ther.*, Oct. 15, 1872. An excellent *résumé* of this paper is given by Dr. Sydney-Ringer in *Med. Record*, Jan. 5.

Power, R. E., in a letter to *Med. Times and Gaz.*, Feb. 1, on the use of large doses of quinine in fever, gives it as his opinion that "a single ten-grain dose of quinine acts more powerfully than a host of diaphoretics and sedatives that form the routine treatment of fever.

Carles, P.—"On the Distribution of Alkaloids in Cinchona Barks." The *Pharm. Journ.*, Feb. 15, gives an abstract of M. Carles' paper on the abovesubject (*Journ. de Pharm. et de Chimie*, Vol. 17). M. Carles finds that quinine exists in all parts of the bark, but to a much greater extent in the external than in the liber layers, and that the proportion diminishes pretty regularly from exterior to interior. The seat of the cinchonin is not so well-established.

Howard, J. E.—"Examination of the Leaves of Cinchona Succirubra, especially in relation to the Production of Alkaloid." Mr. Howard concludes from his researches that the amount of alkaloid in the leaves is so small that they can never be used with advantage. *Pharm. Journ.*, Jan 11.

Davis, N. S.—"On Carbolic Acid." *Trans. Illinois. Med. Soc.*, quoted *Amer. Quart. Journ. Med. Sci.*, Jan. Dr. Davis finds it of great value in irritation or morbid sensibility of the mucous membrane of the alimentary canal.

Pascale.—"On the Use of Dry Powdered Blood." Med. Press and Circ., Jan. 29.

Farquharson, Robert.—"Action of Mercury." *Brit. Med. Journ.*, Feb. 8. Dr. Farquharson relates a case of a lady who, while resident in the West Indies, was treated for fever with large quantities of calomel. Ever since then she has been so susceptible to the action of the drug that on one occasion furious salivation resulted from a dose of a couple of pills containing three grains of calomel and five of colocynth. Dr. Farquharson believes that prolonged residence in a tropical climate will encourage, if not produce intolerance of mercury. He cites cases in support of the fact that debility causes excessive action of mercury, and, lastly, he believes with Diday that mercury should be cautiously used in the case of persons with light or reddish hair.

George, James T.—"Koumiss, Blanda, Syre, Ligré or Airen." This vinous liquor, procured by the fermentation of cow's milk, Mr. George uses with success as a restorative medicine. He has found it to be very useful as a dietetic, and, as such, has given it largely in cases of general debility. He states that there are three things necessary to the vinous fermentation of milk, viz., heat, souring, and, above all, agitation. *Pharm. Journ.*, Jan. 11.

Gimbert.—"On the Therapeutic Value of the Eucalyptus Globulus." *Arch. Gen. de Med.*, Feb. It is an intoxicating medicine, and the after-effects are calmness and a soothing sleep. When fatal it kills by destroying the excito-motory functions of the cord, and the temperature falls very rapidly. Gimbert thinks there is a close resemblance between this drug and bromide of potassium. It is an antiseptic, a powerful general stimulant, an antispasmodic, a febrifuge, and a sedative. For a very complete *résumé* of what is known concerning it see Dr. Ringer's article in *Med. Record*, Feb. 19.

Isnard. — "On the Treatment of Constipation by Arsenic." *Marseilles Med.*, 1872. Arsenic improves the appetite, excites the muscular action of the intestines, and augments the mucous secretions of the canal.

Kohler, T.—"Use of Chloral Hydrate in Trismus and Tetanus." *Berl. Klin. Wochen.*, Feb. 3.

Wernich.—"On the Action of Ergot." *Virchow's Archiv.*, Vol. 56.

The *Brit. Med. Journ.*, Feb. 8, gives a careful summary of M. Voisin's recent papers in the *Arch. Gen. de Med.* relative to the therapeutic value of bromide of potassium. M. Voisin would restrict the employment of this drug, first, to cases in which the spinal cord is excited, and secondly, to those in which there is a reason for exercising a restrictive action on the capillary vessels and anæmiating the tissues, as in simple congestive visceral affections and where no plastic effusion exists, as in simple meningo-cerebral congestion.

Messrs Kreb, Kroll, and Co., of Berlin, are now manufacturing for medicinal use a solution of one part by weight of ozone in one hundred thousand parts of water.

The substance guarana, now on its trial as a remedy for sick headache, neuralgia, &c., is the dried juice and seeds of Paullinia sorbilis.

ANÆSTHESIA.

The recent death from nitrous oxide at Exeter has excited great interest. It is now very generally thought that the death was not due to the direct action of the gas, but rather to apoplexy or to the introduction into the larynx of some foreign body.

Smith, Priestley.—This gentleman finds that the nearer the approach to a total exclusion of air, the more satisfactory are the results with etherisation. This fact has been from the first insisted on by Mr. Morgan, of Dublin.

Hardy and Dumontpalier.—"On a New Anæsthetic Derived from Chloride of Carbon." The *Pharm. Journ.*, Jan. 11, contains a brief note on this substance taken from the *Bull. Ther.* In its preparation a mixture of 30·8 parts of chloride of carbon and 4·6 of alcohol are distilled, and the distillate collected at 66° C. Chloride of carbon and chloroform act with more intensity than this substance, which, however, causes less restlessness, particularly at the commencement of the experiment.

N.B.—For want of space several important papers are held over.—Ed. Retrospect.

◆

SPECIAL REPORTS ON FOODS,

INCLUDING DIFFERENT KINDS OF

FARINACEOUS PREPARATIONS FOR INFANTS AND INVALIDS,

MEAT EXTRACTS, AUSTRALIAN MEATS, &c.,

Together with Reliable Chemical Analyses by Competent Professors.

[REPORTED EXPRESSLY FOR THE "MEDICAL PRESS AND CIRCULAR."]

(*Concluded from the* Medical Press *of Dec. 25th*, 1872.)

[This article, in connection with our Analytical and Physiological "Reports on Foods," has been unavoidably held over, on account of the illness of the gentleman conducting the investigations. From the numerous letters of commendation received from various quarters, we are gratified at the great amount of good our exposures have resulted in, this is our sufficient reward.]

PRESERVED MEATS AND MEAT EXTRACTS.

BEEF AND MUTTON.

The Hogarth Australian Meat Preserving Company,
Oakey Creek, Toowoomba.

These samples seem to be specimens of preserving in Australia by Mr. Hogarth's process (Aberdeen). The firm is the preservers at Deptford for the Board of Admiralty. (The Navy using English meat). Mr. Hogarth's process seems to differ from the others, in the fact that steam is used in the cooking. The following description may give some idea as to how far the process differs from the other Australian meat processes :—

"During the annual inspection by the Board of Admiralty at Deptford Dock and Royal Victoria Yards, their lordships were some time employed in examining the manufactory for preserving meat for the Navy, which is being fitted by Messrs. D. Hogarth and Co., of Aberdeen, with their machinery for preserving by steam. The system is on an entirely new principle. In the first compartment are twenty-three strong iron cylinders, fitted with shelves, into which the raw meat is put in the tins. These are closed by mouth-pieces, turned and fitted to the cylinders, and fixed with bars and a central tightening screw. They are then supplied by steam from a large boiler (in this instance from a gun-vessel lately broken up), and in a short time the flesh is converted into very superior boiled beef. The tins being at once hermetically sealed prevents the ingress of cold air, and thus the cooking is complete; and joints so preserved have been found perfectly pure and fresh in any climate. The same process pertains to the preservation of numerous other articles of food, such as joints of all kinds, poultry, game, fish, soups, vegetables, and fruits, the several flavours of which are admirably preserved. With this apparatus one million pounds of beef can be cooked and packed during the cold season."

These samples, when opened, were extremely firm, and did not appear quite so much done as many of those previously opened. As steam had been used in this process the moisture was carefully estimated, but it did not come out higher than the previous samples.

BEEF (Hogarth's process).

Moisture	62 per cent.	
Insoluble left after artificial digestion . . .	20·3 „	of the dried flesh.
Albuminoids . . .	23	

MUTTON (Hogarth's process).

Moisture	63·2 per cent.	
Insoluble left after artificial digestion . . .	19·3 „	of the dried flesh.
Albuminoids . . .	22·5 „	

Resumé.

In concluding these reports upon the Australian meats we will sum up in a few words the results of the late reports. The points in their favour are as follows:—

1. The Australian meat is equally digestible with that of our ordinary cattle, proving that prejudice does not militate against its retention in the stomach.

As regards the one sample of fat meat examined, it must be valued according to the consumer's capabilities for assimilating fat. The amount left after treating with pepsine was in the other cases under what would be left in similar circumstances from ordinary beef or mutton.

2. In nutritive value it is quite equal, and as regards boiled meat superior to the meat cooked in the ordinary manner.

3. It is perfectly wholesome, and will keep so any length of time, if it is unopened. This cannot be said of many of the cheaper foods, which will daily become more largely consumed by the working-class. We refer to the different varieties of sausages, frequently of a most deleterious and inferior nature, and such unnutritious, and frequently indigestible, food, as tripe. If Australian meat does nothing more than keep down the consumption of such food it will confer a benefit to the community at large.

4. The cost is at present equivalent to about half that of butcher's meat. The following being at present the cost in London of Australian meat (retail):—

		lbs.	per lb.	Each.
Boiled mutton	No bone	6	6½d.	3s. 3d.
„ „	„	4	7½d.	2s. 6d.
„ „	„	2	8d.	1s. 4d.
Loin „	(4 oz. bone)	6	6d.	3s. 0d.
Boiled beef ...	No bone	6	7d.	3s. 6d.
„ „ ...	„	4	8d.	2s. 8d.
„ „ ...	„	2	8½d.	1s. 5d.
Beef, a-la-mode	...	6	7½d.	3s. 9d.
„ „	...	4	8d.	2s. 8d.
Mutton stew ...	...	6	7d.	3s. 6d.
„ „ ...	...	4	7½d.	2s. 6d.
Boiled mutton	seasoned	6	7½d.	3s. 9d.
Irish stew ...	...	2	8d.	1s. 4d.
Ox cheek ...	...	2	8d.	1s. 4d.
Essence of beef	...	1	...	2s. 6d.

A point in connection with the cost of these foods is the saving of fuel for cooking, which with joints adds at least 5 per cent. to the value of the cooked meat, a very serious consideration to the poor man.

Besides the samples analysed we have in all opened about 30 to 40 cans of tinned meats and have never found so far, one that contained unwholesome food. Against these important considerations is the uninviting appearance that the boiled meats present, and the very important one of overcooking. From the consideration of Messrs. Hogarth's process and their statements we are inclined to think that this can be overcome, more particularly when it is taken into consideration that albumen when concentrated as is met with in the juices of flesh is coagulated at a temperature of from 60 to 70° C., and that a very high temperature is not absolutely necessary for its preservation. The putting up of such large quantities of meat in one tin, to a small and poor family must be a great drawback to the usefulness of this importation, but it will be observed on reference to the list of prices that the smallness of the tin greatly enhances the price of the meat, the smaller the tin generally the less it is cooked. The colonial Government should give every facility for the development of this trade by removing all restrictive tariffs upon the raw material used in the construction of the cases. Also local depôts should be opened throughout this country for the opening of the tins and the distribution of the food by the pound or half pound. We have already observed a most undesirable phrase of this question. We have observed a placard in a poor district announcing Australian meats at one shilling per pound. The vendor presuming upon the high price of butcher's meat and the consumer's ignorance of the real market value of this commodity. When will trading dishonesty cease to be treated with the consideration that this enlightened age deals out to it?

It will be observed that in examining these meats we have selected those that bear most strongly upon the social question of supply and demand; but the tinned meats that are really the most palatable are ox tongues and kidneys (superior to those procured in this country), spring lambs, and beef, *a-la-mode.*

In using these meats the following precautions should be used:—In no case should a tin be taken the top of which is not concave or which does not produce a rushing sound when the side is pierced. The first is indicative that a perfect vacuum was not produced when the tin was sealed, whilst if the vacuum is not still present, as indicated by the sound, the meat will be bad.

Transactions of Societies.

DUBLIN PATHOLOGICAL SOCIETY.

At the meeting of this Society on April 5th, 1873, Sir Dominic Corrigan, Bart., M.P., in the chair, Dr. Robert Smith exhibited the leg bones of a man, aged between 40 and 50 years, who had suffered from rickets. Dr. Quinlan showed a tumour which had been taken from the neck of a patient in St. Vincent's Hospital. Dr. Wm. Stokes brought under the notice of the Society a case of strangulated hernia. Dr. Hayes showed a specimen of disease of the knee-joint. Dr. F. Porter a case of congenital malformation of the elbow-joint. Mr. Wilson exhibited a specimen of ossification of the crystalline lens which he had removed from a patient in St. Mark's Ophthalmic Hospital. The patient was a man, aged 46, whose right eye was blind for many years, and the left becoming impaired recently. On the right side there was no anterior chamber, and behind the pupil was a yellowish-white body, which moved freely about in the vitreous chamber, so that if the head were moved to one side the yellow body also moved. The globe was soft, but not collapsed. This yellowish-white body represented the crystalline lens turned into bone. Mr. Wilson remarked that calcareous degeneration of the lens was not unfrequent, but that complete bony degeneration was rare. Dr. Tyrrell showed two diseased breasts which he had removed from patients in the Mater Misericordiæ Hospital; and Dr. Foote exhibited a case of tumour in the brain.

A lengthened report of the meeting will appear in our next impression.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 25TH, 1873.

Dr. C. J. B. WILLIAMS, F.R.S., President, in the Chair.

THE PATHOLOGY OF LEPROSY; WITH A NOTE ON THE SEGREGATION OF LEPERS IN INDIA.

By H. V. CARTER, M.D., Bombay Army.

(Communicated by Dr. SYMES THOMPSON, Hon. Sec.)

IN this paper—the result of observations made in Western India during the years 1860 to 1871—leprosy is considered as a whole, and its diagnostic characters are stated to consist in (*a*) skin-changes, either produced by the well-known "tubercles," or evidenced by alterations of rather atrophic character, which result in a form of "eruption" corresponding in its typical manifestation to the "Leuke" of classical Greek writers, now widely known in Western Asia as "Baras," and having, it is thought, affinities with the "lepra" of Willan, &c., only that scales are wanting, owing to tropical influences on the skin. The name *Lepra leprosa* is suggested as suitable to this eruption. Superadded to these visible changes is (*b*) a prior and progressive impairment of the functions of the cutaneous nerves and branches, the structural alterations in which are regarded by the author as the characteristic lesion of leprosy. Hence result the marks presented by lepers, and one or other of which is the only infallible sign of their disease: the author knows of no characteristic prodromata. Subsequent changes are slow in progress, and are indicative of malnutrition of the frame both local and general, and hence susceptibility to corresponding hurtful influences. There are no symptoms of visceral lesions peculiar to leprosy; and while it is true that lepers die bearing the marks of their disease upon them, yet there is neither order nor uniformity in the time or mode of their decease.

Next are considered the morbid anatomy and histology of leprosy, and it is stated that the structural changes observed are due to exudation or deposit in the skin and appertaining nerve-trunks of a firm, translucent, colourless, or pale-reddish material, which may be distinguished by the borrowed terms hyalin-fibroid and hyalin-granular. As regards the skin, conjunctiva, and adjacent mucous membrane of the mouth and larynx, this deposit (here hyalin-granular) first appears within or immediately beneath the membrane proper; accessory organs, and even the blood-vessels, are secondarily involved, but it has been noticed that the tactile corpuscles disappear before other less sentient elements. As regards the nerves, this deposit (here hyalin-fibroid) first appears between the individual nerve-tubules, and within their sheath—*i.e.*, the neurilemma of the funiculus; the outer envelope of connective tissue is hardly changed. By accumulation of the new material the tubules are separated, compressed, emptied, and eventually destroyed.

The microscopic characters of this leprous deposit are then referred to. The material looks exudative, but may be derived from proliferation of connective-tissue corpuscles; it undergoes slight development, and is susceptible of degeneration. In sixteen autopsies of lepers consecutively dying in hospital, no trace of deposit was noticed in the muscles, bones, or any of the viscera. The brain and spinal cord were wholly free from such deposit, &c.

Then are mentioned the general characters and distribution of leprosy in Western India. Reference is made to the author's late report on this subject published in the "Transactions of the Medical and Physical Society of Bombay for 1871," the previous volume for the year 1862 containing a description of the symptoms and morbid anatomy of leprosy.

Particular attention is invited to the three circumstances, that the disease is capable of being hereditarily transmitted, that society in India is minutely subdivided by caste regulations into sections within which alone is marriage permitted, and that certain races (the primæval) are apparently more largely affected by the disease than any others: hence certain obvious inferences.

The author adds that neither climate nor endemic influence has been shown to favour or check the prevalence of the disease; faults of diet, hygiene, or habit equally fail to account for its varied distribution. The population generally is affected to the extent of 1 in about a 1,000 inhabitants, but the proportion differs in the several races and hence in localities occupied by those races more predisposed than others.

The seat, nature, and causes of the leprous disease are then inquired into.

It is affirmed that so far as manifested, its seat is the cutaneous system, evidence to that effect being negative and positive. The latter includes certain interesting features revealed on dissection, which are pointed out; thus the cutaneous nerves are affected only, or chiefly and primarily, in that part of their course between the skin and the deep fascia of the limbs or trunk; and when the deeper-seated nerve-trunks of compound function are diseased it is only their sensory elements which appear to be affected, and often those in continuity with skin-nerves; details are given. It is added that motor paralysis is seldom marked in lepers who can crawl on, or bend, the stumps, which are sometimes all that remain of hands and feet. The author considers that there are trophic nerves in connexion with those termed sensory, and that nutrition, as a process, may be directly influenced by the nervous system. It is submitted that all the essential phenomena of the leprous disease may be traced directly or remotely to the characteristic nerve-lesion.

As to the nature of leprosy, it is briefly stated that the existence of a dyscrasia of primary blood-change seems hypothetical and even needless; it may be said that the proximate cause of leprosy resides in a faulty condition of certain tissues of the integument—a defect perhaps of development, certainly a quality transmissible to offspring.

Etiology of Leprosy.—Having regard to the fact that the inherited form of the disease is identical with that not known to be derived, the author surmises that the only true cause of leprosy may be hereditary or transmitted taint; or in other words, a latent form of the affection itself. Respecting contagion, or inoculation, as causative influences, the author remarks on the absence of crucial facts. The grand test is necessarily wanting; and hence variety of opinion dependent on circumstances. As to endemic influences, it has been found that no one feature of air, soil, or water can be connected with the presence or frequency of leprosy. Europeans living long in India are virtually never affected with the disease. That malaria and leprosy are correlated does not appear.

An appendix has been added to this section of the paper referring more especially to the views of Professor Virchow.

Regarding the added note on the segregation of lepers in India, the author brings the subject forward rather to elicit opinion than to make assertion. It does, however, appear to him that the decline and extinction of leprosy in Europe during the middle ages is well and fully explained by the close, even if harsh, restrictions under which lepers were put by law and custom; and, holding this view, he would venture to recommend segregation as a fit measure for adoption in India, where the disease has been long established, shows no sign of diminution, and is constantly productive of much harm and suffering. Nor does there seem other hopeful way of eradicating leprosy; for in the author's opinion, the view that improvement in hygiene and general progress will, or has, led to the extinction of this disease, is not sustained on a wide survey of available data.

A CASE OF AMPUTATION AT THE HIP.

By Richard Barwell, F. R. C. S. E.,
Surgeon to Charing Cross Hospital.

Caroline L——, æt. 7, was admitted into Charing-cross Hospital under Mr. Barwell's care September, 1872. She had previously been under the care of Mr. Hancock with severe hip disease, and that surgeon had in the early part of 1872 excised the head of the bone, but during the operation the thigh, a mere shell of bone, had broken in two places. She went out after some months with bony union but with open sinuses. When re-admitted at the above date she was emaciated and feeble; there were several open sinuses; the liver was much enlarged. After watching the case for some time, the operation was decided on, and performed by Mr. Barwell on the 2nd November. Hardly any blood was lost; the limb was almost devoid of muscles, the bone carious and inflamed throughout. The child rallied, and after a time (corresponding with the occurrence of smart diarrhœa) the liver began to diminish in size. On the 1st of February the child went out with the liver much smaller. Certain deductions concerning the states of liver in different phases of disease were given.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 9, 1873.

THE MEDICAL COUNCIL.—II.

In continuing our summary of the proceedings of the Council, interspersed with such remarks as we feel called upon to make, we apprehend we shall give our readers more satisfaction than by filling our pages with extended reports of the sometimes far from edifying conversation. It is, however, only fair to reiterate that for the apparent loss of the present session the Government is more to blame than the Council, and we make this statement with the greatest pleasure since we have at times considered it a public duty to animadvert on the Council in rather strong terms. The Government has insulted the Profession, and pooh-poohed the Council; has treated Universities and Corporations in the most unfair manner, and endeavoured to entrap us into a surrender at discretion of all we care for as a body. It is impossible to exonerate the Government and lay all the blame on the Privy Council. Lord Ripon has indeed acted in a manner that should shame any one pretending to the name of statesman; and whether the action be the spontaneous effort of his lordship's weakness, or the instigation of a mere wire-puller who has made him the instrument, can be of little consequence. Both he and Mr. Forster have forfeited the confidence of the Profession, and Mr. Bruce and others at the Home Office have shown an equal weakness in submitting to the jealous impertinence that has tied their hands. We will take the salient features of the session as they succeeded those on which we last week commented.

THE APOTHECARIES' PROPOSED BILL.

We have never been slow to admit the admirable manner in which the Apothecaries Society has endeavoured to discharge the duties that have been entrusted to it, and now we cannot deny that this body comes out of the discussion with clean hands. It has been all along ready to co-operate for the common good, and more than once expressed a readiness to forego some of its special interests for the benefit of the Profession. We spoke last week of its desire to be enabled to act with greater freedom, and we may now add that its representative, Mr. Bradford, handed in some letters to complete the correspondence, and a copy of a bill proposed by the Society of Apothecaries. The objects proposed by the Bill, he said, were first to obviate the necessity of the Society's candidates undergoing an apprenticeship; second, to enable the Society to select examiners from registered Medical practitioners at large; and, third, to enable the Society to strike off its list of licentiates persons guilty of infamous conduct. The Government has refused to aid the Society, and on the Government must therefore rest the responsibility.

THE LONDON UNIVERSITY AND THE GOVERNMENT.

The University of London has been used as badly. To the scandalous revelations we made last week we may now add a statement made by Dr. Parkes, on the authority of Dr. Carpenter, the Registrar of the University of London, to the following effect. A few weeks ago the University received a letter from Sir James Paget, chairman of the Committee of Reference, asking what it had done with respect to the Enabling Bill. The Registrar thereupon went to the Home Office, where Mr. Winterbotham informed him that Lord Ripon would introduce an Enabling Bill in the House of Lords and endeavour to get it passed, but only on two conditions—first, that the fees of the candidates should not be raised without the sanction of the Privy Council; and, secondly, that the rules of the various conjoint boards, when framed, should be submitted to the Privy Council for approval. These two conditions were in some way brought under the notice of one or two of the English Universities, and the Home Office was informed that they were not acceptable. The Registrar believed that on the intimation being given, Lord Ripon decided to drop the bill.

AN ENABLING BILL.

Every one now knows that a bill was promised to enable those bodies to combine which were only prevented by legal difficulties. After those solemn promises the petty jealousy of the Privy Council has frustrated the whole scheme, and it is time that such a scandal was punished as well as exposed. From the indignant remonstrances that filled the Council, it is to be hoped the Government will awake to the folly of allowing the irresponsible subordinates of the Privy Council to play the part of the dog in the manger, and from the remarks that are passing through every Medical assembly, Mr. Simon would do well, if able, to repudiate all part in the deception that has been perpetrated. Surely it is no part of the duty of the Medical officer of the department to take on his own shoulders the indignation which his brethren are everywhere expressing. The transaction was spoken of in mild terms by Professor Humphry, who said that the Government in one of their early communications with the Apothecaries' Society, stated that they were not disposed to introduce an Enabling Bill, but if such a Bill were brought in by private members they would heartily support it. When the Apothecaries' Society produced their Bill, the Government said that they contemplated bringing in a Bill, upon which the Society ceased their efforts. Afterwards the Society again applied to the Government, who stated that they were not disposed to bring in an Enabling Bill; but they were silent on the question of whether they would support or oppose such a Bill. The information desired was, what course they would take in that respect? It was not desirable to imperil the Profession by placing it too much under Government control. The various bodies of the country should, as far as possible, retain their independence. Hereupon it was observed by Dr. Acland that it was a fine thing to talk of independence if you had it, but not so if you were conscious that you had none. It seemed of very little use discussing the matter when they knew perfectly well that they were mere tools. He wanted to know whether the Council was an independent body or was not. The Profession from time immemorial had managed its own affairs, and the science and practice of medicine were now very different from what they were two centuries ago, but no thanks to the Government for it. The Medical Council was a more permanent body than most Governments, and was not indebted to any particular minister, who held office no longer than the country allowed him. The Council had a plain duty to discharge to the Profession, and they were not to be deterred by any political parties or combinations whatever. The question was whether they were to work in fetters or not. They were, and practically they were told—"you may combine if you will submit yourselves in this, that, or the other particular; if not, we hold you in our hands." What was the fact in England? Everybody that could combine had combined, but they were told that their efforts had produced no fruit. He was very sorry for it. He repeatedly came up to London to assist his friends in the completion of the scheme, and was sorry to hear it insinuated that nothing had been done, and that England was not ready. He maintained that the scheme was practically complete, and that the Government was bound to render them assistance in bringing forward a Bill to remedy an acknowledged deficiency. The Council ought to know from Mr. Lowe whether they had been misinformed when they were told that he was willing to assist them in passing an Enabling Act. Dr. Storrar said those who could did not wish to combine, but the University had had no communication with Mr. Lowe since the question was under the consideration of the Senate last year, when he was most prompt in his expression of readiness to assist.

It seems to us a pity that the Chancellor of the Exchequer is not as ready now, and considering that the University desires, and he is the representative, unless he moves in the matter the Medical graduates, who are the majority, would be wise to look out for a candidate who would not thus despise their desires. The next election is drawing near.

SCHEMES.

If the English scheme seemed to be so hopelessly destroyed by the Government, Scotland brought up no scheme at all, and a lively interchange of personalities characterised the discussion on the reluctance of the Scottish corporations to combine. It is but fair to admit that they set the example of combining as soon as the Act passed, so as to give a double diploma, and we have always held that they therein did well. It is a pity that they cannot agree on another step in the consolidating process, and so keep ahead of all of us. The scheme for Ireland occupied so much of the time, and is of such importance, that we must treat of it separately.

VISITATION OF EXAMINATIONS.

A general skirmish took place on the presentation of the report on this subject, which was two years old, having been kept in abeyance under the impression that something would turn up, but being revived on its becoming clear that the conjoint schemes had been "hung up" by Lord Ripon. The opinions were as various as ever as to who should be the visitors, and what should be their powers. A battle was fought as to members of Council visiting, or independent persons, or the two together—the question of expence not being overlooked. Even whether visitors should be young or old was warmly disputed.

THE DEPUTATION.

The Council during its sitting sent a deputation to the Government to ascertain the views of our rulers respecting regislation. The result was by no means satisfactory. In fact the deputation were only able to elicit that the Government had come to no resolution on the subject. It is a new exemplification of "how not to do it!"

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THE DIAGNOSIS OF BRAIN INJURIES FROM DRUNKENNESS.

The daily press of Dublin has been much occupied with the discussion of the circumstances under which a patient has died, who, having sustained an injury of the head, was taken by the police to Jervis-street Hospital, Dublin, and refused admission by the resident pupils of that institution who believed him to be under the influence of drink. Having been brought to his own home he became worse, and was at length admitted to the Meath Hospital, where he died from fracture of the skull. It is unnecessary further to detail the facts of the case. An inquest was held and a verdict amounting to censure on the authorities of Jervis Street Hospital was brought in by the coroner's jury.

It is to be expected that such circumstances should create, on the part of the newspapers, much debate, and some animadversion, but it would be unfortunate that a greater degree of blame than they deserve should be attributed to the House officials at Jervis Street. The symptoms of concussion of the brain and of drunkenness are so nearly identical that all writers on Medical jurisprudence consider it necessary to give minute instructions for the diagnosis of the injury, and when the patient is partially under the influence of drink, as the [illegible] in this case is believed to have been, the diagnosis requires great discrimination, and is never certain. On many occasions an error of diagnosis in such cases has been made by the London police even under competent Medical advice, and as it appears from the statement of the resident pupil, that this patient resisted examination and anxiously demanded to be taken home ; it may easily be understood that the nature of the case might be mistaken.

It is, as we now see the circumstances of the case, to be regretted that the Resident Student did not give the patient the benefit of the doubt and admit him to the hospital, especially as we may presume that they were fully informed as to the occurrence of an accident ; nevertheless, while we hope the result of the indiscretion may be borne in mind by other house-surgeons under similar circumstances, we feel justified in acquitting the resident pupil in this case of any more grave offence than an error of judgment.

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Notes on Current Topics.

Methylene Ether.

THE claims of this agent to preference over other anæshetics are conclusively disposed of by the narrative of even cases in which it was used by Mr. Brookhouse, urgeon to the Nottingham Eye Infirmary. In every ase except two the pulse fell during administration, the requency decreasing in varying proportions between 28 nd 16 beats per minute ; and this falling off in the heart's ction was accompanied by failure in volume, paleness of ace, and in some cases blueness of lips. Mr. Brookhouse erives from these observations the unavoidable concluion that the methylene ether is a "direct paralyser of he heart." He considers this serious disqualification as ts "only objection," a conclusion which we do not find t easy to understand, inasmuch as five out of his seven atients were sick, and most of them "very" sick.

Suppression of Quackery in America.

A BILL is before the New York Legislature intended curtail some of the more apparent abuses of quackery, ch as advertisements of abortionists, indecent and windling advertisements and circulars, pictures, &c.

Educating Nurses.

A COLLEGE for Nurses is being established in New York y under the auspices of the State Charities Aid ciety, who are raising the sum of $20,000 for the rpose of inaugurating the enterprise. The school proposed to be connected with Bellevue Hospital. e New York *Daily Times* says, "The ladies propose have the control in nursing, at first, of only six wards. ey hope then to establish a college for the training of rses, which shall become a recognised institution. anches of this college will be established in connection th hospitals for particular diseases, so that in time, rses trained for special diseases will be found as easily physicians."

Cæsarean Section.

M. Fo[illegible] relates a case of Cæsarean section under culiar circumstances :—A woman, æt. 21, very small and badly made, with an obliquely oval pelvis and considerable narrowing, was subjected to the Cæsarean section ; smart hæmorrhage ensued, which ergot or the application of the hand could not restrain, the fundus of the uterus approximated to the neck, but the transverse diameter did not alter, as the bleeding becoming more urgent M. Fourrier drew the sides of the incision in the uterus together with strong close ligatures embracing two-thirds the thickness of the uterine wall. The mother made a favourable recovery and the child also lived. Out of 87 operations collected by M. Fourrier no less than 56 were successful, a large proportion in such cases where otherwise the death of both mother and child would have ensued.

Management of Hospitals for the Insane in New York.

WE learn from the *Philadelphia Reporter* that the report of the commission appointed to investigate the management of the various lunatic asylums of the State, and particularly Bloomingdale, in New York city, has been transmitted to the Senate. The Commissioners agree in the urgent necessity of placing all lunatic asylums under official supervision, and as regards the Bloomingdale Asylum, they are of opinion that the charges made in the public prints against it are unfounded, though they think there has been culpable laxity in the management of the institution during the past summer. The Commissioners believe that there is little danger of sane persons being confined in asylums. They have failed to find any such in those visited by them.

Incremation.

THE attention of our readers may be advantageously directed to the subject of incremation of the dead broached by Prof. Polli. He repeats some of the arguments that have been used against the process, but now-a-days, when sanitary science has made such advance, when every inch of ground almost has become of value—in a country such as Great Britain, where the population is out of proportion to the area of soil, and where the infection of water by the percolation of decaying animals,situated, it may be, even at a considerable distance, has been proved to occur frequently and to give rise to sickness in an intense degree, it really becomes a question of consideration as to how far burial in the earth is hygienically correct or convenient. Habit and the association of ideas have inured us to the practice of earth burial, so that it seems alarming even to discuss the possibility of such a method being displaced, yet the incremation process, could it be carried out so as not to hurt the sensibility of our nature when bidding adieu to the last vestiges of our fellow-creatures, offers certain advantages. By the present procedure we lay the body in the earth to resolve itself into its original elements, by the slow and (could we witness it) the revolting process of decomposition. We preserve no traces of the material once so loved and precious in our eyes ; we rear monumental slabs, and commemorate the intensity of our feeling by inscriptions. Would it not be more reasonable to decompose the body by incineration, and retain in monumental urns, if so desired, the ashes of our friends and relatives ? The question is one of increasing importance viewed from a hygienic and social point of view.

The Briton Medical Assurance.

The practice and intent of Life Assurance received a rude shock some few years since in the collapse of the Albert Medical; many who had not unnaturally imagined that through foresight and prudence they had made provision for their wives and families in the event of death, found themselves not only deprived of this safeguard against contingencies, but minus also of the funds invested. Notwithstanding, life assurance thrives, and it is well that it should do so, in proof of which we need but draw attention to the nineteenth annual report of the Briton, which, as its title shows, is the only association appealing directly to the Profession for support. No society can well be more prosperous, and so far as our judgment goes, none more justly deserves encouragement. The report which will be found in another column is so comprehensive, that further comment is unnecessary on our part; interested readers will refer and judge for themselves.

The Climate of Algiers.

M. **Sesary**, in a careful and conscientious study of this subject ("De la Température de la Ville d'Alger, au Point de Vue des Maladies Chroniques de la Poitrine"), arrives at the following conclusions, which are important to consumptive invalids, who transport themselves thither in numbers from these shores:—"This climate is fatal to the phthisical from the month of May to the month of October. Not only ought phthisical visitors not to sojourn here at that time, but the consumptives in the city ought to leave it. If the inhabitants of the North need to fly from their winter, the inhabitants of Algiers whom the disease torments must flee from the summer.

Homœopaths.

A **suit** brought by certain homœopathic physicians against the Massachusetts Medical Society to prevent their expulsion from the society, has been dismissed by the Supreme Court. The proceedings in the Medical Society, we are informed by the *Boston Medical Journal*, originated in a resolution of that society, passed at the annual meeting.

A committee was appointed, who brought charges against certain well-known homœopathic physicians of Boston. The substance of the charges was, that the parties charged were guilty of conduct unbecoming an honourable physician and member of the Massachusetts Medical Society, in that they practised, or professed to practise, medicine in accordance with an exclusive theory or dogma, and of attempting to disorganise the society by joining another society whose purpose is at variance with, and tends to disorganise the former.

A board of trial was appointed, but was interrupted by an injunction issued by one of the Judges of the Supreme Court upon a bill in equity, brought by the physicians upon trial, in which they alleged that the proceedings against them in the tribunals of the society were illegal; that the society could not lawfully expel them; and prayed that the society and board of trial might be enjoined against proceeding further in the matter. The board of trial adjourned from time to time while the case was before the court. It has now been decided, and that decision is, that the trial and expulsion of members is a subject within the jurisdiction of the Medical Society, and that the Supreme Court cannot interfere by injunction with the exercise of that jurisdiction on account of alleged errors in the proceedings. The result is that th matter is remitted to the tribunal of the society.

American Professional Amenities.

A **medical** man of the name of Mursick has been recently expelled from a local Medical society for the publication in a county newspaper of the following advertisement concerning three members of the said society:—"Take Notice.—Dr. Mursick desires to inform the publi generally, that he holds no association, professionally or otherwise, with those unprincipled scoundrels, and professional Jeremy Diddlers ——, ——, and ——."

Treatment of Diabetes by Arsenic.

M. **Foville** recommends the internal use of arsenic a cure for diabetes. He does not use it in the extre condition of the disease, but in the earlier stage he b lieves it of undoubted use. He commences with the ministration of Forster's solution night and morning, continues its administration for three or four months.

Galvano-Cautery.

M. **Amussat** lately performed lithotomy after the lateral method, by means of the galvano-cautery. Lit or no blood escaped during or after the operation. T patient was sixty-five years of age, and made a good covery.

Compulsory Vaccination.

It is stated that not long since a summary method restraining the spread of small-pox was adopted in A —the Government Medical officer, accompanied by troop of Cossacks, seized the villages one after the oth and vaccinated the men, women, and children witho regard to either their wishes or their resistance.

Prevention of Mercurial Poisoning.

The ill effect of mercurial fumes in the manufactu of mirrors, &c., is found to be obviated by the sprinkli of the work-room with ammonia. Since 1868, when t system was adopted, the workmen in the factory of S Gobain have been unaffected.

Mr. Cardwell's Soldier's Tax on Vice.

In confirmation of our views published recently on th subject of the punishment of soldiers in case of their bei subjected to hospital treatment for venereal affections, w find Mr. Acton has just published the substance of a lett received from Dr. Jeannel, the author of the best Frenc modern work touching on the question. He states "exp rience has demonstrated that the fear of punishment h never prevented men from exposing themselves to contra diseases. Soldiers always hope that they will run th chance of escaping them. They know that they have fr quently come off scot-free. They have their comrades' dail example, who expose themselves with impunity. This su fices to prove that the dread of punishment remains wit out any beneficial effect. The threatened penalty produc on the contrary, the very serious consequences that y point out. Men carefully conceal their complaints. The willingly persuade themselves that the disease will cur itself; or they entrust the treatment of the case to wretched charlatans. During this time the affection becomes aggra rated, and this is consequently an active cause of syphilitic contagion—for soldiers do not cease to have connection with women except when their disease is so aggravated that relations are too painful. In France we have long ceased to inflict any punishment whatever on soldiers suffering from venereal diseases.

"The authorities have become convinced that punishment produces a result diametrically opposed to that which was expected. There are regiments in France where the men are reprimanded, or even punished, on leaving the hospital where they have undergone a treatment for venereal disease; but it is only when it has been discovered that soldiers have not declared their complaint."

French Witches Cauldron.

Some fortune-tellers have just been brought to grief at Nantes, and the witnesses against the leader (Mdme. Dumuran) testified that she had duped them out of 200 to 300 francs by her "bouillon" of rats and elixir of toads. Several of the dupes still believed in her fortune-telling powers. The Procurator-General proceeded against the husband and wife Dumuran for illegal practice as well as cheating. The following are specimens of some of the agreeable "tisans" of Madame:—

No. 1.

Rat broth as much as desired;
Camphor . . 25 centigrammes.
Essence of Cloves . 23 do.

No. 2.

Elixir of toads . } equal parts.
Powdered Rhubarb }

Hygiene was not forgotten as prescription No. 3 indicates:—

Scour the face with salt-water.
Take a great quantity of soup.
Eat raw meat for nine days.

No. 4.

Wash the head with rum.
The face and loins with salt-water,
The ears with sour wine.
Wear a flannel belt, and carry
Salt in the left pocket.

The pair Dumuran were allowed six months in prison to speculate on further additions to the fortune-telling pharmacopœia.

The Process of Embalming.

The Brunetti process for the preservation of the dead has recently been published in *La France Medicale*, and it consists of several processes:—

1. The circulatory system is cleared thoroughly out by washing with cold water till it issues quite clear from the body. This may occupy two to five hours.
2. Alcohol is injected so as to abstract as much water as possible. This occupies about a quarter of an hour.
3. Ether is then injected to abstract the fatty matters. This occupies two to ten hours.
4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours.
5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours.

The body is then perfectly preserved and resists decay. The Italians exhibit specimens which are as hard as stone and retain the shape perfectly, and equal to the best wax models.

A more simple form of injection suited for anatomical purposes consists of

Glycerine . .	14 parts.
Soft sugar . .	2 „
Nitrate of potash .	1 „

It is found that after saturation for some days in this solution the parts become comparatively indestructible and change neither in size nor figure.

Loss of Sensibility of the Skin in the Neighbourhood of Gunshot Wounds.

Having seen a considerable number of gunshot wounds in soft parts without injury of the nerves, and which had already cicatrised for a longer or shorter time, Dr. Berger makes the following interesting observations: Not only around the wound but often over the whole length of the limb there is a considerable loss of sensibility. In some cases not only the skin but also the mucous membranes, as the conjunctiva or the nasal membrane, &c., was affected. The tactile as well as the electro-cutaneous sensibility was diminished, the muscular sensibility has not been appreciably inflamed; the mobility of the injured parts has been slightly affected and the contractions more feeble by the galvanic current.

In one case of a soldier struck by a bayonet over the groins and testes, deafness was immediately produced on one side and remained permanently.

East London Hospital for Children.

In the very heart of a population of over 350,000 inhabitants chiefly of the poorest classes, with a Medical and surgical staff of only ten in number, this Hospital is doing an amount of work that would fairly astonish some of its more wealthy and better placed *compères*. It seems almost incredible that during the past year 24,975 poor children could have received treatment from so small a staff, and—including nearly 2,000 in-patients—the entire expenditure should have been only about five shillings per head.

The late Charles Dickens, when writing of the work which the promoters and staff of this Hospital unobtrusively performed, remarked that "When this Hospital was first opened the people could not possibly conceive but that somebody paid for the services rendered there; and were disposed to claim them as a right, and to find fault if out of temper. They soon came to understand the case better, and have much increased in gratitude."

From a perusal of the Annual Report drawn up by the indefatigable secretary, Mr. Ashton Warner, the old, old story, alas! meets us: "The Hospital is without endowment, and the increasing demands for aid and the painful necessity which now exists for refusing compliance with those demands, impel the board to make an appeal for funds, in order that the suffering children of the poor in this, the poorest locality in the metropolis, may receive that care and attention for which their poverty and helplessness so pathetically plead."

The present building is, unfortunately, not at all equal to the demands which are daily made upon its resources, and the committee, although minus of the necessary funds, have purchased a larger site of land for £1,900, and have put forward an earnest appeal for the wherewithal to build and fit up a structure which shall be equal to the exigencies of the case.

We trust the response will be commensurate with the merits of this charity. The East-end of London has two very large hospital claims before it at the present time—£100,000 for the London, and £20,000 for the Children's. The former is being nobly responded to ; let us hope the latter may not come short.

Dr. Robert White has been appointed House-Surgeon to the Edinburgh Royal Maternity Hospital.

The Medical Society will meet on Wednesday next at 8 o'clock at the College of Physicians, when the following communications are set down for reading :—

Dr. Hawtrey Benson, "On Two Cases of Poisoning by the Fumes of Charcoal."

Dr. Finny, "On Hæmoptysis as a Cause of Phthisis."

Dr. Nixon, "On Mitral Regurgitant Murmur without Valvular Disease."

M. Tarlet has made a bequest of 10,000 francs to the Paris Academy of Medicine, for the purpose of founding a prize on mental and nervous diseases.

Dr. Vulpian occupies the chair of Comparative and Experimental Physiology, vacated by Dr. Brown-Séquard and Dr. Charcot, physician to Salpétrière, and, with the other gentlemen just named, editor of the *Archives de Physiologie Normale et Pathologique*, has gone to the chair of Pathological Anatomy left vacant by Prof. Vulpian. Dr. Hourteloup, formerly surgeon to the Hotel Dieu, is dead.

A new journal, called *The Physician and Surgeon*, to be published monthly at Baltimore, was started in September. It appears to be the organ of the College of Physicians and Surgeons of that city.

M. Rouge recommends the following as an active and efficacious method of treating ozæna with diseased bone. He makes an incision along the junction of the mucous membrane with the upper lip, and divides the frenum. The septum is then divided, and the lip is freely raised up ; the fingers can thus be introduced, and any portions of dead bone searched for and removed by the forceps or otherwise. The parts are then replaced, and heal neatly and without deformity.

The *Union Médicale du Canada* relates a case of removal of the tongue and lower jaw successfully accomplished by Dr. Hingston. The patient was a man aged seventy-one, and the affection was one of cancer extensively implicating the tongue and lower jaw. The head was raised and thrown backwards, and an incision was made on the median line from the mid lip to the os hyoides, another along the lower jaw, at right angles to the first, extending as far as the ramus, and a similar but more limited one was made along the opposite side ; the muscles were then freely divided, including the levator, depressor, depress. anguli oris, platysma, &c., to the edge of the left masseter and as far outwards on the right side as to uncover the meatal hole.

A bistoury was then introduced under the jaw, and the genio-glossi, and hyoid, genio-hyoglossi, &c., divided, th tongue having been secured by a ligature passed throug it. The jaw was divided, on the left side near the ascen ing ramus, and on the right at the meatal hole. Th tongue was now exposed and well drawn forward, an incision was carried through its base, and the chain of écraseur passed around ; one side was thus severed an then the other. Notwithstanding the use of the écras there was an alarming spurt of blood, which was re strained by ligature. The tongue was completely re moved, and the soft parts brought as closely as possib together, and the wound dressed with charpie. Th patient was fed with the stomach pump, milk being th chief nourishment. He made a good recovery, an though four months have now elapsed since the opera tion there has been no sign of a return of the disease.

INCREMATION INSTEAD OF BURIAL OF TH DEAD, BY PROF. POLLI.

"Let us ask ourselves—What becomes of the body ? T human tenement after death undergoes changes, and resol itself into carbonic acid, ammonia, mineral salts, lime, m nesia salts, iron phosphates, &c.—in a word, into gases a ashes. These are utilised by vegetation, taken in by t leaves or the roots. The human body is composed of 75 p of water, 25 of solid matter, as bones, flesh, &c. When exposed it yields to the air all its water and gases, and tr forms itself into earth or ashes, and thus becomes the bed vegetation. Metempsychosis in the chemical sense is the t condition thus attained. Man, on the other hand, moved b sympathy, has always contended, and does still endeavour avoid these changes by sepulture, but has unfortunately c verted the body, by this process, into poisonous emanatio and unhealthy infiltrations into drinking water, and he h encumbered the soil near populous places with the de Bodies placed in vaults must form gases or fermentible a putrefying liquids. Scripture says, '*Dust thou art, to d thou shalt return.*' Why should man disobey this order Incremation, or burning, perfectly imitates the work o Nature ; but while Nature operates slowly, disagreeably, a dangerously, incremation accomplishes at once, and with danger or offensiveness. Nature leaves ashes alone, and th should be the only inoffensive yet venerated relic of our p decessors.

"The slow and putrid decomposition of human bo buried around our very dwelling-places, is a barbarous h equally so is the encumbering of large spaces of ground w dead bodies and tombs. Incremation presents the best a most rational mode of disposing of the human body, especi as we thus can preserve some relics of the deceased with injuring the laws of hygiene.

"The eloquent voices of past nations still speak in favour o incremation, and the only reasons given against the custom were as follows :—

"1st. The repugnance which is felt in seeing a human body burned on a funeral pile, with which its ashes became mingled—as all families might not be able to afford the enclosing of the body in an amianthine robe, as did the patricians of ancient Rome.

"It is easy now to obviate this source of repugnance, as chemistry now aids in carbonising or incinerating the body rapidly, by means of a mixture of inflammable gas and air. For instance, let us take a large crucible, into which the body is put ; if at the bottom of this a grating be placed, and a current of gas already mixed with atmospheric air be propelled on the body, it would be rapidly dried and carbonised, and thus be finally reduced to cinders ; a gaseous vapour lone could be discerned carrying away the products of combustion, while the ashes and calcined bones would remain. A w hours would thus accomplish what is done by burial in a umber of years. It is to be borne in mind that the gaseous apour given off by incineration would be harmless, such as arbonic acid, water, ammonia, and perhaps nitric acid, but o septic or miasmatic gas. The ashes could be gathered and reserved in an urn or in the cemetery.

"By this proceeding all the repugnance connected with he idea of human incremation is got rid of, and the incineraion is far more rapidly effected than when the funeral pile is ised.

"This proposition for the use of a cauldron or crucible for ncineration reminds one of the words of Ezekiel—'I will ring forth a fire from the midst of thee, which shall devour thee; and I will bring thee to ashes upon the earth in the sight of all them that behold thee.'

"Another obstacle to incremation was that of its expensiveness. To obviate this difficulty experiments have been argely tried at the gas factory of Milan, thus—a large retort f fire-clay was placed vertically; a corona of gas flame was llowed to play within this, and the body of a large dog was ut within. The incremation lasted some hours, perfect inineration was obtained, and ashes alone were left, weighing ne-twelfth part of the original body.

"A further experiment was tried with a human body. For he more affluent this method would answer, but on the score f economy the use of vertical crucibles fed by coal or turf ould be best.

"Incremation satisfies natural laws in every way, and nitates Nature in every detail, but at the same time avoids he dangers of the transgression of hygiene."

These considerations by Professor Polli may appear at first ight repulsive, but when hygiene receives so much attention n its application to the preservation of health, the question ay fairly be put, is it judicious or desirable to continue a ractice which obviously infects the air and earth with the lements of decay and of danger to the present and succeeding generations?

The habit of using vaults and leaden coffins is nothing more or less than initiating a gradual process of decomposition, which any one can satisfy themselves of by approaching the sepulchral vaults of our burial-grounds, from which at times the most abominable odours can be observed.

The infection of water is a matter of importance, and the ccupation of so large a space of ground with graves is a subect worth the consideration of a constantly increasing and ver-crowded community. Nothing can resist the laws of ature and chemical decomposition, and for hygienic reasons ncremation offers incontestable advantages. Funeral fires, omewhat on the principle of reverberatory or blast furnaces, ould accomplish speedily the combustion of the body, while ll chimneys would convey away the gaseous products to the pper air.

However ungrateful to our feelings it may be that those e loved must disappear and resolve themselves into their riginal elements, such is the case, and our most sedulous forts are vain to resist the loathsome and reducing process f putrefaction.

"Imperious Cæsar, dead and turned to clay,
Might stop a hole to keep the wind away."

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THE MEASURE OF SUCCESS IN CATARACT EXTRACTION.

In a recent debate in the Surgical Society of Ireland, it as stated by one of the speakers that Professor Arlt had o far perfected the modified linear extraction operation of raefe, that his successes amounted to 97 per cent., and it was on that occasion cogently enquired by Professor Morgan, what was meant by success and what by failure in such a calculation? Such an enquiry is very suggestive, and it would be well that ophthalmic writers would, in future, state in terms intelligible to non-specialists, what amount of vision they consider to constitute a perfect result.

Dr. Little, surgeon to the Manchester Royal Eye Hospital has, in a valuable (because honest), communication to the January number of the *British and Foreign Medico-Chirurgical Review* set other writers the example. He classifies the results of 200 cases of Graefe's extraction as follows:—

Of the 200 eyes, 115 were those of patients over 60 years of age, and of these 18 suffered from subsequent iritis; two from suppuration of the eye-ball; two from irido-choroiditis; and one from corneal sloughing. In other words, one-fifth of the whole number of cases in old patients suffered subsequent serious inflammation.

Of fifty-six cases which presented some constitutional delicacy, ten or nearly one-fifth suffered subsequent iritis.

Of the entire 200 eyes, twenty-seven suffered iritis, and seven were totally lost from destructive inflammation. Seventeen required secondary operations for capsular opacity, and in seven secondary hæmorrhages took place.

Thus it appears that the recovery of nearly one-third of the whole number of cases was interrupted by grave sequelæ of the operation. We omit count of twenty-two cases in which vitreous was lost (in nine cases in advance of the lens), twenty in which collapse of cornea or eyeball occurred, and twenty in which the spoon was necessary to remove the lens, because we presume that most of these accidents have been already counted in the unsuccessful cases noted above.

The ultimate result of these 200 cases, Dr. Little gives as 3·5 per cent. of loss; 7·5 per cent. imperfect; and 89·0 per cent. perfect.

But, here Dr. Morgan's enquiry reverts to our recollection. What is a "perfect" case? Dr. Little classifies as such those cases in which the patient was able to read (we presume with spectacles) No. 14 of Jager's types, of which for the comprehension of our readers, we append a specimen.

Quebec. Have

His imperfect cases are those which have, "only a good perception of light."

Assuredly this report of a large number of cases of modified linear extraction operated on by a well-known and skilful surgeon, does not justify the glowing terms which have been used with regard to the operation or inspire confidence in statements which credit with success in 94 and 97 per cent. of the cases. If we were to call "perfect" only those eyes which can enable their owners to sew or read the newspaper, and set down as failures those which can only decipher large objects, what will the 97 per cent. of successes dwindle down to?

We certainly believe that the operation for extraction with iridectomy, has had every fair play in Dr. Little's hands, and we entertain a strong suspicion, that if the accidents and ill results of other operators were stated as boldly and honestly as his have been, they would bear the light no better.

SNAKE POISON AND ITS ANTIDOTES.

Dr. Fayrer, of Calcutta, describes, in the *Indian Medical Gazette*, some interesting experiments he made in England, in continuation of those previously made in India, upon the effect of reputed antidotes to cobra and other snake poisoning. The experiments here alluded to were performed last November, at St. Bartholomew's Hospital, London, in the presence of Dr. Forbes Watson, of the India Office, Dr. Lauder Brunton, and Mr. Higgins. The antidote experimented with was that recommended by the last-named gentleman as having, according to his experience, proved perfectly successful in the cure of many cases of injuries from rattlesnakes, &c., in South America. The first poison used in the experiments was some which had been sent by Dr. Fayrer to England from India, about a year before. The poison (that of a cobra) was considerably diluted with water, and injected into the thighs of two pigeons. The one first operated upon had no antidote, and, the fluid having been injected into a vein, the action of the poison was very rapid, and the bird died in seven minutes after being inoculated. The second bird had Mr. Higgins' antidote administered to it several times, but it died, with the usual symptoms, in about twenty-five minutes—the difference in length of survivorship being, most probably, due to the fact that the poison had not been injected directly into a vein, as had been done in the case of the first pigeon.

The next experiments were performed upon two rabbits of equal size. They were each injected in the thigh with exactly equal quantities of the diluted poison, and the dose was very small. Soon afterwards Mr. Higgins began to administer his antidote to one of the rabbits, which, owing perhaps to its being the more sensitive of the two, showed symptoms of poisoning sooner than the other. The antidote was repeated several times, but without any apparent beneficial result, and the animal died before the other, which had not been treated with the antidote. These experiments showed very clearly that the antidote was powerless as regards the poison of the cobra.

It was next determined to try the action of the remedy in the case of an animal poisoned by the virus taken from a snake of another kind. With this view some inspissated poison from a South American snake, said to be a viper, and called "bocca d'orado" (technical name unknown), was produced by Mr. Higgins. A solution of considerable strength was made, and injected into the thighs of two rabbits—one of which was to be left to nature, the other to have the antidote given to it. No signs of poisoning resulting in either case, the injections were repeated, but again without effect. Mr. Higgins said he thought the poison had become inert by keeping, though it was not so old as that which had been sent from India.

It is to be regretted that the poison from America should have lost its activity, as it would have been very interesting to observe the effects of the antidote in counteracting its influence. So far, however, as the experiments go, we have the satisfaction (small as it is) of knowing, for certain that, Mr. Higgins' proposed antidote exerts no influence of any kind over the poison of the cobra, whatever beneficial results may have attended its use in the case of American venomous animals.

The antidote used was prepared as described at page 121 of Dr. Fayrer's valuable work on the "Thanatoplidia of India," where the following details from Mr. Higgins' formula are given—"Gall of cobra 20 drops, spirits of wine (95 per cent. alcohol) in a clean two-ounce phial, stopped with a new cork. Give the fluid 150 or 200 shakes so as to mix it thoroughly. Put five drops of the preparation into half a tumbler of water, pour from one tumbler to another till mixed. Give a large tablespoonful of the mixture every three or five minutes, until the whole is given." This somewhat homœopathic dose of the bile taken from a venomous animal, to overcome the action of its own poison, reminds one of the old cure for hydrophobia, which, it was asserted, would be brought about by the patient partaking of a single hair of the dog that bit him.

But though the antidote above described was found to be of no avail, there is hope that, in some instances, at any rate, relief may be obtained in cases of cobra poisoning. In two experiments made by the introduction of a canula into the trachea, Dr. Fayrer found that the heart was, in one instance, kept vigorously beating under the influence of artificial respiration, for two—in the other, for three—hours after the animal was to all external appearances dead.

Though it is possible that life may be preserved by this means under such a favourable conjunction of circumstances as the means and appliances being at hand, at the time and place where the poison is administered, it may reasonably be doubted if the remedy will prove of much practical value; as it will be inapplicable in almost every instance of snake poisoning in the jungles of India, or other places frequented by venomous snakes, when artificial respiration could not possibly be resorted to, until long after the time when the poison will have produced its fatal results.

In connection with the subject of snake poisoning, we may mention a curious case reported in the same journal, by Surgeon Wright, Civil Surgeon, Nursingpore. Hitherto it has been the general impression that it was necessary that a snake should *bite* another animal, so that its *fang should penetrate* to the true skin, before it could impart its venom with a poisonous effect. Here, however, is an instance recorded, in which a man, on whose good faith the surgeon had entire dependance, asserts, that when killing a snake, the reptile *projected*, "as from a syringe," some drops of a milky fluid. Two drops went in his upper lip, and one on the lower. He had a slight sore on one of his lips. Though he took the precaution of immediately washing with soap and water, and afterwards of applying caustic freely to the part, he was very soon affected with symptoms, which were evidently traceable to the action of the poison; and it is far from improbable that, had he not so promptly resorted to ablution, and destruction of the part, death might have been the result. As it was, he did not perfectly recover from the effects of poison for about a fortnight.

THE INDIAN LAW OF RAPE.

Dr. Martin, Staff-Assistant Surgeon, gives, in the *Indian Medical Gazette*, an account of a medico-legal case, where the death of a girl was caused by rupture of the vagina. The case occurred at Kurrachee, and was well known to the community at large in India—and, as may be supposed, excited considerable interest, especially amongst the native population in Scinde, who were naturally anxious to see how the law would deal with an European officer, who had caused the death of one, who might be considered as a mere child, by having had sexual intercourse with her.

The evidence placed it beyond a doubt that death had been caused by hæmorrhage from the ruptured vagina; and it was generally thought that nothing could save the officer from severe punishment. Dr. Martin, however, and a brother Medical officer who acted with him in the case, were of opinion that the girl was about twelve years of age. The Indian penal code lays it down that a girl of ten years old is competent to give consent. So, as there was no evidence to show that the girl had not consented, or that the injury was intentionally inflicted, the case was dismissed by the magistrate.

Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on the 3rd inst. the following gentlemen, having passed the necessary examinations, received the L.S.A. diploma, viz.:—Messrs. Robert Stow Armstrong, of St. John's, Bedford; Charles Aikin Brodribb, of Bathurst-Street, Hyde Park; G. M. Keith Clarke, of Gerrard Street, Soho; Henry Evans, of Croydon; Patrick M'Court, of Fatfield, Durham; and Wm. John Whitefoord, of St. John's-wood-terrace; and at the same court Messrs. John Thomas Carey, of Guy's Hospital; and Harry Charles Grimwood, of King's College, passed the primary professional examination.

Sir H. Thompson on Moderate Drinking.—Sir H. Thompson has addressed the following letter to the Archbishop of Canterbury:—"I have long had the conviction that there is no greater cause of evil, moral or physicial, in this country than the use of alcoholic beverages. I do not mean by this that extreme indulgence which produces drunkenness. The habitual use of fermented liquors to an extent far short of what is necessary to produce that condition, and such as is quite common in all ranks of society, injures the body and diminishes the mental power to an extent which I think few people are aware of. Such, at all events, is the result of observation during more than 20 years of professional life devoted to hospital practice, and to private practice in every rank above it. Thus I have no hesitation in attributing a very large proportion of some of the most painful and dangerous maladies which come under my notice, as well as those which every Medical man has to treat, to the ordinary and daily use of fermented drink taken in the quantity which is conventionally deemed moderate. Whatever may be said in regard to its evil influence on the mental and moral faculties, as to he fact above stated I feel that I have a right to speak with uthority ; and I do so solely because it appears to me a duty, specially at this moment, not to be silent on a matter of such xtreme importance. I know full well how unpalatable is such ruth, and how a declaration brings me into painful conflict, had almost said with the national sentiments and the time-onoured and prescriptive usages of our race. Cherishing uch convictions, I rejoice to observe an endeavour to organise n a large scale in the national Church's special and systematic lan for promoting temperance, and I cannot but regard this s an event of the highest significance."

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THE IRISH CONJOINT EXAMINATION SCHEME.

The project for the establishment of a comprehensive system of examination and qualification for Ireland,. to which we have repeatedly referred in these columns, has at length, with an insignificant alteration, received the sanction of the Medical Council, and will undoubtedly form the basis of the future Medical education of Ireland, unless the Government shall undertake at some future ime to construct a system in accordance with some special idea of its own.

Having been thus *fiatted* by the Medical Council, the Scheme achieves an importance which it has not possessed while it was in its probationary stage. It may even be ead as having almost the force of law, because there can e little doubt that, whatever the Government may attempt n the way of reform of the Medical Council, their nedico-educational measures will be in a great degree onstructed on the model of the Irish Scheme. The rinciple of that scheme is identical with that which he English Universities and Corporations have agreed o, and Mr. Forster, even if he were possessed of nformation to enable him to frame a project more to is own taste, could not afford to disregard the almost unanimous opinion of the English and Irish Medical uthorities.

Government, indeed, appears to be determined neither to initiate nor give countenance to any measure of partial Medical reform. They will either leave bad alone, or else they will effect a conclusive settlement of the matter by means of a sweeping measure, which they will use all their power to carry in the teeth of every opposition which may be offered.

When they may choose to do this, is, we imagine, entirely dependent upon the course of public events, and it quite probable that the imminence of party conflict nd a dissolution of Parliament may defer the question of edico-educational reform until some Government, ladstonian or Disraelite, is firmly seated on the Treasury enches.

As for the Irish Conjoint Scheme, we fear (though we all be glad to learn that we are mistaken) that no imediate result can follow its adoption by the Medical ouncil. In many points of detail it is at variance with le provisions of the charters of the licensing bodies who e parties to it, and it was all along contemplated that would be necessary to seek Parliamentary sanction to infraction of such provisions. It will now be necesry, we imagine, for the co-operating bodies to consider ther it is at all possible for them to carry out its ses without such Parliamentary permission, and if hall appear that it is impossible for them to do to decide whether they shall make the effort to a short Bill before Parliament rises, or shall seek the al authority for such alterations in their charters as be necessary for the purpose.

Inasmuch as the University of Dublin and the King and Queen's College of Physicians are under the control of the School of Physic Acts, it may be doubted that any amendment of charter would be sufficient for the desired object, but we may perhaps hope that the Privy Council would extend to the Irish Scheme, which has now received official sanction, the approval which it refused to the English project and would countenance the passing of such a measure as might authorise an *ad interim* reform of the Irish examining and licensing system.

It will be truly a subject for deep regret and disappointment to the Profession and disadvantage to the public if an effort of reform so liberally conceived, so good in its intention, and so complete in its mechanical detail shall be deferred until the indefinite future, when Governments shall have leisure for the consideration of matters of social importance, and shall be disposed to exchange the temporary glory of *ad captandum* legislation for the more lasting honours and benefits of domestic reformations.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

Notice to Subscribers.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Non-Medicus.—We believe the article does not contain any medicinal agent at all. We are not aware that it professes to do so.

N.—This initial, without name or address, is not the sufficient guarantee we require. Our anonymous correspondent must abide by our rule in this respect, or we cannot give insertion to his letters.

The Geography of Disease.—We are requested to state that lectures on this subject will be delivered in the Theatre of St. Thomas's Hospital, by Mr. Alfred Haviland, during the coming session. Members of the Profession will be admitted on presentation of their card.

F.R.C.S., Manchester.—You may well be puzzled at not finding the name of the gentleman mentioned upon the Register. He writes under a *nom de plume*.

Nomenclature for the Curious.—We have just lighted upon a curious Bill of Mortality far London 150 years ago:—"Of 761 burials, 308 died from convulsion; 4 of headmouldshot; 2 of livergrown; 1 of purples; 2 of rising the lights; and 2 are entered as chrisome, meaning unbaptised infants.

L. S. A.—May 1st., at most of the schools.

Dr. Williams.—You cannot do better than to have Dr. Handsel Griffiths' "Posological Chart" hanging in your surgery. It is the most simple as well as the most reliable table of reference for prescribing and compounding, when in the hurry of practice, the larger works would be tedious and troublesome.

Analyses, Reports on Food.—In Saturday's *Pharmaceutical Journal*, there is a Report and Analyses of the Mustards of the Pharmacopœia and of Commerce, by Mr. Greenish, F.C.S. We would call the author's attention to our investigations and analyses of every known mustard some eighteen months since, which he appears to have overlooked. Our columns would have helped him to a much more complete report than that furnished to our contemporary,

Dr. Charles Kidd, of London, favours us with a further communication, from which we extract the only connected and relevant sentence. He says:—"I repeat my statement as to Ireland, and will now add England, viz., That scores of poor patients die in villages and country parts in each country in a year of tetanus, strangulated hernia, puerperal convulsions, midwifery errors, &c., that I believe would be saved by chloroform. Now to one proof I have over and over again seen strangulated hernia cases sent nearly dead by railway to a London hospital fifty or sixty miles to be operated on, but the first whiff of chloroform (without operation) cured it. The country surgeon, herbalist, or chemist, either knew nothing of chloroform or was terrified at the very word."

To the Editor of the Medical Press and Circular.

Sir,—May I ask you what *kind* of midwifery forceps you would recommend a young practitioner who has lately been appointed to a dispensary in a remote country district in the South of Ireland. He is some ten Irish miles distant from the next Medical man, and likely will be often obliged to act on his own resources. I may also state that he has up to the present seen very little midwifery. He wishes to buy an instrument which would be available in every case of emergency. Whose instrument would suit him best, and with which would he most probably succeed?

I am, Sir, yours truly, Γ

[The best for ordinary purposes are those known as "Beaty's Forceps," measuring about twelve inches in length. Barnes' double-curved long forceps are excellent instruments in cases where the head is above the brim. We recommend our correspondent to study Barnes' operation, Opstetrum durator.—Ed.]

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VACANCIES.

Owen's College, Manchester. Professorship of Physiology in the Medical Department. Communications to be addressed to J. G. Greenwood, Esq.

Glasgow. Parish of. House Surgeon to the Poorhouse at Barnhill. Salary £300 per annum, with residence. Applications to the Chairman of the House Committee.

Sussex County Hospital, Brighton. A Physician and an Assistant-Physician. Honorary. Applications to be addressed to the Secretary.

Ely Union, Rural Sanitary District. Medical Officer of Health. Salary £150 per annum. Applications, with testimonials, to G. S. Claxton, Esq., Ely.

Lancaster County Asylum. Assistant Medical Officer. Salary £100 per annum, with board and residence. Address the Superintendent.

Buckingham Infirmary, Aylesbury. Resident Surgeon. Salary £80, with board. Applications to the Secretary at the Infirmary.

Royal Infirmary, Liverpool. Medical Superintendent. Salary £200 per annum, with board and residence. Applications to E. Gibbon, Esq.

Knighton Union, Radnorshire. Medical Officer for the District of Llanbister at a salary of £[illegible]0, and for the Brampton Brian District at a salary of £20. Applications to E. N. Deacon, Esq.

Dudley Dispensary. Resident Medical Officer. Salary £105 per annum. Applications to Thos. Sheppard, Esq., Dudley.

Middlesex County Lunatic Asylum. Assistant Medical Officer. Salary £150 per annum, with board and residence.

East Kent Sanitary District. Medical Officer of Health, at a salary of £800 per annum. Qualifications and duties as prescribed by the Public Health Act. Applications to Allen Fielding, Esq., Canterbury.

Bridgnorth Union. Medical Officer of Health for the District and Union. Salary £99 per annum.

North Dublin Union. Medical Officer for No. 2 District. Salary £125 per annum, exclusive of fees. (See advt.)

Borrisokane Union, Tipperary. Medical Officer for the Terryglass District. Salary £100 per annum, exclusive of fees. (See advt.)

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APPOINTMENTS.

Bourns, C., L.K.Q.C.P.I., Medical Officer for the Eastern District of the Godstone Union.

Buckley, S., M.B., M.R.C.S.E., Medical Officer of Health for the Prestwich Rural Sanitary District.

Davenport, C., L.R.C.P.Ed., Medical Officer of Health for the Bromsgrove Country and Bromsgrove Town Urban Sanitary Districts.

Fraser, J. J., M.R.C.S.E., Medical Officer to the new Workhouse and Infirmary of the Clitheroe Union, Lancashire.

Gimson, W. G., M.D., Medical Officer of Health for the Witham Rural Sanitary District.

Hart, W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for District No. 4 of the Chelmsford Union.

Hickinbotham, J., M.D., Medical Officer of Health for the Aston Rural Sanitary District.

Hodges, B., M.R.C.S.E., Medical Officer for the Kilmington District of the Axminster Union.

Hodgson, W. J., M.D., Medical Officer for the Castletown District and the Workhouse of the Rochdale Union.

Holmes, Mr. L. M., Lecturer on Botany at the Westminster Hospital Medical School.

Jordan, F., F.R.C.S.E., an Honorary Consulting Surgeon to the West Bromwich District Hospital.

Knox, J., M.B., M.D., Medical Officer of Health for the Urban and Rural District of the Southern Division of the Bakewell Union.

Letheby, Dr. H., Joint Public Analyst for the County of Essex.

M'Entee, W. C., L.A.H.Dub., L.M., Resident Medical Officer to the No. 4 or Grand Canal Street Dispensary. South Dublin Union.

Marshall, L. W., M.B., M.R.C.S.E., Resident Surgeon-Apothecary to the General Hospital, Nottingham.

Norris, H. L., junr., M.B., C.M., has been appointed House-Surgeon to the County and City Infirmary, Perth.

O'Farrell, N.S., M.B., L.R.C.S.I., Medical Officer, &c., for the Arthurstown Division of the Fethard Dispensary District of the New Ross Union.

Shea, J., M.D., B.A., M.R.C.S., Medical Officer of Health for the Reading Urban Sanitary District; also Public Analyst.

Stevens, R. S. J., M.D., Medical Officer of Health for the Bournemouth Urban, Christchurch and Ringwood Rural, Sanitary Districts.

Stevenson, T., M.D., Public Analyst for the County of Surrey.

Tidy, Dr. C. M., Joint Public Analyst for the County of Essex.

White, R., jun., M.D., House-Surgeon to the Royal Maternity Hospital, Edinburgh.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 9.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, April 10.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, April 11.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 12.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, April 14.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 15.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Pratt—Osburne.—On the 2nd April, at All Saints' Church, [illegible] Park, John Wyatt Pratt, M.R.C.S.E., of Wiveliscombe, [illegible] to Jane Eliza, youngest daughter of George Osburne, Esq., of [illegible] land, Victoria, Australia.

Torrop—Pilkington.—On the 3rd of April, at Heywood, Spens [illegible] M.D.Edin., to Annie Louisa, daughter of the late G. Pilkington, Esq., of Crawshawbooth, Lancashire.

Sheaf—Watson.—On the 3rd of April, at Edinburgh, C. A. [illegible] Sheaf, L.R.C.P., of Denbigh, to Marie, daughter of Henry Watson, Esq., of Newcastle-on-Tyne.

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Deaths.

Bartlett.—On the 31st of March, at Ladbroke Lodge, Notting Hill, William Bartlett, F.R.C.S.E., aged 65.

Bissett.—On the 1st April, at Pembroke Villas, Talfourd Road, Camberwell, C. E. Bisset, M.R.C.S., aged 84.

Brown.—On the 24th of March, G. Gilbert Brown, M.D., of Bon Accord Terrace, Aberdeen, late Inspector-General of Hospitals, aged [illegible].

Byers.—On the 24th of March, R. H. Byers, M.R.C.S.E., of [illegible] Terrace, Milford.

Gould.—On the 19th of March, on the passage from Aden to Suez, F. Gould, M.D., of Charlotte Street, Bedford Square, aged [illegible].

Jordan.—On the 31st of March, at Hampstead, J. Jordan, Esq., of Manchester, F.R.C.S. (Hon.), aged 86.

Martin.—On the 23rd of March, at Nice, John Martin, M.D., &c., of Cambridge House, Portsmouth, Keydell, near [illegible].

Matthews.—On the 27th March, at Norton, Suffolk, [illegible] Matthews, M.R.C.S.E., aged 51.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

LIMERICK DISTRICT LUNATIC ASYLUM.

THE RESIDENT MEDICAL SUPERINTENDENT AND THE CASE OF JAMES DANFORD.

After some discussion as to the propriety of publicly reading some documents placed before the board by Dr. Fitzgerald, it was agreed to read the following correspondence:—

Dublin Castle, 6th March, 1873.

Sir,—I am directed by the Lord Lieutenant to acquaint you that his Excellency, after a careful consideration of the report made by Dr. Nugent, one of the Inspectors-Generals of Lunatic Asylums in Ireland, on the 10th October last as to the death of James Danford, a patient in the Limerick District Lunatic Asylum, and of the evidence given at such inquiry, felt it his duty to direct that John Connell should be indicted for manslaughter, and pending the result of the prosecution, he deferred taking any further steps in the matter.

As John Connell was acquitted at the last Limerick assizes, his Excellency feels that the time has now arrived when he must call upon you for an explanation of your conduct in connection with the death of James Danford.

It would appear that on the morning after Danford had assaulted James Connell, the latter was directed by you to give the patient a bath, but it does not appear that you gave any precise instruction as to how the bath was to be administered, or that you were present when it was administered to the patient. It further appears that you saw him on his bed shortly after in a morbid state, and when life was all but extinct, and that you entered his death in the morning statement book in the following words:—"James Danford died from exhaustion, he was declining for some time, and did not take his food; he was a violent case."

"James Danford, who was violent and struck an attendant, was ordered a slight plunge bath. He was in the bath about two minutes, and when he was taken out he died immediately"—and that on recommendation, and after consulting with your colleague, Dr. Gelston, the visiting physician, you erased these entries and substituted for them the following entry:—"James Danford died suddenly yesterday."

No inquest appears to have been held, nor any *post-mortem* examination made, and although the Inspectors of Lunatics especially enjoined by a circular dated the 13th March, 1863, that all cases of suicide, accidental death, or grievous injury to the person, should be at once reported to them by telegraph, and a detailed statement of the circumstances forwarded by the next post, you did not comply with this order.

The circumstances connected with your treatment of James Danford, and particularly your conduct in connection with the entries made by you in the statement book, have raised in his Excellency's mind great doubts as to your fitness for being entrusted with the important duties of your present office; but before coming to any final decision in the matter, he will be glad to consider any explanation which you may wish to offer in respect to your conduct.

I am, Sir, your obedient servant,
T. H. Burke.

District Lunatic Asylum,
Limerick, March, 1873.

Sir,—In reply to your communication of the 6th inst., in relation to the death of James Danford, which took place in the Asylum, I beg for the consideration of his Excellency the Lord Lieutenant to submit the following explanation:—When I ordered the bath I did not give the attendant Connell any precise order as to the actual mode of its administration, believing that his thirteen years' experience in this Asylum, together with his excellent character for kindness to patients under his charge, were sufficient guarantee that the order would be carried out by him in the usual mild and beneficial manner. I did not see the man in the bath. The Privy Council rule (No. 77) merely required "the presence of an attendant or servant." When I saw the deceased I was unable at once to come to a conclusion with regard to the cause of his condition. My first belief was that he had died from exhaustion consequent on the violent and acute mania from which he had been suffering for some time previous; his declining condition being attributable solely to maniacal excitement, as his bodily health was good. To allay this excitement which upon that morning I observed especially in deceased, and for the purpose of maintaining a wholesome discipline amongst the patients in consequence of the report of the attendant Connell I ordered the bath. I may mention that some few days before this the deceased had been given a Turkish bath, in which water both warm and cold had been copiously applied, and the effect upon him for a period was excellent. Having consulted with my colleague, Dr. Gelston, and after having made the two first entries, I failed to satisfy myself as to the precise cause of death, and accordingly rested content with making an open statement. No suspicion of foul play crossed my mind for a moment. Had such an idea suggested itself, it is needless to say that I would have taken the promptest measures to secure a full investigation. I now believe that an inquest should have been held, but my dislike to inquests has always been very great in consequence of the bad effect I have invariably observed them to produce on the majority of the patients. Furthermore, there is no mention in the records of the institution of a *post-mortem* examination having ever been held, and from observations made to me at various times by the friends of patients, I am confident that such a proceeding would entail a vast amount of serious trouble and annoyance on the authorities. I at once communicated with the friends of the deceased, and upon receipt of an answer, stating their inability through poverty to bury him, I had him interred in the cemetery adjoining the asylum. In not communicating with the Inspectors I frankly confess that I am guilty of an error of judgment, the only mistake that I am conscious of having made for the twenty-two years and four months that I have held the office of Resident Medical Superintendent, and for the confirmation of the statement I appeal with confidence to the Inspectors of Lunatic Asylums. With regard to the entire matter I can solemnly declare that I was actuated by a desire to do what was right and judicious, irrespective of any other consideration, and having regard to my great responsibility and the welfare of the establishment and its inmates under my charge. I will mention for the kind consideration of his Excellency that at the particular time (a statement which my colleague, Dr. Gelston, will endorse) I was suffering from an acute and painful attack, and my judgment may possibly have been warped by the extremest personal suffering. That I have conducted this great Asylum blamelessly and to the satisfaction of the governing and inspecting bodies for so long a period, and that I have had for years past the care of over 400 patients, unaided by a resident assistant physician, in addition to the many other arduous duties which devolve upon me in my capacity of superintendent, will, I trust, have due weight towards forming the decision of his Excellency the Lord Lieutenant. That decision, whatever it may be, emanating from the Imperial wisdom of his Excellency, I shall loyally accept.

I am, Sir, your obedient servant,
ROBERT FITZGERALD, R.M.S.

To the Chief Secretary or Under
Secretary, Dublin Castle.

Dublin Castle, 20th March, 1873.

SIR,—I am directed by the Lord Lieutenant to acknowledge the receipt of your letter of the 8th inst., relative to the death of James Danford, a patient in the District Lunatic Asylum, under your charge, and I am desired to state that his Excellency, after the most careful consideration, regrets that he cannot consider your explanation of your conduct at all satisfactory.

The care and custody of lunatics involves heavy responsibility on all those connected with them, and it is, therefore, necessary that the utmost vigilance should be maintained to protect the unfortunate creatures, who have no power of appeal against any injustice or cruelty with which they may be treated.

With this subject strict rules have been laid down by the Privy Council, and by the Inspectors of Lunatics to regulate the public institutions where lunatics are confined; but his Excellency finds that you neglected in a most reprehensible manner to conform to the regulations of the inspectors, which is intended to secure investigation of any case of death which might be caused by neglect or undue severity, and that you further allowed the keeper, who had been attacked by the lunatic, himself to administer a bath which you admit was ordered in consequence of his report, and to a certain extent for the purpose of maintaining a wholesome discipline among the patients.

Your explanation as to the reason for altering the records of the death his Excellency considers to be wholly insufficient.

He further observes from your explanation that your state of health precludes you from continually discharging in an efficient manner the important duties of your office.

The governors of the asylum may possibly feel themselves at liberty to grant you a superannuation allowance under the provisions of the Act 19 and 20 Vic., cap. 90; and his Excellency in consideration of your long and faithful services, will defer taking any immediate action in the matter until you have had an opportunity of making an application to the governors, which, however, should be made at the earliest possible moment.

I am, Sir,
Your obedient servant,
T. H. BURKE.

Resident Medical Superintendent,
Limerick Asylum.

District Lunatic Asylum,
Limerick, March 25, 1873.

MY LORDS AND GENTLEMEN,—The untoward circumstances which have recently occurred in this asylum, in reference chiefly to the death of James Danford, now render it necessary that I should lay before you two letters which have been addressed to me by direction of his Excellency the Lord Lieutenant, together with the copy of my letter of explanation referred to by his Excellency.

After a service of nearly three and twenty of the best years of my life—after a faithful devotion of all my energies, my humble abilities, care and attention in the alleviation of the sufferings of the poor people placed under my superintendence here—after all this it will not be too much for me to say now that I deeply feel the weight of that judgment which his Excellency has been constrained to pronounce upon me, but my sense of respect both for his Excellency and the Board of Governors of this institution precludes me from attempting any further explanation of my conduct, and I rather avail of the present opportunity to intimate my desire to retire at a convenient season from the onerous position which I now occupy, and I wish to place myself in the hands of the Board of Governors as to a reasonable time for my retirement and as to a liberal consideration for my retiring allowance.

It will be borne in view that now in the winter of my life I am, as it were, obliged to begin the world again upon my slender private resources, the setting up and furnishing of a house for my family—deprived of all those emoluments and allowances that heretofore they have enjoyed. However, I feel persuaded that the Board of Governors will be entirely influenced by feelings of justice and equity, and that they will adopt and be guided by the words of his Excellency—my long and faithful services; and award to me a liberal retiring allowance for the few years I may yet be spared.

I have the honour to be, my Lords and Gentlemen,
Your most obedient servant,
ROBERT FITZGERALD, M.D.,
Medical Resident Superintendent.

To the Governors of the Limerick District Lunatic Asylum.

A desultory discussion took place as to how the resignation of Dr. Fitzgerald should be met by the board.

Mr. De Vere then moved the following resolution:—"Whereas a letter bearing date the 20th March, 1873, addressed by command of his Excellency the Lord Lieutenant to the Resident Medical attendant of this institution suggests to this board that it may find itself at liberty to grant him a superannuation allowance, and whereas Dr. Fitzgerald has this day addressed to the board a letter of resignation, and whereas we consider that such resignation can only be validly received and acted upon by his Excellency the Lord Lieutenant. Resolved that the letter of the Resident Medical Superintendent be forthwith transmitted to his Excellency with the request that that resignation be accepted, and that his Excellency be further requested to communicate to this board the extent of their power in awarding compensation for the past services of the Resident Medical Superintendent." Then he thought in the discharge of his duty that they had been obliged to say things which were not in accord with the feelings of Dr. Fitzgerald, yet now he would be far from saying anything which might prove an injury to him. He was in favour of granting their medical officer a fair retiring allowance.

Mr. Spillane said he entirely concurred in what had fallen from Mr. De Vere, and although it had been said in the city that his (Mr. Spillane's) action in the matter was dictated solely by pique against Dr. Fitzgerald, he entirely repudiated any such assertion. There was not one single word he had ever said in the course of his efforts to have grievances in connection with this house removed that he would not again utter if he saw the same necessity for it.

Mr. O'Brien seconded Mr. De Vere's resolution, which was unanimously agreed to.

Mr. Hunt gave notice of motion that he would move on this day fortnight that a superannuation allowance be granted to Dr. Fitzgerald.

THE "Various Forms of Stricture of the Urethra, their Causes, Consequences, and Treatment," are the subjects announced for competitive essays for the £50 prize and Gold Medal of the Alexander Memorial Fund. Essays are to be sent in to the President, Army Medical Department, Whitehall Yard, S.W.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 29*th March,* 1873*; the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 29TH MARCH, 1873. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	34	226	203	34	70	...	...	...	...	3	7	4	9	9	61
BELFAST . . .	20,687	182,214	30	129	106	21	22	...	3	1	...	1	7	5	2	1	11
CORK . . .	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	27	21	23	2	11	...	...	...	...	1	...	...	1	...	6
LONDONDERRY . .	21,865	30,893	42	16	25	2	7	...	...	...	...	...	1	...	...	3	12
WATERFORD . .	17,209	30,838	22	26	13	3	4	...	...	1	...	...	...	...	2	1	1
GALWAY . . .	21,358	19,713	26	13	10	3	6	...	...	...	...	...	...	...	1	1	...
SLIGO . . .	30,835	17,175	43	11	16	1	8	...	...	...	...	...	3	1	...	...	9

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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Athy	Athy	£120	£9 16 0	1,584	332	30,531	8,748	April 15	G. S. & W. R.
Cahirciveen ..	Emlagh	£90	£20 17 0	527	105	65,169	7,226	,, 11	Killarney, 39 m.
Cookstown ..	Coagh	£75	£7 8 0	425	193	11,179	6,110	,, 14	Nth. Coun. Rail.
North Dublin ..	No. 2	£125	£10 0 0	3,745	1,614	18,246	7,894	,, 15	
Thomastown ..	Knocktopher ..	£95	£5 4 0	294	171	28,857	5,448	May 8	Waterf. and Kilk. R.

CASTLEBAR DISPENSARY COMMITTEE.

THE Clerk read the following letter from the Local Government Board:—

Local Government Board, Dublin,
7th March, 1873.

SIR—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of Castlebar Union on the 15th ultimo, containing an entry of a letter from the Reverend Patrick MacHale, P.P., complaining that Dr. Kisby, Medical Officer of the Castlebar (North) Dispensary District, had refused to attend a case of fever on a visiting ticket being presented to him, and also the minutes of proceedings of the Guardians on the 22nd ultimo, which contain the explanation furnished by Dr. Kisby on the subject. It would appear from the statements in the minutes that Dr. Kisby obtained a week's leave of absence from his district on account of illness on the 18th of January last, Dr. Knot being appointed his temporary substitute; that Dr. Kisby before the expiration of his leave of absence, wrote a letter to the Clerk of the union (without any exact date) stating that he was better, and that Dr. Knott need not attend to his duties on the Thursday of the week in question, and it appears that on that day (the 23rd January last) the visiting ticket referred to was presented to Dr. Kisby at the Dispensary, and that he desired the bearer to take it to Dr. Knott, which, it appears, she declined to do. Dr. Kisby was, no doubt, aware at the time that Dr. Knott had ceased to discharge his duties, having himself written to the Clerk on the subject as above pointed out; and, under these circumstances he certainly should not have directed the person who presented the ticket to him to bring it to Dr. Knott, who, it appears, resides some ten miles from the Dispensary, but should have attended to the case himself, which, it would seem, he did not do until a second ticket was presented, then not for two days after. The Local Government Board do not regard the explanation furnished by Dr. Kisby as to the manner in which he discharged his duties in this instance as by any means satisfactory.—By order of the Board,

B. Banks.

The Clerk, Castlebar Union.

Mr. Larminie—Dr. Kisby wrote to the Local Government Board about those red tickets, and he sent in four which he wanted to get cancelled.

The Clerk read the letter. It has been already published.

Mr. Browne—I would like to know if this room is open to the reporters.

Clerk—It is.

Mr. Brown—The reason I ask is, that there is a charge made here, and the person who made it is not here to substantiate it. I do not think that it should be published to the public.

Mr. Cannon—The charge that Mr. Rev. MacHale made against Dr. Kisby was read before the Board.

Mr. Browne—I would not put him on his defence when the person who makes the charge is not here to prove it.

Chairman—What you say is true. Is he aware that the charges were to be heard to day?

Clerk—He is. I wrote to him as I was directed, as well as to the Rev. Mr. MacHale. He said that he would not come in unless he would be paid for it.

Rev. Mr. MacHale—He told Mr. Hughes and Mr. Coyne that he would not come in.

Mr. Larminie—We ought to consider his charges as frivolous and uncalled for.

Chairman—The Local Government Board tells you to inquire into it. The Board should pass a resolution calling on him to sustain his charge. Your Doctor, without coming here to complain, writes to Dublin behind your back.

Chairman—I would recommend you to call on him to establish his charges, and if he does not, dismiss him. It is insurbordination on the part of an officer to report to the Local Government Board when he has his own Committee.

Mr Browne—I would suggest that Dr. Kisby be called on to appear here the next day.

Chairman—Rev. Mr. MacHale has come here to prove his charges.

Rev. Mr. MacHale—I cannot attend next Board day.—Not until after Easter.

Mr. Coyne—It is hard for a gentleman to come 15 miles to answer charges that are untrue.

Chairman—Did you inform this man that the Board desired his presence?

Mr. Daly—The Board fixed this day for hearing the charges.

Clerk—I wrote to Dr. Kisby to say that the Dispensary Committee would meet on the 29th of March at 2 o'clock.

Mr. Coyne—He did not attend tickets that Mr. MacHale issued. He also made a charge against me for issuing tickets to parties, who, he said, were able to pay.

Chairman—There seems to be a little bad blood on all sides.

The proceedings then terminated.

NAAS UNION.

THE MEDICAL OFFICERS.

An application was received from all the dispensary Medical officers of the union, with the exception of two, for an increase of salary. The exceptions were Dr. Fitzpatrick, who recently received an increase, and Dr. Robinson who declined to apply for any increase.

Mr. Cooke Trench moved that a committee be appointed to consider the applicatione.

After a long discussion the board refused to consider the applications on the ground of the present financial state of the union.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1873.

March 3rd.—Murray, William, Limerick, M.B. Univ. Dubl., 1872, Memb. R. Col. Surg. Eng., 1873.

5th.—Martin, Brownlow Rudinge, Rectory House, Killeshandra, Co. Cavan, M.B. Univ. Dubl., 1873, Lic., 1872, and Lic. Midwfy., 1873, R. Col. Surg. Irel.

6th.—Russell, Robert Francis, Cashel, Co. Tipperary, Lic., 1871, and Lic. Midwfy., 1873, R. Col. Surg. Irel., M.B. Univ. Dub., 1873.

8th.—Rutherford, Wm., Ballinasloe, Co. Galway, M.D., 1871, and M.Ch., 1871, Univ. Dub., Lic. Soc. Apoth. Lond., 1872, Lic. Apoth. Hall Dub. 1873.

11th.—Peacocke, John, Ballinasloe, Co. Galway, Lic. Apoth. Hall, Dubl., 1871.

11th.—Murphy, Jeremiah Edward, Crossmahon, Lissardagh, Co. Cork, Lic. R. Coll. Phys. Edin., 1872, Lic. R. Col. Surg. Edin., 1872.

13th.—Agnew, Samuel, Lurgan, Co. Armagh, M.D., 1871, and M.Ch., 1871, Qu. Univ. Irel.

17th.—Hickman, Wm., Athenry, Co. Galway, M.D., 1872, and M.Ch., 1872, Qu. Univ. Irel.

17th.—Harvey, Arthur G., 8 Rathmines Terrace, Co. Dublin, Lic. Apoth. Hall, Dub., 1872.

19th.—Atkin, Nichs. Edward, 27 Charlemont Road, Sandymount, Co. Dublin, Lic. R. Coll. Surg. Irel., 1872.

19th.—McCreery, James Osterly, Newbridge, Co. Kildare, Lic., 1871, and Lic. Midwfy., 1871, R. Col. Surg. Irel., Lic. Apoth. Hall, Dub., 1873.

19th.—McEntee, William Charles, 8 Charlemont Avenue, Kingstown, Lic. Apoth. Hall, Dub., 1871.

20th.—Kennedy, Alex., Coleraine, Co. Derry, M.D., 1[illegible], and Mast. Surg., 1846, Univ. Glas.

21st.—Fitzgerald, William Alexander, 34 Northumberland Road, Dublin, M.B. Univ. Dub., 1872, Lic. R. Col. Surg. Irel., 1672.

23rd.—Burke, John, Roxborough, Loughrea, Co. Galway, M.D. Qu. Univ. Irel., 1872, Lic. R. Col. Surg. Edin., 1873.

VERSION, BY DR. B. HICKS' METHOD.

Dr. Lauth, in a translation in the *Scalpel*, of 11th August, 1872, describes the method of Dr. Hicks, as consisting on the one hand of bringing into the plane of the upper strait of the pelvis, by pressure on the abdomen, the part of the fœtus which we desire to make to enter the other and to slide upwards, and to the side the part which presents by introducing two or at most four fingers into the cervix uteri. In the case when the head is lower than the breach, turning of the head must be preferred, and the author has four times practised this operation. In the first case, in a woman, who had four times been confined spontaneously, on the fifth occasion the left shoulder presented in the second position. Two attempts at bimanual version failed at first, but on the second day on the third attempt, the shoulder was put back and the head brought to the upper orifice of the pelvis, where it remained for some time. In a second case, in a woman, æt. 36, version was executed with one finger through an orifice, which at first presented only a commencement of slight dilatation and protruding membranes. There was a first presentation of the left shoulder; with the forefinger of the left hand he succeeded in transforming the transverse position into the second position of the cranium, without injury to the membranes. The woman was delivered of a well-shaped child after a labour of eight hours' duration. In a third case, two fingers of the right hand sufficed to convert a second position of the left shoulder into a first position of the cranium. We may add that the advantage to the mother is very great, since the manœuvre of podalic version may occasion a rupture of the uterus among other grave accidents, or other inflammatory complications, following on violent and reiterated attempts at version.—*The Doctor.*

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1873.

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REVENTABLE AND ZYMOTIC DISEASES (a).

BY THOS. W. GRIMSHAW, M.D.,

ellow and Censor of the King and Queen's College of Physicians, Examiner in Materia Medica to the Queen's University in Ireland, Physician to Dr. Steevens', and Senior Physician to Cork Street Fever Hospital.

DR. GRIMSHAW observed that the subject of this lecture vas so large that he found it would be difficult for him to nake it interesting, owing to the close condensation of the vast number of facts, theories, and suggestions that he would be obliged to pass in review in the short time at his lisposal. The subject for their consideration on the present occasion did not include all those diseases of "the ontrollable class," but only such as come under the head f "Zymotics," and which, therefore, were more immeiately affected by public measures of prevention by the nditions which affect large communities. There were any diseases, such as those produced by unhealthy occutions, which were also to a great extent preventable, or ore correctly, controllable. Dr. Mapother will consider ese in a future lecture. There are diseases, the product bad habits of living, which are also preventable, but the evention of which must altogether rest with individuals, d are scarcely within the control of public measures. By e term preventable disease is meant "any disease which ses or spreads in consequence of the wilful or careless lation of the laws of nature." As to these laws it will necessary to direct our attention towards some of those ich affect health more particularly, and point out the ult of this violation. Some persons conscientiously object the term "preventable disease," because, as they assert, ease is a direct visitation of God upon his people for his n wise purposes and their benefit. This objection is, wever, futile, for, if ever direct judgments fall upon rtals for sins committed, there can be no better examples than those derived from the terrible disasters which have so often followed the wilful or careless violation of the sanitary laws of nature, or, as the lecturer preferred to call them, the sanitary laws of God. Dr. W. Farre says of these diseases, "we have direct proof that plagues are, to a great extent, influenced by sanitary conditions. Thus, small-pox is diminished by vaccination, enteric fever by sweetness of air, typhus by ventilation, erysipelas by cleanliness, metria or puerperal fever by isolation of mothers, diarrhœa and cholera by the exclusion of sewage from waters in domestic use." The term zymotic is applied to those diseases in which we believe that the pathological process called zymosis (a process somewhat similar to the process of fermentation which occurs outside living bodies) results in the production of that peculiar train of symptoms characteristic of each one of those diseases. The zymotic diseases which we will consider in this lecture are fevers, diarrhœa, scarlatina, small-pox, whooping-cough, cholera, measles, puerperal fever, croup, and diphtheria; and we must look upon them from various points of view. For instance—first, from the damage they inflict upon us; second, the conditions under which they spread; third, the conditions under which they arise; fourth, the means suggested for their control. Some observations based on a return ordered by the House of Commons, on the motion of Mr. W. H. Smith, M.P. for Westminster, will prove the amount of damage done to us by zymotic disease. Of 3,249,077 deaths which occurred in the United Kingdom during the five years, 1865 to 1869, inclusive, 712,277, or 21·9 per cent., were caused by zymotic diseases; in every 5 deaths 1 is due to preventable disease, and we lose at the rate of 150,000 people annually in the United Kingdom in this manner. These deaths are distributed in the three countries in the following manner:—

					Of population.
England,	111,418,	being about	¼	total mortality, or	1 in 190
Scotland,	16,193,	,,	¼	,,	1 in 194
Ireland,	18,416,	,,	⅕	,,	1 in 308

The discrepancy that exists between Ireland and the other countries, in favour of the former, is to be attributed principally to the energetic efforts of the well-organised though badly paid system of Poor-law Medical service, which we

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have had reason to boast of during the last twenty years in this country. And when to this organisation is entrusted the duty of preventing as well as curing disease, we may expect a still further reduction in the mortality from these diseases. In Ireland these diseases were distributed as follows :—

	Total.	Rate per Annum.
Fevers	21,895	4,379
Scarlatina and Diphtheria	16,474	3,295
Diarrhœa	10,081	2,016
Whooping-cough . . .	9,475	1,895
Small-pox	1,553	314

One thing will particularly strike us in the consideration of this table, that is, that by far the most serious of the zymotics are those that are always amongst us, fever and scarlatina. We are stricken with terror when an epidemic of cholera or small-pox breaks out, which rapidly sweeps away a large number of persons ; but fever and scarlatina gradually and silently take away their thousands from amongst us without much notice being taken of the effect produced by them. Thus, in Dublin, since the introduction of the registration of deaths in 1864, 73,661 deaths have been registered :—

	Total.	Rate per Annum.
Fevers	3,506	389
Diarrhœa	2,576	286
Scarlatina	2,407	267
Small-pox	1,699	188
Whooping-cough . . .	1,464	162
Cholera	1,293	143
Measles	1,124	124

Of these, 17,156, or nearly one-fourth, were due to preventable disease, and but 3,000 of these deaths from zymotic diseases were due to cholera and small-pox—the two epidemics that have occurred during that period. If further proof of this were necessary, the report of the Dublin fever hospitals over a period of fifteen years fully substantiates the assertion.

Admissions into the Cork Street Fever Hospital and the Hardwicke Fever Hospital from the year ending March 31st, 1857, to March 31st, 1871 :—

Year ending	Admissions into Cork St. Hospital.	Admissions into Hardwicke Hospital.	Total Admissions.
March 31st, 1857 .	1,606	1,705	3,311
„ 1858 .	1,466	1,626	3,092
„ 1859 .	1,310	1,609	2,919
„ 1860 .	1,616	1,430	3,046
„ 1861 .	1,478	1,174	2,652
„ 1862 .	1,700	1,129	2,829
„ 1863 .	1,845	1,179	3,024
„ 1864 .	1,747	1,405	3,152
„ 1865 .	2,086	1,249	3,335
„ 1866 .	2,151	1,411	3,562
„ 1867 .	1,774	1,379	3,153
„ 1868 .	1,098	931	2,029
„ 1869 .	965	858	1,823
„ 1870 .	1,270	994	2,264
„ 1871 .	1,357	986	2,343
Total . . .	23,469	19,065	42,534
Average . .	1,564	1,271	2,835

This large number of lives lost from preventable diseases shows what a great effect they must have on the total death-rate, especially in large towns. In addition also to the loss sustained both by individuals and families and the community at large by this vast "life waste," a term applied by my friend, Dr. Maunsell, a high authority on the economic relations of disease and pauperism, to the loss of life from preventable disease, we sustain a great pecuniary loss. Thus the small-pox epidemic—the most severe that has visited Dublin during the present century, excepting the great fevers of 1826, the famine fevers of 1847, and the cholera of 1832—cost Dublin from £35,000 to £40,000. Nearly the whole of this was spent on hospital appliances, food, medicine, and stimulants for the sick, Medical attendance costing a mere trifle. The number of lives lost was 1,699, which number, it is estimated, represented about 12,000 cases of that disease. The records of the Small-pox Relief Committee show the incalculable amount of misery caused by this epidemic. The applications for relief represented 6,000 persons who were affected by small-pox, and were reduced by it to the necessity of applying for pecuniary assistance for themselves or their families. Amongst these were 667 heads of families, 179 of whom died, and the support of their orphans, in many instances, will be a burden entailed on us for years to come. After this description of an epidemic you will be surprised to hear that small-pox and cholera are but secondary in their destructiveness. They are sharp and decisive ; but other diseases, such as fever, scarlatina, measles, and diarrhœa, do their work of destruction quite as surely. During the nine years in which a systematic registration of deaths has existed in Ireland fever has caused 3,506 deaths in Dublin, an annual average of 389 ; diarrhœa 2,576, being an average of 286 ; scarlatina 2,407, averaging 267 ; and measles 1,124, or at a rate of 124 per annum. It will be seen from this statement that fever is by far the most destructive of these zymotic diseases. This death-rate from it represents probably over 50,000 severe cases, and as fevers are chiefly fatal to adults, whilst scarlatina, measles, and diarrhœa are chiefly fatal to children, it is evident that the relative misery and loss produced by fever is greater than by any of the other zymotics. The endemic zymotics constantly amongst us, any of which may at any time assume an epidemic form, are far more destructive than those which only appear as epidemics, and however much it may be our duty to ward off cholera and small-pox from our shores, yet it is equally our duty, and far more important for our national prosperity and domestic comfort, that we should control these endemic diseases which never die out. The fact is, that during the last nine years there has been but one week in which no death from fever had been registered in Dublin. The conditions which influence the spread of zymotic diseases are numerous, but may be classified thus—

A. Those belonging to place—
  1. Locality, whether of high or low elevation, and the geological nature of the soil.
  2. Facilities for drainage and water supply.
  3. Age, condition, and construction of houses.
  4. Climate.

B. Those belonging to population—
  5. Density of population.
  6. Pauperism.
  7. Cleanliness.
  8. Accommodation for the sick.

1st. *As to locality.*—It is a well-established fact that the higher the situation above the level of the sea the less the prevalence of zymotic disease. This is chiefly owing to the facilities afforded in such localities for efficient drainage. It is worthy of note that few large towns are so situated. Birmingham, however, furnishes us with an example. From its elevated position, porous soil, and favourable aspect, it has a system of natural drainage ; and, although densely populated and without any particulary good sanitary system, it is the healthiest of the large towns in the United Kingdom, it usually escapes great epidemics, and has a low zymotic death-rate.

2nd. With regard to *drainage and water supply*, as shown in the table on next page.

The Medical Officer of the Privy Council has drawn attention to the fact that a large number of English towns have been materially improved in the health of their population by extensive improvements made in their drainage and water supply, as shown in Table VIII, which shows the diminution in death rate from diarrhœa and

Table VIII.

Illustrating the Improvements of Public Health which result from Proper Works of Drainage and Water Supply.

Population in 1861.	Towns, in order of Population.	Periods for which Death Rates are compared.		Death Rates per Annum, total and particular, per 10,000 Population, for each compared period.								
				General Death Rate.		Enteric Fever.		Diarrhœa.		Cholera in each of the three Epidemics.		
		Before Works.	After Works.	Before Works.	A ter Works.	Before Works.	After Works.	Before Works.	After Works.	1848-9.	1854.	1866.
160,714	Bristol, . .	1847-50	1862-5	245·5	242	10	6·5	10·5	9·5	82	11	1·5
68,056	Leicester, . .	1845-51	1862-4	264	252	14·6	7·7	16	19.3	1	10	—
52,778	Merthyr, . .	1843-55	1862-5	332	262	21·3	8·6	11·5	6·2	267	84	20
39,693	Cheltenham, .	1845-57	1860-5	194	185	8	4·7	8·3	7	—	—	—
32,954	Cardiff, . .	1847-54	1859-66	332	226	17·5	10·5	17·2	4·5	208	66	15·5
30,229	Croydon, . .	1845-50	1857-64	237	190	15	5·5	10	7	27	21	2
29,417	Carlisle, . .	1845-53	1858-64	284	261	10	9·7	11·3	12·5	22	6	—
27,475	Macclesfield, .	1845-52	1857-64	298	237	14·2	8·5	11·3	11	9	1	—
24,756	Newport, . .	1845-49	1860-5	318	216·5	16·3	10·3	11	6·5	112	1·5	12
23,108	Dover, . . .	1843-53	1857-65	225·5	209	14	9	9·5	7	40	10	4·7

enteric fever, following these improvements, and these epidemics have fallen with lightness on those towns since these improvements have taken place.

3rd. *Age, condition, and construction of streets and houses.* It is notorious that old houses, in old streets, in old towns, are the favourite haunts of zymotic disease (but there are other reasons besides age), for, as a rule, it is here that we find poverty, hunger, and dirt, combined with overcrowding, and these factors, combined with faults in original construction, as want of drainage, &c., will make a new house as bad as an old house. Suppose we apply this rule to Dublin. Fortunately we have two old maps of this city—one dated 1610, and another 1728. At these lates there was no "north side" of Dublin, with the exception of a small district round St. Michan's Church and he Abbey of St. Mary. Dublin as a city existed then nly on the south side of the Liffey. During the two ears ending September 30th, 1871, from 1,190 houses on he south side of the city, fever cases had been admitted nto Cork-street Hospital, and of these there were 122 specially productive of fever, and of these 122, no less han 70 are within the old city boundary. The worst ever streets in Dublin are to be found among the oldest. Thus, Francis Street, which was fully built in 1610, has 28 infected houses out of 140. The Coombe, though not so old, and Meath Street, somewhat more modern, though ld, are remarkably productive in fevers. The same may e said of the old streets lying along the bank of the iver, though not on the line of our modern quays. By r the greater number of the fever houses of Dublin are oncentrated in the area of the city as it existed in 1610, e greater part of the rest lie between the boundary of 10 and that which circumscribes the city as it existed 1728. These also are the places where all zymotic seases arise and spread. Thus, a cholera map of Dublin, a small-pox map would give similar results as a fever ap; and as a matter of fact, of 124 fever nests, 58 at st have been also small-pox and cholera nests during the e epidemics. I have ascertained that there are at least limited spots on the south side of the city, where fevers d diarrhœa always prevail, and where cholera and smallx prevailed during the last two epidemics, such places ing regular hot-beds of zymotic diseases, require special ention at the hands of the sanitary authorities. This tement does not apply to Dublin alone. The *Lancet* ort on cholera haunts and fever dens in London, and . Gairdner's remarks on the fever dens of Glasgow, point the same conclusions.

4th. *Climate.*—The influences of climate have already n ably discussed by Drs. Moore and Little, in their tures.

5th. *Density of population.*—Density of population is greatest promoting cause of zymotic disease. This y be proved by a comparison between the various ndon districts and between 13 large towns in the United Kingdom. Of the 13 large towns, in four the density of population, as measured per acre, is above average, and in three of these the zymotic death-rate is above average, the fourth being Birmingham, which we have already proved to be an exception to all these rules. Of the 28 London districts, in 20 the density of population is above average; in 17 of the 20, or 85 per cent., the zymotic death-rate is above average.

6th. *Pauperism.*—Pauperism also possesses considerable influence in promoting zymotic diseases. In 12 of the 28 London districts pauperism is above average, and in 8 of these, or 75 per cent., the zymotic death-rate is above average. Density of population, however, is not the direct outgrowth of pauperism—but when both are combined, the zymotics prevail to the greatest extent.

7th. *Cleanliness.*—We cannot as yet ascribe any particular kind of disease to any particular kind of dirt, but it has a vast deal to do in promoting zymotic disease, nevertheless, and we know that those places have least zymotic disease which have least dirt, or where the greatest facilities are afforded for the removal of dirt by drainage, &c.; and if we admit that any diseases are promoted by contagion, it is manifest that in cleaning away all dirt we have the best chance of removing the most dangerous though most minute of all dirt—the contagious particles of disease.

8th. *Accommodation for the sick.*—We must now direct our attention to a want which exists to a lamentable extent in this city—namely, proper and easily expansible hospital accommodation for all forms of contagious disease; proper means for bringing patients thither; proper means for disinfection, and for the separation of the sick and convalescent from the healthy—such, for instance, as would be afforded by a well-regulated convalescent home. Must we have to consider the conditions under which certain zymotic diseases arise? There appear to be certain conditions constantly present in connection with outbreaks of certain epidemics—so much so that they may be assumed to be essential to the production of these diseases. The best established of these exist in the production of cholera, diarrhœa, and enteric fever, in connection with water contaminated with sewage matter, and air polluted with sewage gas; also the causation of typhus fever by overcrowding. Besides these we have it suggested, and substantial evidence given in support of the suggestion, that measles is produced by a miasma arising from decomposed vegetable matter, and that scarlatina is produced by decomposed blood and slaughter-house refuse.

1st. *Fevers.*—Of these there are four usually recognised varieties. Simple, typhus, enteric (or typhoid), and relapsing (or famine fever. Simple fever I consider to be a mere variety of typhus, and usually arises under the same conditions as typhus, for I find of 23 houses furnishing typhus, 19 also furnished simple fever. The condition which appears to be necessary to the production of typhus fever is overcrowding; and although overcrowding favours the spread of all kinds of contagion, yet in no case has it been so closely and frequently associated with the first appearance of disease as in typhus. Nearly 100 years ago, in 1781, Dr. Heysham, of Carlisle, traced an outbreak of typhus in that town to overcrowding. In 1859 an epidemic of typhus was traced to the same cause in Edinburgh. Dr. Murchison, in his splendid work on fevers, attributes it to the same cause, and gives as an instance an outbreak of typhus, which arose in a two storey house in a small court, where all matters as to drainage and water supply were in good order, and where contagion seemed out of the question. The space was allotted as follows :—

Ground floor.	Cubic feet.	Occupied by.
Front room	595	A mother and six children, and grandmother, who came as nurse.
Back room	544	
Upper floor.		
Front room	680	
Back room	497	

Typhus first broke out on the ground floor, where each person had but 163 cubic feet before, and only 142 cubic feet of space after the arrival of the grandmother. There was no ventilation. The reports of the Dublin Sanitary Association also corroborate my own experience. So many instances of this kind have been recorded, and have been found to be the first beginning of typhus epidemics, that the conclusion is almost irresistible that overcrowding is sufficient to generate typhus *de novo*. Very strong evidence in favour of the generation of the typhus poison from overcrowding, is presented by the case of the Black Assizes at the Old Bailey, in 1750 (the last recorded Black Assizes), where although none of the prisoners had typhus, yet the miasm arising from them in consequence of their overcrowding in the jail, produced typhus in judges, jury, and other occupants of the court. The evidence is even still more conclusive, if possible, that typhoid or enteric fever is the direct product of food, drink, or air contaminated by the presence of decomposing sewage matter or by the miasma exhaled therefrom. The reports of the Medical officers of the Privy Council give numerous instances of localised outbreaks of fever depending upon sewage contamination of water. Some of these are very remarkable, as in the cases of Terling, Guildford, and Winterton. Thus, at the latter place, not to go into the particulars of the whole epidemic in a row of four houses.

In No. 1 there lived 3 persons, 2 of whom had fever and 1 died.
„ 2 „ 4 „ 4 „ „
„ 3 „ 7 „ 7 „ „
„ 4 „ 4 „ 0 „ „

What were the conditions under which these people lived? Their water supply was from a pump well which was surrounded within a radius of 14 feet by one open drain, one open ash-pit, two pig-styes, three privies, and one cesspool, all situated at a limit of 18 inches to three feet higher than the well. Why did not the people in No. 4 get fever? Because they would not use the well water. The fever spread through the village, arising in each case under similar circumstances. The instance of Terling is equally instructive, but is too long to detail in this abstract, but the evidence in favour of the origin of the fever in this village, from the use of foul water for drinking purposes is conclusive. Where the causes of enteric and typhus fever co-exist, both fevers arise together often in the same house, and sometimes even in the same individual, as I have recently published examples of in the *Irish Hospital Gazette*. Guildford affords another example of how much influence dirty water has in producing enteric fever. This is a town which, in the year 1861, had a population of 9,000 inhabitants living in 1,675 houses. The town stands on chalk on the side of a hill. The stratum of chalk afforded a natural drainage for the town, all sewage being conducted into cesspools, which drained themselves into the chalk, and therefore remained nearly always dry, and were never known to be offensive. There was no system of drainage at Guildford at the time of the outbreak. The water supply was derived from several sources.

1st. From an old well sunk in chalk at the bottom of the hill, from which water was pumped by a water-mill.

2. A new well, from which water was pumped to the upper parts of the town by engine power.

3. From private wells attached to the houses.

Nine hundred and twenty-eight houses are supplied from the first two sources, 747 from the private wells. Some enteric fever is always present in Guildford in the poorer parts. The outbreak occurred in the last days of August, in the upper part of the town, where it had not previously prevailed, and where the wealthier part of the population reside. What were the influences to which the infected districts became exposed? There were in all 264 cases of fever; of these 177 were in the 330 houses supplied by the high-service water supply, 30 in 598 houses on the low-service water supply, and 57 in 747 houses which received no water from the public waterworks, thus showing that those receiving the high-level supply were more liable to the fever than others; and, excluding the ordinary cases and the case of children who attended school in the infected districts, but who resided elsewhere, nearly all the fever arose among those drinking this high-service water, drawn from a reservoir in the high part of the town filled from the well by the pumping engine below.

Up to the 1st August there was a supply of water from this reservoir. On that day the engine broke down and the water supply from the old well was resumed; at that time there was still some water left in the high-level reservoir, and left exposed to the influences of the heat of the weather, which would produce decomposition of any organic matter it might contain. On the 17th of August the water-wheel broke down, and thus the second supply of water failed, and the small residue of dirty water was supplied to the houses on the high level from the reservoir; then followed fever. The well from which the water had been pumped was found contaminated with sewage, which was comparatively harmless until acted upon by exposure to summer heat for nearly three weeks. Here two points are illustrated—1st. How sewage contaminates water; 2nd. How this poison is increased by decomposition and concentration.

Relapsing fever has already been sufficiently considered in Dr. Stokes' lecture, in his account of the great famine fever of the Irish crisis.

The chief cause of diarrhœa seems to be identical in most cases with that of enteric fever and cholera, namely, the absorption of sewage poison into the system, generally from water supply. There are, however, many cases of diarrhœa arising from bad food which can scarcely be classed as zymotic diseases. Many cases of enteric or typhoid fever are called diarrhœa, and many deaths from this form of fever are probably registered as caused by diarrhœa.

Thanks to the exertions of our fellow-citizen, Sir John Gray, we have an abundant supply of good water in Dublin, and if we use none other than Vartry water we have little to fear from that source; but it is probable that many persons in this city drink water obtained from pumps, wells, and so-called spas; and such a practice in a city like this, whose soil is so saturated with sewage matter as to have gained for it the unenviable but notorious sobriquet of "dirty," *par excellence*, is most dangerous. Another and most important source of enteric fever, and one that intimately affects us all, is our milk supply. Dr. Ballard has shown that an outbreak of enteric fever at Islington depended upon the sewage contamination of milk from a dairy-yard pump which had been used to increase the value of the milk to the dairyman, at the expense of the health and lives of his customers. Of 2,000 families resident within a quarter mile radius of the dairy-yard, 142 were supplied with milk from this dairy, and 70 were invaded with enteric fever ithin ten weeks. On examination Dr. Ballard found iat the pump from which the milk was watered was ontaminated by sewage infiltration into the tank which ipplied the water. There is little doubt that many ises of fever and diarrhœa are produced in a similar way i Dublin. It is sincerely to be hoped that, Dr. Cameron's fforts notwithstanding, if our dairymen will persist in iluting our milk, they will restrict themselves to the artry water. Within the last few weeks Dr. Russell, ie Medical officer of health of Glasgow, has reported an itbreak of enteric fever in his district, and he has de-ionstrated that this outbreak was traceable to the dis-ibution of infected milk from the house of a dairyman i which enteric fever prevailed. Out of 73 families sup-lied by this dairyman, in four streets where a mik cen-us was taken, 22 had fever. Thirty-two families sup-lied by this dairyman yielded 36 cases of fever. The ever was of a fatal type. Out of 46 families there were deaths, while there were no deaths from it elsewhere. In two families so supplied the two individuals seized vere the only members of the family who used the milk. The dates of sickening corresponded with the other indi-ations pointing to this dairy as the source of infection.

The fatal activity of milk as a cause of disease has lso been most carefully and scientifically investigated by r. Taylor, of Penrith; Dr. Bell, and Dr. Thorne. There an be little doubt that cholera was introduced into the ichmond convict prison by means of milk in the epi-emic of 1866, and I believe I narrowly escaped a similar isitation in my own family by similar means in that pidemic. I knew of one dairy which it is almost certain pread cholera to their customers by means of milk in 866. It is highly probable that not only typhoid but mall-pox, scarlatina, and even cholera, have been com-iunicated to people through the medium of milk. It is ierefore of the utmost public importance to inquire into he sanitary condition of the cow-sheds and dairy-yards.

The following is a graphic description of the dairy-ards in the south side of the city, by Mr. Benson Baker, London, who published some notes on a sanitary tour irough Dublin about two years ago. Any one who will ke the trouble to investigate the matter now will find it qually applicable :—"In the most densely-populated nd fever-infected district, in close vicinity to the Corpo-ation manure depot in Marrowbone lane, are to be found he cow-sheds and dairy-yards of Dublin. These yards, ike the neighbourhood, are abominably filthy; manure allowed to accumulate in heaps, from which may be een small black fetid streams flowing into the open treets. The effluvium from these yards is absolutely oisonous, and is only equalled by the atmosphere in the w-sheds. In this district man and beast alike fall easy ctims to preventable disease." Speaking of the condi-on of the cows, he adds—"Dr. Cameron says that the s from pleuro-pneumonia sustained by Dublin dairy-en is at least 10 per cent., yet the dairymen cannot convinced that the disease is contagious, and, there-re, unless under compulsion from the sanitary authori-, they never disinfect their premises after the removal seased beasts from them." The vital powers of the are lowered by their constant respiration in close stables. In some of the sheds the cubic space ed for a large cow is less than the minimum—viz., cubic feet of breathing room—allowed a man in a tered lodging-house. The cows were so close to each that it was impossible that they could all lie down her. On questioning the owner on this point he iously replied, 'Gorrah, sir, they take it turn about.' *repartee* might excite a laugh if the occasion of it ot inflict cruelty on the beasts, and tend to affect the le with disease. It is not surprising to learn that obtained from cows herded together in such unsani conditions, not only conveys foot-and-mouth disease, typhoid and other zymotic diseases to the consumer." r. Mapother's street list of cholera in 1866, kindly or the purpose of this lecture, many dairies are included as having been invaded by this disease. Dr. Reynolds has shown you how to distinguish good milk from bad in many ways, but, unfortunately, no means is as yet known for distinguishing milk poisoned by disease germs. The importance of a pure milk supply comes so directly home to every one of us, that it forms a sufficient apology for the length to which its discussion has been prolonged.

That the causation of cholera in these countries is owing to a great extent to the use of water contaminated by sewage matter has been demonstrated by the various effects produced in London by the cholera epidemics of 1854, 1849, and 1866, on each district, according to the nature of the drinking water supplied to the inhabitants, and pointed out by Mr. Simon and Mr. Radcliffe. In the epidemics of 1849 and 1854 the cholera fell with the greatest severity on that part of London lying south of the river, and under the following circumstances :—There were (and I believe are) two companies supplying this district with water, the district comprising St. Saviour's, St. Olaves, and St. Georges, Southwark, Bermondsey, Newington, Lambeth, Wandsworth, Camberwell, and Rotherhithe. The competition was so great that out of 31 sub-districts there were but 8 which had only *one* company's mains within them, in many cases the mains of *both* companies running parallel in some streets, supplying about an equal number of houses, and we have thus a most perfect arrangement for testing the influence of bad water in promoting cholera. The two companies were the Lambeth and the Southwark and Vauxhall, and supplied a population of about 466,000 in 1849, and 511,000 in 1854. In 1853-4 the Lambeth company, which derived its supply from the Thames at Ditton, supplied 24,854 houses, comprising a population of 166,906 persons, among whom there occurred 611 deaths from cholera, being at the rate of 57 to 10,000 persons. The Southwark and Vauxhall company derived their supply from the Thames at Battersea which was "proved to be of almost incredible foulness" swarming with living things, and filled with dirt. In 39,726 houses comprising 268,171 persons, there occurred 3,476 cholera deaths, or at the rate of 130 to every 10,000 of those living, or about 3½ times as many as those supplied by the other company's better water.

In 1854 the Lambeth company gave the best water, though in 1849 it gave worse than the Vauxhall, for during the interval between 1849 and 1854 the Lambeth company moved their works up the river, while the Vauxhall company remained where they were, the source becoming, too, still more impure from the increased drainage poured into the Thames by the increase of the population. Accordingly, we find that in the epidemic of 1849, in the houses supplied by the Lambeth company, there died 1,925 persons, though the population was less than in 1854, when but 611 died of cholera. In 1849 there died among those supplied by the Vauxhall company 2,880, or less than in 1854, when, making all allowance for increased population, the mortality was higher than 1849 and the water worse. It is thus clear that in the southern districts where the water improved cholera was less, and where it became worse cholera increased; and in 1866 when by a new Act of Parliament the Vauxhall company had been compelled to obtain a new water supply and the Lambeth company to improve theirs, there was but little cholera. On the other hand, a dirty water supply poisoned the greater portion of the East end of London on the north side of the Thames, as shown in Mr. Radcliffe's report. The East of London company supplied two districts, both of which were infected by cholera, the one severely, the other but slightly; and there were two sets of reservoirs, one at a place called Lea Bridge, the other at Old Ford. The district supplied from Lea Bridge was scarcely affected, while that supplied from Old Ford was terribly smitten by the epidemic. How was this, when the water was all from the same source? The Old Ford reservoir was contaminated by sewage from the river Lea, which at that point was a sort of canal into which drains emptied themselves, and which was possibly contaminated by the drainage from the first cholera cases. It was not until, in consequence of a short supply of water, this reservoir was used that cholera spread through the district. A map accompanying the report shows by shadings the various degrees in which cholera invaded the different districts of London in 1866, and graphically demonstrates how fatally the district supplied by the Old Ford reservoir of the East of London water company was affected. The story of the Broad Street pump by Dr. Snow further proves the influence of dirty water in spreading cholera, as also did a special outbreak in connection with a pump in Duke Street in this city.

The origin of measles from decomposing straw, or rather from the fungi growing thereon, has been clearly shown by the experiments of Dr. Salisbury, who has proved that this at least may be one source of the measles poison. A case published by my friend, Dr. Henry Kennedy, goes to corroberate Dr. Salisbury's experiments.

The origin of scarlatina in connection with the miasm arising from the decomposition of blood and slaughter-house refuse has been pointed out in the able and careful papers of Dr. Carpenter, of Croydon, who gives numerous examples where the possibility of contagion as a cause seems to be excluded. This has been further confirmed by an investigation carried out at my suggestion, by Dr. Maunsell, who found that of 6,000 deaths occurring in his district, there were 268 from scarlatina: of these 95, or more than one-third, occurred in the districts where slaughter-houses exist, though these districts occupy but one-eighth of the whole area.

The causes of whooping-cough and small-pox have not yet been even suggested, but the close connection of the former with measles suggests a common origin, and there probably exists a cause for the latter in the East, whence the disease spread to these countries.

Two other diseases are worthy of notice as having been nearly eradicated by sanitary measures, namely: trismus nascentium, or nine days fits in infants, which was found so fatal in the Dublin Lying-in Hospital; and puerperal fever, which is well known to be produced by the over-crowding of puerperal females. The former disease has been reduced to little or nothing in the Lying-in Hospitals, by the improvements in ventilation and cleanliness just introduced by Dr. Clarke. Puerperal fever I hope now to see also annihilated by similar measures, such as those which have been recommended by Dr. Evory Kennedy, in his valuable essay upon this subject. The requirements for the prevention of preventable disease are manifest, and may be thus summarised:—

1. In building new towns or villages to select healthy sites.
2. Proper drainage, both house drainage and general drainage.
3. To prevent new houses being constructed on unsanitary principles.
4. To prevent overcrowding of either houses or districts.
5. To diminish the effects of pauperism by well-regulated charities, and by a proper system of Poor-law relief.
6. The promotion of cleanliness both by education and legal means.
7. The provision of proper accommodation for the sick in suitable hospitals, having capabilities of expansion during periods of epidemic; proper conveyances for bringing patients to hospital; refuges for the healthy whilst their homes are being disinfected during epidemics; convalescent homes for the use of those recovering from zymotic disease, and an effective system of disinfection.

To accomplish these ends there must be a well-organised sanitary system. Such a system exists but in few large towns, not at all in the country, and scarcely anything worthy of the name is at present to be found in Dublin. The treatment of the sick and the prevention of disease should be under the same department, and also the registration of births and deaths, and the performance of vaccination. These, owing to the intimate connection between disease and pauperism, should rest with the destitution authority, which is the Local Government Board. Each large district should be under a chief Medical officer of health, and every dispensary Medical officer should be the Medical officer of health of his district, acting under a chief Medical officer of health of the large district, whatever that area may be, whether a city containing over 20,000 inhabitants, or a county, or a combination of counties, as the case may be. The absurdity of placing the administration of sanitary matters under the absolute control of committees of town councils and Poor-law guardians, many of them flagrant offenders against sanitary law, is so great that it will be at once perceived by every intelligent and thoughtful person.

Dr. Grimshaw concluded a most interesting lecture by expressing his thanks to Mr. Simon, Medical Officer Privy Council; Dr. Burke, Medical Superintendent Irish General Registration-office; Dr. Ballard, of the English Local Government Board; Dr. Mapother, and Dr. Maunsell, for their assistance in collecting materials for his lecture; and the large audience, for the indulgence they had extended towards him in his endeavour to make a grave Medical subject as little unpleasant and as interesting and useful as possible.

CASES IN COUNTRY PRACTICE.

By John Murdoch, M.B. Edinburgh University.

II.—*Case of Hydrocele—Tapping—Radical Cure.*

History.—I was asked by James Laverty, married, at 50, linen-lapper, to tap a hydrocele on the 24th April, 1869, at his own house in Castledawson. This operation being so simple, might appear unworthy of being recorded, but I consider that the case presents a few points of interest to the practical surgeon. On enquiry, I ascertained that he had been suffering from the disease for seventeen years, five years after he noticed it it was tapped for the first time. Twelve years after this he presented himself to me. Previous to tapping I made the usual examination.

Symptoms.—Tumour large, not translucent, the other symptoms were those of an ordinary hydrocele. He complained of a dragging pain in the groins and lumbar region. Tunica vaginalis being thickened, gave rise to the opacity. His general appearance indicated low vital tone.

Operation.—I tapped it in the usual way in the lower part of the middle third, and drew off thirty ounces of straw-coloured fluid, and he felt greatly relieved by it. I was asked to see him the following morning, when I arrived I found to my astonishment the scrotum as large almost as before it was tapped, with all the symptoms of acute inflammation. Pulse, 100; headache, thirst, and loss of appetite. I was anxious about the case, and could not account for the cause of the inflammation. I felt satisfied that I did not wound the testicle, as there was not a colouration of blood in the fluid drawn off, nor did he yield or suffer pain after the tunica vaginalis was penetrated. I applied six leeches and sent him a mild febrifuge, as also a lead and opium lotion, to be applied after the bleeding stopped, and advised him to keep the scrotum elevated. I ordered him a mild but nutritious diet.

April 26th.—Pulse 85; tongue cleaning; scrotum continuing large; former medicine to be stopped, and I ordered bark and ammonia in effervescence; wine, two ounces per diem; beef-tea, milk, and lime-water. Being at best a weak man, and as I anticipated that there would be a call on his strength, I was anxious to husband it as much as possible.

28th.—Pulse 85; constitutional symptoms similar to those on the previous day; hot stupes and poultices were ordered.

29th.—Pulse 100; scrotum large and painful, and œdematous, and pitted on pressure; had occasional rigors; punctured the skin of scrotum to allow the serum to exude, and a considerable quantity came away, but the general largeness remained; hot poultices continued.

30th.—Pulse 90; tongue clean; scrotum slightly diminished in size.

May 4th.—Pulse 95; constitutional and local symptoms worse. I was of opinion that the sac of the tunica vaginalis had suppurated and contained pus. I advised him to call in another Medical man. Having met and consulted, we were agreed that there was an accumulation of matter, and that it should be let out or opened. Having done so, a considerable quantity of pus exuded from it, accompanied by bubbles of air.

I ordered the hot poultices to be continued, as also brandy and egg mixture, and four ounces of wine per day. During the following four days a grooved director was introduced through the incision, and a considerable quantity of pus came away each day.

9th.—Pulse 95; weak. We held another consultation, and considered him in a precarious state. The opening was enlarged considerably to give free vent to the pus.

At first I did not like to open the cavity completely, as it was then very large.

11th.—Pulse 85; stronger; appetite improved. The general size of the scrotum very much diminished. It was strapped all over except where the opening was, which was oulticed.

He now gets a generous diet with a fair quantity of stimuants. Six weeks after the operation he was able to go to is work, and continued to use a suspensory bandage, as here remained a little thickening. A few weeks after he vas completely cured, and was able to dispense with the andage, and has continued healthy and strong since that ime. The points of interest in this case are its large size, welve years' standing opacity, yet the fluid was the colour f sherry, and the effect it had in reducing his general trength and vital tone.

What was the cause of the inflammation and suppuraon? I think it was air getting into the cavity after it as tapped, besides, the constitution being reduced would e disposed to take on a low form of inflammation.

I consider it therefore of the utmost practical importance catch the opening between the fingers, and press it gether after the canula is withdrawn, and carefully apply few small pieces of adhesive plaster to the opening. As n cases of this kind where the hydrocele is of long standng and the tunica vaginalis thickened, when the canula is ithdrawn the puncture usually remains open, so that it quires to be well pressed together, and covered with dhesive plaster.

My principal reason for recording this case is, because ry few have been published of a similar kind, that I can d.

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N THE TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA BY SANSOM'S METHOD (*a*).

By William Stokes,

Professor of Surgery, Royal College of Surgeons; Surgeon to Richmond Surgical Hospital.

Since the publication of Mr. Jonathan Hutchinson's eresting and suggestive paper on "Transverse Fractures the Patella," in the 52nd vol. of the "Medico-Chirural Transactions," I have anxiously considered the subject h the view of either verifying or disposing of some of his ories, which go far to destroy the explanations usually given to the cause of displacement in these injuries. This is merely a subject that is of interest in a theoretical nt of view, but is eminently practical; for, until the true cause of displacement is determined in any fracture, no method can be satisfactorily employed to counteract the forces causing such displacement. The questions of prime importance and interest in relation to this injury of transverse fracture of the patella are:—

1. What causes the separation of the fragments?
2. Does the primary cause of separation continue to act in keeping the fragments apart?
3. When complete separation takes place in the first instance, can bony union ever take place?
4. What is the safest, simplest, and most effectual method of treating this injury?

As regards this last question, I think if there were any evidence wanting to prove the unsettled state of surgical opinion as regards the most effectual method of treatment to adopt in these cases, the fact of the great number of appliances that have from time to time been suggested and made use of by surgeons would be sufficient.

It may be laid down, I think, that the patella probably never breaks transversely, except when the knee is flexed. The theory of Sansom, as regards the mechanism of this injury, decidedly the most rational one that has been yet put forward, presupposes this. Also that muscular contraction is usually the cause of this injury. The cases I have treated have unquestionably been produced in this way, and the cases of Boyer, Sansom, Bichat, and Malgaigne, recorded in the classical work on fractures by the last-named celebrated surgeon, were indubitably also examples of the injury under consideration being produced in a similar manner. It may be that in some of these cases there may have been a morbid condition of the patella; but this point I shall not discuss, never having had an opportunity of verifying the theory as to that being a predisposing cause of fracture.

When transverse fracture of the patella occurs, the separation between the fragments which *immediately* takes place, proves, I think, that an extreme and violent contraction of the extensor muscles of the leg existed at the moment the accident occurred. Does this contraction of the quadriceps continue? Is it persistent? That the *continued* separation of the fragments is not caused by muscular action is Mr. Hutchinson's standpoint, and from my own experience of these accidents I am inclined altogether to endorse his view. It will be quite obvious to anyone who examines the limb of a person who has sustained this injury—say a day or two after the accident—that the quadriceps does not remain in a state of persistent contraction, but, on the contrary, is soft, flabby, and perfectly at rest, in a state of physiological inaction. What, therefore, is the cause of the continued separation? It is long since it was shown by Cloquet's well-known case, and also by Sir A. Cooper's experiments on some of the lower animals, that the great effusion which almost immediately takes place after the occurrence of this accident is due, not so much to any inflammatory product as to a hæmorrhagic weeping, or effusion from the broken surface of the fragments. This, in Mr. Hutchinson's opinion, is the cause of the continued separation of the fragments. The separating force is, therefore, from within more than from without, although in the first instance the latter is unquestionably the chief cause.

This effusion acts also in another way, in preventing, namely, firm bony union, as it must be antagonistic to the formation of any new consolidating material. The broken fragments are, in fact, kept in a kind of continual bath, which the surgeon has not got in his power, to immediately empty, unless he were to adopt the practice of tapping the knee—an unwarrantable treatment which has been followed by disastrous results.

The last cause of the difficulty of obtaining bony union in these cases is, that only on one side of the bone is there periosteum, which must necessarily be torn at the time of the accident.

The conditions I have mentioned being, therefore, doubtless among the chief agents in preventing or retarding union, the method of treatment which would efficiently

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(*a*) Read before the Surgical Society of Ireland.

keep the fragments in fair apposition without making any constricting pressure above, below, or at the sides of the joint would have a twofold advantage; one being to enable the surgeon to apply during the treatment means for promoting absorption of the effusion; and the other to avoid making such pressure, either laterally or from above, as would force the fluid between the broken fragments of the bone.

It will probably occur to some of my hearers that the method recommended by Malgaigne would fulfil these conditions. Doubtless it would. But, notwithstanding all that has been said in its favour, it is a method which surgeons will always, I believe, hesitate to employ, especially if there be evidence of any articular inflammation present. In a communication on this subject I have recently received from an eminent London surgeon, he says:—"I have seen most disastrous results from the use of Malgaigne's hooks, and regard their employment as most unwarrantable." I do not say that I would endorse in its entirety this wholesale condemnation of a method which I have seen successfully employed in a few cases, some of which were recorded in an interesting paper read before this Society by Mr. Croly; but there can be no doubt that in many cases the pain that the instrument causes, is found to be unendurable, and in other cases the results have been very unfortunate indeed. I think, therefore, I am justified in stating that surgeons will be slow to recommend, and adopt this treatment, if any other can be found safer and equally efficient.

The plan recommended by Sansom seems to me as likely to fulfil the necessary conditions, and to have great advantages over Malgaigne's method in, namely, its cheapness, simplicity, and in its employment, being wholly devoid of pain or risk either of any kind to the patient.

As I do not think this method is as yet generally understood, it may not be considered out of place if I give a very brief description of it. The limb being extended, and the foot slightly raised, a long strip of plaister is placed along the anterior aspect of the limb, extending from the middle of the thigh down to the middle of the leg. This is then firmly fixed by rollers. A loop of plaister is left over the situation of the fracture, and over the upper margin of the superior fragment of the patella, a small pad made by a narrow roller is placed. A piece of stick is now placed underneath the loop and twisted, and by thus shortening the loop the roller pad makes pressure on the upper portion of the patella, and approximates it to the lower fragment. Such is the apparatus, and, in my opinion, nothing can be simpler or more efficient.

The first case in which I used this method was that of Anne Tyrrell, æt. 20, who was admitted into the Richmond Hospital under my care on March 4th, 1872. She sustained the fracture from having fallen in consequence of her foot slipping off the edge of a curbstone. In the attempt to save herself from the fall the accident occurred. In this case it was clearly from muscular action that the injury was caused, for she fell on her side, not on the knee, and there was no evidence whatever of the knee having sustained any injury from direct violence whatever. All the usual signs of the injury were present, which it is needless to describe. I may mention that there was less effusion into the joint in this case than in the great majority of those I have seen. And, in consequence of this, I believe there was less separation of the fragments, and it must be remembered the patient was a strong, healthy, and well-nourished young female, the extensors of whose legs were well developed. For the first two days the limb was kept extended, and ice and cold evaporating lotions were applied, and then Sansom's apparatus was adjusted. On the 10th of June the patient left the hospital, and the result of the treatment was most satisfactory. Though I cannot say there was bony union, yet certainly the fragments were in the closest apposition, and no lateral movement of them was possible.

The next case was that of a man named Thos. Gartland, æt. 60, who was admitted into the Richmond Hospital under my care on 10th Dec., 1872. He sustained a transverse fracture of the patella from a fall during wrestling. He was admitted into the hospital five hours after the accident, and even at that early period there was an enormous effusion into the joint. There was consequently a wide separation between the fragments. The effusion was so great that I did not consider it desirable to apply any apparatus until at all events it was partly absorbed. It was, therefore, not until a week after the patient's admission that I commenced Sansom's treatment. The apparatus was kept on for forty-five days, at the end of which time the fragments were found to be well united, and he was then discharged from the hospital on January 31st of this year.

The results of the treatment in these cases of a comparatively rare injury were so satisfactory that, although few in number, I cannot but think myself justified in bringing this method of treatment under the notice of the Society, and recommending it as a perfectly safe, simple, and efficient means of treating transverse fracture of the patella.

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CASE OF DISLOCATION OF THE LEFT FEMUR INTO THE SCIATIC NOTCH (*a*).

By William J. Wheeler, M.B.,

Surgeon to the City of Dublin Hospit

Miles Keogh, a strong muscular-looking man, æt. 45, by occupation a labourer, was admitted into the City of Dublin Hospital, under my care, on the morning of the 8th of February, 1873, suffering from dislocation of the left femur backwards into the sciatic notch.

History of Case.—He states he was engaged with a shovel working in a quarry, when suddenly an immense mass of earth and clay fell upon his back, which completely covered him; he was dug out by his fellow labourers, and was unconscious for some time; on recovery, he states he felt intense pain in the neighbourhood of his left hip-joint, "and as if every bone in his body was broken." The accident occurred about eight o'clock a.m., but he was not brought to hospital till nearly one o'clock in the day. On admission he was placed in bed, and when I saw him there were the usual appearances of dislocation.

His state on admission was as follows:—The axis of the limb was directed across the sound knee, the great toe rested on the great toe of the opposite side, there was shortening to about three-quarters of an inch, and considerable effusion in the neighbourhood of the joint; he complained of pain down the thigh and leg. On examination I got distinct crepitus; the femur, however, could not be rotated outwards, nor could the deformity be lessened by extension. Consequent on this, I came to the conclusion that the femur was not fractured, in which my colleague, Mr. Tufnell, agreed, who kindly examined the case with me. Shortly after admission I was able to feel the trochanter somewhat above its normal position, and by pressing my fingers deeply into the notch, to feel the head of the bone, notwithstanding considerable effusion. There was not any fracture of the acetabulum, as the result of the case proved.

At about four o'clock he was brought to the theatre and put under the influence of ether, with Dr. Morgan's apparatus. The amount of ether used was four ounces; he was under the influence for forty-four minutes; the pulse varied from 70 to 120 beats per minute, Professor Haughton and Mr. Butcher being amongst those present. The latter, with my colleagues, kindly assisted. I endeavoured, by manipulation, to reduce the bone, trying flexion, abduction, rotation, &c., and afterwards by placing my heel in the perinæum. Failing by manipulation, I put on the pulleys;

(*a*) Communicated to the Surgical Society of Ireland. The discussion will be found at page 337.

the patient was placed on the sound side, and extension made across the middle of the uninjured limb, the counter extending force consisted of a jack towel, and, as recommended by Sir A. Cooper, I placed a towel under the limb and over my shoulders to lift the head of the bone out of the notch, and over the brim of the acetabulum, the extending power being kept up for some time. I lifted the head of the bone, which caused loud crackling from rupture of the ligaments, tendons, &c., and which would appear to those unaware of this fact as if the pelvis, or femur, had been fractured. By slight rotation, and rolling the man to the injured side, the bone was reduced with an audible snap. A Liston's splint was now applied, and extension and counter-extension kept up. The patient was tympanitic, and complained of pain over the abdomen. For three or four days poultices were applied, and opium given internally. He was discharged the 14th of this month recovered.

The chief points of interest which appear to me in this case are—

Firstly. The distinct crepitus, which I believe to have been caused by the head of the bone rotating in the sciatic notch, and which was not tendinous nor from fracture.

Secondly. The bone being reduced by an audible snap, as I find it is stated in Holmes' "System of Surgery," that when pulleys are used, the head of the bone slips into the acetabulum without any sound to indicate its return.

Thirdly. That ether does not seem to possess the power of relaxing the muscular system to the same extent as chloroform, as the sterno-cleido mastoid muscles were tense, and other muscles not so perfectly relaxed as is seen under the influence of chloroform. And perhaps this may have been the cause of manipulation being unsuccessful, as Mr. Wormald records a case in the *Medical Times and Gazette* of 1856, in which he reduced a sciatic dislocation by manipulation six weeks after the accident, and when the pulleys had been used without effect.

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and to the North London Consumption Hospital; late Physician to the City and to the Metropolitan Dispensaries; Corresponding Member of the Academies of Medicine of Madrid, Lyons, Barcelona, &c.

RHINOSCOPY.—*Continued.*

FEW things are more surprising to beginners than the appearance of the rhinoscopic image which does not in the least resemble that revealed in laryngoscopy and differs materially from the more common preconceptions respecting it.

The parts to which attention is now being directed are not often examined in the dissecting-room and in ordinary autopsies are never disturbed. This is no doubt the reason why many students have not a very accurate idea of the conformation of the parts, but even those who have carefully worked up the anatomy of this region are often not a little surprised at the image they first see in the rhinoscope. Again, what is called the rhinoscopic image is really the combination of several views, each of which is separately examined by the observer. The mirror is introduced first on one side and then on the other. In each case it is moved more freely than in laryngoscopy, so as to examine as wide a field as possible and then the two halves—each composed of the several views thus obtained—are blended into one in the observer's mind. It is easy, therefore, to understand that exactness is only to be attained by the utmost care, and all the observer's knowledge and attention are required to appreciate the various views revealed in rhynoscopy and deduce from them correct indications. At the same time, though this is the most common mode of proceeding, there are cases in which a view of a considerable portion of each half may be obtained in the same image.

As it is absolutely necessary for the pupil to thoroughly familiarise himself with the chief points of the rhinoscopic image and to form a fair idea of that image as a whole,.he should carefully study the engraving (Fig. 30) before proceeding to the examination of patients.

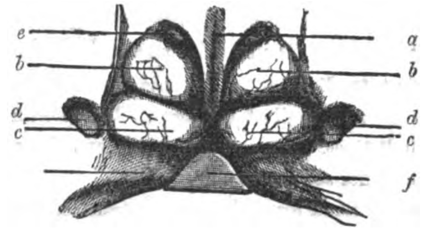

FIG. 30.

a. posterior border of the septum nasi; *b.* middle turbinated bone; *c.* inferior turbinated bone; *d.* orifice of the Eustachian tubes; *e.* superior turbinated bone; *f.* spatula; *g.* soft palate.

The point which should first be sought is the *septum nasi* (*a*) which divides the rhinoscopic image into two halves and one surface ot which should be clearly made out on each side. It forms a shining central ridge, narrow below, but increasing in breadth above. At its lowest narrow part, if well illuminated, it may look quite white and bright from the bone shining through the thin mucous membrane. If the light be less brilliant or the membrane not quite so thin and tense the hue may be pale pinkish, or there may be a yellowish tinge. The colour becomes deeper as the septum extends upwards, until at the highest, broadest part it is lost in the red of the mucous membrane of the surrounding parts. It may be added that the septum nasi seldom occupies the exact centre of the image but leans a little to one side or other, so that we seldom see a rhinoscopic image precisely symmetrical.

Having examined the septum, the next point is to make out the *middle* turbinated bones (*b*). They are easily found, being very prominent points occupying a large portion of the image on each side of the *septum*. They are covered with thin mucous membrane of a pale pinkish hue, and have been mistaken by beginners for nasal polypi. Just below, and much resembling them, at the base of the *fossæ nasi* are two other, somewhat smaller roundish projections, looking like a pair of almost solid tumours. These are the *inferior turbinated bones* (*c*). They do not seem to approach so near to the *septum* as the middle ones, and moreover look more solid and duller in colour, no doubt partly due to their being less brilliantly illuminated.

Just outside and behind each of the inferior turbinated bones we may easily discern the irregular openings of the Eustachian tube (*d*). Indeed, many may find it easier to look for the Eustachian orifice first and from that to trace the other parts. These openings look downwards and outwards. From their lower edge running downwards and inwards there is a prominent ridge formed by the levator palati, while from their upper edge starts the fossa of Rosenmüller which extends upwards and inwards and in which not unfrequently the Eustachian catheter gets lodged.

The *superior turbinated bones* (*e*) may be mentioned next. They are not nearly so easy to find with the mirror, in which they are reflected only as narrow projections, in shape somewhat like a triangle with its apex pointing downwards and inwards, and perhaps somewhat backwards.

We have yet to mention the three passages between the turbinated bones. The superior meatus is the largest, but the easiest to discover is the middle one which appears towards the outer wall of the fossa. The inferior meatus is very indistinct, often appearing only as a dark line and to the beginner seldom visible.

Below the nasal fossæ the posterior surface of the uvula, soft palate, pillars, &c., are easily made out, as also is the roof of the palate above.

Hospital Reports.

MEATH HOSPITAL, DUBLIN.

Cases under the care of Mr. L. H. Ormsby,

Surgeon to the Meath Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

(Reported by Mr. W. Smyly.)

Case I.—*Epithelioma of Lower-lip—Operation—Recovery.*

Michael Sutton, æt. 60, was admitted into the hospital on August 7th, 1872.

History.—Lived in the co. Wicklow. Had been healthy all his life; was a smoker; and three months ago he noticed a scab on his lip, which he picked off, and his lip remained sore and painful since.

Treatment.—Mr. Ormsby operated on August 8th, and removed the patch of epithelioma by a V-shaped incision, and bringing the incised edges together with two harelip pins, and then applying a figure of 8 twisted suture, and a small pledget of lint steeped in carbolic acid and oil, strength 1 to 8, applied. Pins taken out in three days; entirely healed in six days; and discharged on August 13th, 1872. He has since been heard of, and is quite well, and no return of the disease.

Mr. Ormsby drew the attention of his class to this case, mentioning to them that it was a very favourable one for operation, viz., the disease was of short duration, and the lip not much ulcerated, and none of the adjacent glands implicated.

Case II.—*Epithelioma of Lower-lip—Operation—Recovery.*

Andrew Cullen, æt. 52, living in the co. Dublin, was admitted into the Meath Hospital on March 1st, 1873.

History.—Eighteen months ago he states he received a blow with the handle of a shovel. He then noticed a crack on his lip, which was very painful; he was a great smoker, and on admission the ulceration had extended for about an inch along the red margin of his lip.

Treatment.—Mr. Ormsby operated on March 3rd, and removed the diseased portion of the lip by a V-shaped incision, and applied same treatment as in last case. The pins were taken out on March 8th, and he was discharged on March 15th quite well.

Mr. Ormsby drew the attention of his class to this case, mentioning to them that it was curious to note what little deformity resulted from these operations, and also how quickly, in many cases, the incisions healed, and remarked that in the case of a small artery bleeding it was better to transfix it with the harelip pin when bringing the incised edges together, and never, if possible, apply a ligature, as its presence only retarded the edges healing.

Case III.—*Epithelioma of Lower-lip—Operation—Recovery.*

Bridget Kavanagh, æt. 56, was admitted into the Meath Hospital on March 6th, 1873, suffering from a very painful cancerous ulceration of centre of lower lip.

History.—States that about six months ago she noticed her lip getting very sore; an ulcer was seen, which gradually increased in size, and was very painful at the time of her admission. She had never been a smoker.

Treatment.—Mr. Ormsby operated by the same method he adopted in the two foregoing cases. Previous to his incisions he extracted a loose protruding incisor tooth, which was greatly in the way, and brought the incised surfaces together with harelip pins. In five days the pins were removed, and on March 20th she was discharged quite well. Hardly any deformity resulted from the operation.

Mr. Ormsby drew the attention of his class to this case, and said it was rather rare to see epithelioma of the lip in the female; also how necessary it was before operating to remove a protruding tooth, as it was very frequently the cause of non-union of the incised surfaces, and also how useful it was to remove the disease early before the adjacent glands became implicated. In conclusion, he deprecated in the strongest terms the use of caustics, &c., so much in the hands of quacks and uneducated persons for the treatment of epithelioma.

Case IV.—*Encysted Tumour of Upper Eyelid—Operation—Recovery.*

Catherine Short, æt. 58, was admitted into the Meath Hospital on the 25th February, 1873, suffering from a tumour about the size of a hazel nut, situated on the upper eyelid.

History.—States she noticed it about four months ago, and that since that time it was gradually getting larger. Mr. Ormsby made a small incision over the summit of the tumour, and dissected it completely out; brought the edges together with a silken thread, which he removed in four days, when the incision was all but healed.

Mr. Ormsby mentioned the different modes of treatment recommended for such tumours. 1st. The one he performed which he thought the best, as it prevented the chance of the tumour recurring again by removing the cyst entirely. 2ndly. Merely puncturing the cyst and letting out its contents, which was generally of a clear serous nature. 3. Dividing the cyst in two halves, and applying a pencil of lunar caustic, or caustic potash, and in a few days after its application the cyst comes away, and the wound heals up.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

The closing meeting of the Society for the Session of 1872-73 was held on Friday, the 28th of March, at the Royal College of Surgeons,

Dr. **Kirkpatrick**, President of the College, in the chair.

DISEASED KNEE-JOINT.

Mr. **Butcher** said he had the honour to bring before the Society a recent specimen, with which there was a good deal of interest connected, inasmuch as twenty years ago he stood there in the position he was in that night to support the claims of an operation which he took up, followed out, and established by cases cured—excision of the knee-joint. That was the bright side of the picture; but there was a dark side also; there were cases to which this operation was not applicable, that is to say, cases where the disease extended beyond a certain limit. The subject of the disease in the present instance was a little girl, only thirteen years of age, who had been suffering from disease of the knee-joint from a year and a-half after she was born up to the present. She was much emaciated when brought under his care, and was supported by careful management and treatment, but in the end the removal of the limb became necessary to save life. The child was brought to him five or six months ago. It was then unsuitable for any operation; she was, in fact, in a dying state from disease of the knee, from the discharge continually going on for years, from the fever set up by it, and was so emaciated, worn down and enfeebled, that no operation was applicable. Had operation been performed the child would have died, and no sensible surgeon would have attempted resection. He put the child under most careful treatment to restore its strength, and having effected this to a considerable extent and subdued the constitutional irritation, he, yesterday morning, deemed it advisable to remove the limb. The condition of the limb would clearly show that there could be no hope from the conservative measure which he so strongly endorsed in cases presenting a reasonable prospect of success—that is, in a selection of suitable cases. They must remember that great caution must be observed in meddling with the bones in early life before they were fully grown. When in early life a joint was struck by disease and that disease continued for a length of time, though you might heal up the sores and prevent the running from the joint, yet the growth of this limb never kept pace with that of the sound limb; there was a vital impression made upon it from which it never recovered. Its growth could not be expected in proportion to that of the sound limb, and if there was great deformity at an early period of life, and when it stood to reason there must be eight or nine inches of shortening, there could be no idea of that being a serviceable imb. When he spoke of excision being a perfect operation, he meant when it secured for the individual a limb serviceable or all the functions of life. Twenty years ago he illustrated his subject, and he could now bring forward the parties whom he then exhibited, to show that during that long eriod of time they had a perfect use of their limbs, and were walking about now as then. This little creature was a ear and a half or two years old when the disease appeared. s usual in cases of long-continued disease, all the ligaments ere destroyed, the internal ligaments disintegrated and ken up, the cartilages were removed, and a kind of fibrous, latinous structure was thrown into the recess, and the mb was perfectly useless. Here the cartilages were removed h from the femur and the tibia; all the ligaments running ng the thigh that had kept the limb in its normal condin were taken away, and the ham-strings drew back and storted the limb. The thigh had never grown; it was not arly so long as the sound thigh, and hence there was ortening of the leg which was drawn to one side by the rong tendons. Nothing could be done to straighten that mb. The interior portion, if taken away, would shorten it four or five inches. What then would be the length of limb? The bones were all thickened, the joint destroyed, upper part of the tibia disorganised, and the head of the tibia implicated to a great extent by the abscesses that had existed so long. They could not hold out any hopes of saving the limb, and the attempt to do so would have placed the life of the child in a perilous position. The examination of the parts after removal more than verified this opinion. The whole interior of the joint, as they could see, was destroyed, and a deposition of gelatinous material was contained therein; the cartilages were all removed, and the ham-string tendons were quite tense, drawing the tibia to one side. The child was improved by careful management, and when the constitutional symptoms were quieted then came the time to interfere; and no other operative measure being applicable, it was determined to remove the limb. He brought the specimen before them to show that however anxious the surgeon might be to adopt conservative measures, yet sometimes he was defeated in his best intentions. It must be borne in mind that when the epiphysal ends of the bone were cut out in childhood the bone ceased to grow. Mr. Humphry, of Cambridge, showed that the limb is absolutely stationary at that point. Whether that be so or not he (Mr. Butcher) could not practically speak, but he thought they must take the opinions of those who had carefully and earnestly worked in the pursuit of practical inferences. Mr. Syme twenty-five years ago expressed a similar opinion, and had a great objection to operation in early life. He operated on a child and the limb healed but it never grew. He was attacked on that point, and it was asserted that because the bones were not kept in apposition the deformity that manifested itself was caused. Experiments had been performed with regard to the removal of the epiphysis, and it was found that where that was done the bone would not grow, but if the slightest shell of the epiphysis be kept in connection with the shaft of the bone it was proved that the latter would grow. What he maintained was that if a limb be stricken by disease in early life—he did not care whether the epiphysis be left or not—it would never recover its growth or keep pace with the sound limb. He repeated his implicit confidence in the operation of excision of the knee-joint as a sure and certain operation in suitable cases. Sir W. Fergusson says that in eight out of ten judiciously selected cases the operation will be successful and give a limb better for all the functions of life than any artificial limb however beautifully constructed. There was one point in connection with the operation which he should mention—namely, the vessels to be tied. There were in the present case eighteen or twenty ligatured, all of them enlarged and many of them as large as the radial artery.

Mr. **William J. Wheeler** communicated the particulars of a case of

DISLOCATION OF THE LEFT FEMUR INTO THE SCIATIC NOTCH,

which will be found at page 334.

Mr. **Stapleton** asked whether the head of the bone entered while extension was kept up, or when it was let go? It was when extension was let go that the head of the bone entered with a snap.

Mr. **Wheeler** replied that the extension had been let go.

The **President** asked Mr. Stokes if he had met with any instance of this dislocation in the Richmond Hospital?

Mr. **Stokes** replied that he had not seen any dislocation into the sciatic notch, but he had met with cases of dislocation on the dorsum of the ilium. He would ask whether it was justifiable to give either ether or chloroform as an anæsthetic in these cases? In the Richmond Hospital they thought it better to revert to the old plan of giving tartar emetic, and using in some cases venesection. When chloroform was given, as soon as you begin to make the extension the patient recovers from the anæsthetic condition and gets into a very violent state. In one case of dislocation on the dorsum of the ilium the bone had been out for four months. The patient was put on large doses of tartar emetic, a grain every five minutes, kept up for twenty-five minutes. It did not produce the slightest degree of sickness, which was very remarkable, but it produced complete relaxation of all the muscular tissue of the body; and after trying all the ordinary methods of reduction, he succeeded without much difficulty in satisfactorily reducing the luxation by means of manipulation.

Mr. **Wheeler**, in reply, said the extension was let go and the bone went in. The extension was made by means of a rope passed through four pulleys with the strength of an ordinary student. He thought the head of the bone going in with a snap was calculated to show that ether did not relax the muscles as completely as chloroform. As to Mr. Stokes's condemnation of chloroform, he could only say that he had heard

Sir William Fergusson mention that now, when we could employ anæsthetics, he should be surprised if any surgeon ever resorted to the old system of tartar emetic and venesection.

Mr. William Stokes read a paper on the

TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA BY SANSOM'S METHOD,

which appears at page 333.

Mr. Stapleton said he had been for the last eight or ten years using a more simple method than that described by Mr. Stokes, which would be found delineated in Hamilton "On Fractures." He used no bandages either above or below. He used simply a piece of sticking-plaister with a pad, and he did not allow that or any other method to be applied until effusion had ceased. He did not agree with Mr. Stokes that the effusion was due to a weeping of blood. He believed it to be a serous effusion. If it were blood, there would be ecchymosis, and, moreover, blood would not be absorbed in so short a time as the effusion was absorbed in these cases. The apparatus he used was an upper pad, and he applied this when the inflammation had subsided. Instead of using a stick and a second pad, which he believed to be injurious, he secured the pad with a piece of adhesive plaister. The great disadvantage of the two pads was that if they pushed the upper fragment, the lower fragment could not get away, and the anterior edges became separated. What put the lower fragment out of its place generally was effusion into the joint. He believed that by using the simple apparatus to which he had referred they would have a better chance of bringing the fragments together than by Mr. Stokes's adopted method. The leg must be raised to a certain degree to get ease, and, if necessary, padding could be put under it. In his mode of treating these cases there were no bandages and no constriction; besides, he believed a bandage could not be kept on for forty-two days. All he required was one piece of sticking-plaister and a bit of lint, and as soon as the swelling went down he raised the leg up and applied the pad as he had stated. The method was well known, and would be found in Hamilton's work "On Fractures."

Mr. Ormsby said he had under his care at present a case of fracture of the patella, caused by muscular action. He put it up with Malgaigne's hooks, and he could not altogether go with Mr. Stokes in what he had said as to that method of treatment. The hooks had now been in some days, and the man said he did not know whether they were in or not. He did not complain of pain or inconvenience; the fragments were in perfect apposition, the inflammation was going down, and he trusted the case would terminate satisfactorily. He saw another case treated by his colleague, Mr. Smyly, with Malgaigne's hooks, and in that case also there was no inflammation and no pain. He should say that the toes must be raised on a level with the nose. He thought that by none of these plans, except Malgaigne's hooks, would they succeed in getting bony union; but when they got the bones into apposition by Malgaigne's hooks they would obtain it.

Mr. M'Dowell said that in the session of 1869-70 he had four cases of fractured patella under his care in Mercer's Hospital, and he had treated them all with Malgaigne's hooks, assisted by Wood's splint, of King's College Hospital. In three of these cases the fracture was caused by muscular action, and in the fourth case the patient fell on the patella. Three of the cases turned out very satisfactorily. The patients did not complain of any pain whatever; the effusion was not so great as in cases he had seen previously when the fragments were not brought into apposition. The hooks were kept in over forty days, and in one case he was obliged to keep them in for sixty days. He found, when the hooks were removed, that the fragments were in close apposition. He was sorry to find afterwards in two of the four cases that the union, although apparently osseous, was only ligamentous; and after four months the fragments had separated in one case three-quarters of an inch, and in another one inch or more. The limb, however, was a perfectly useful one, and the individual was able to run up and down stairs as well as if the accident had never occurred. Therefore, instead of giving Malgaigne's method the wholesale condemnation that Mr. Hutchinson had pronounced against it, he would be disposed to give that treatment a favourable consideration. He had seen good cases turned out by the figure of 8 bandage, under the care of Mr. Morgan in Mercer's Hospital. An abscess formed over it in one instance, but no bad consequences followed. He had heard of tetanus occurring in these cases, but he had not seen any authentic case recorded. As to the apparatus introduced by Mr. Stokes, he should not like to use it. He thought it wrong to bandage a limb after fracture of the patella. In Hamilton's work is detailed a case in which traumatic gangrene supervened from bandaging the limb, and the patient died. He believed that bandaging in those cases where there was much effusion was likely to be followed by traumatic gangrene.

Mr. Croly considered this subject one of the most practical importance which had come before the Society that session. As to the rarity of the affection, that was merely the experience of one surgeon. They all knew that surgeons often got a run of certain cases, one getting a great run of tongue cases, another, of joint cases, another of cases of stone. Unless they compared fracture of the patella with Pott's fracture or fracture of the collar bone, he was far from agreeing with Mr. Stokes that it was a rare accident. During his pupillage he saw a great number of these accidents. He had seen both patellæ fractured in some patients, and from the time he became a student at the City of Dublin Hospital up to the present—now a period of twenty years—he had hardly ever seen the wards of the hospital without an example of this fracture. With regard to effusion, he had no doubt that it was not blood. He believed it took place too rapidly, and was absorbed too rapidly, to be caused by blood. As to the cause of the accident, he did not think any doubt could exist. There was a case recorded by Mr. Hutton where a man broke the two patellæ and the two olecranon processes by muscular action. There was the case of a soldier being brought to the guard-room kicking at the sergeant, missing him and breaking the patella. The fact was, that in these cases of transverse fracture the fall was the result of the fracture, and not the fracture of the fall. A man in making a kick breaks the patella by muscular action, and because he has broken the patella he falls. With regard to the mode of treatment, he believed that the great point in the treatment of these factures was often overlooked by surgeons, and that was raising the patient into the sitting posture so as to relax the rectus muscle, and raising the thigh into such a position that the quadriceps extensor became relaxed. In treating a fractured patella, he generally tried to put the patient partly sitting, raising his toes to a level with his nose, and until that was done he was not in a proper position. The treatment brought forward by Mr. Stokes was not new. Many years ago he put up fractures for Mr. Tufnell in this way, and they had to give it up as being perfectly useless. Any compression above or below the patella, whether it be by the compresses used by Mr. Stokes or by the figure of 8 bandage, tended to tilt forward the two fragments that ought to come into apposition, and the result was to leave a V-shaped space between the bones. On going round the Leeds Infirmary with Mr. Teale, when the British Medical Association met in that town, he showed him a case of fracture of the patella which he was treating with nothing, but he had the limb kept up. He found when the limb was kept up the upper fragment came down gradually towards the lower, and he had every confidence that the two would soon come together. He (Mr. Croly) thought the surgeons who condemned Malgaigne's hooks were the surgeons who had never tried them. He never saw Malgaigne's hooks till he got them for a patient under his care in hospital; the man would not submit to any other treatment. The fragments were not coming together as closely as he could wish, so he put in the hooks, and the result had been most satisfactory. Mr. Pile and the late Professor Partridge also used Malgaigne's hooks successfully. The hooks were often condemned because the surgeon did not know how to put them in. If the hooks were not put in carefully—if the upper hooks were not put into the quadriceps extensor, and the lower allowed to go into the ligamentum patellæ—they would slip on the patella and cause a severe bursitis. Care should be taken not to let the skin be dipped in between the fragments, otherwise the fracture would become a compound one. His own impression was that it took twelve months from the date of the accident to let the man have a good use of the limb.

Dr. Mapother said the physiological cause of the separation of the fragments was not the contractility of the muscular tissue, but the tonicity of it—that is, a constant state of tension—muscular contractility tired, while tonicity was constant. As to the apparatus, his colleague, Mr. O'Leary, turned out an admirable case by using a couple of strong india-rubber bands above and below the patella.

Mr. Fleming had had many opportunities of treating these fractures both in hospital and elsewhere. He had never used

Malgaigne's hooks, but he knew of a case in which they were used, and the patient complained bitterly of the pain he experienced from them. The man left the hospital, and, ultimately, under ordinary treatment he was able to walk about tolerably well, but the result of the case was not what a surgeon would consider to be perfectly satisfactory.

Mr. E. Hamilton agreed with Mr. Croly that the separation was not caused by blood. If they examined a case of fracture of the patella produced by direct violence, the fragments would be found to be not much separated; they lay loosely, no doubt, and gave a grating sensation, but they were not separated. If the separation were produced by blood, they would suppose it would be more likely in a fracture produced by direct violence than one produced by muscular action. With respect to keeping the fragments of the fractured patella in their place, he believed the obtaining of bony union was a very rare thing. They knew of cases where the joint had been torn open by a second injury. He thought the great secret of treatment was keeping the body in a proper position, and the limb properly flexed.

Mr. Stokes, in reply, said one of the objections to the method which he had brought before them, was that it was not new, and that it was mentioned in Hamilton's work on fractures. He did not think, however, that the Society should be like the milliner's shops, always displaying the newest fashions. They should advocate that which was good, no matter whether new or old. With regard to Mr. Stapleton's assertion that the effusion which took place was a serous effusion, it would have been more satisfactory if he had been able to bring some proof of this.

Mr. Stapleton—I never had a *post-mortem* examination; and there were no signs of ecchymosis.

Mr. Stokes believed there had been several cases in which *post-mortem* examinations were made, for instance, Cloquet had given a case, Sanson had given a case, and others were given in Malgaigne's work on fractures, and the effusion found in the joint was of a sanguineous nature. Therefore, it was useless to assert that the effusion which took place was not hæmorrhagic. Another objection made was to the application of bandages, one gentleman thinking the bandage apt to slip, another that it was apt to produce gangrene. If the bandage slipped it had not been tight enough, and if gangrene had been produced it had been applied too tightly. He did not wish to take any credit to himself in the manipulation of bandages, but in the cases he had treated he had never seen the tendency to slip, nor the tendency to gangrene. Then it was said there was a tendency of the two fragments to slip forward. He had, however, omitted to state in his paper how desirable this apparatus was to prevent the fragments tilting forward. That was one of the great advantages which he claimed for the apparatus over Wood's or any of the other ordinary places of treatment. With respect to Malgaigne's hooks, he (Mr. Stokes) did not endorse Mr. Hutchinson's strong condemnation of them. He merely quoted that gentleman's letter, to the effect that in the London Hospital, of which he was the Senior-Surgeon, the hooks had been set aside. He remembered when a student, to have seen a case treated by the late Dr. Hutton, and the pain was so extreme, that the hooks had to be abandoned, and he saw in Berlin a case where tetanus supervened after the application of Malgaigne's hooks. Mr. Croly had mentioned a case that would go to prove this fracture was not caused by muscular contractility. He saw a case of fractured patella in which nothing was done, the limb being just kept exposed and slightly elevated, and when effusion was gradually absorbed it was perceived the fragments came together. Could any greater proof be given that the fracture was caused not by muscular contractility or tonicity.

PRESIDENT'S ADDRESS.

The President then delivered the following closing address: This meeting, gentlemen, terminates the fortieth Session of the Surgical Society, and I trust that we shall re-assemble here next winter prepared to make our forty-first Session as valuable, if not more so, and as marked with professional interest as any of the preceding ones. When I had the honour of sitting for the first time in this chair, I alluded to the great and irreparable loss that this Society and the Profession at large had experienced by the death of our dear friend Thomas Beatty; I have now deeply to deplore the death of another of our Fellows, who although undistinguished by his professional brethren with the honours which they have in their power to bestow, was to the full as much valued and beloved by those who really knew his sterling worth. I speak of Dr. Gerald Osbrey, who died at Molesworth Street on the 21st inst., adding one more to the long list of victims that fall a sacrifice to the over performance of professional duties. Dr. Osbrey possessed abilities of a very high order, and obtained several prizes at our honored University, which has so lately been delivered from the spoiler's hand. In addition to sound professional knowledge, Dr. Osbrey possessed a vast amount of general information; he was a person of a retiring disposition, but was honoured and respected amongst his friends and patients for his absolute singleness of mind, and his straightforward and manly integrity of character. I have also to mention with deep regret the sad and premature death of Dr. Eames, so young, so full of hope and promise, with the brightest prospects before him of a successful professional career, cut off by fever in his early prime. From unforeseen circumstances during the Session some of the promised contributions upon most interesting subjects were not brought forward, and thus the number falls rather short of the usual average; but the communications made to the Society were of the greatest importance and value, and the recent pathological specimens exhibited were of the most interesting character. Papers were read by Professor Morgan, by Messrs. Croly, Jacob, Stoker, and Moore, by Drs. Henry Kennedy, Swanzy, and John Barker, by Professors Macnamara and Mapother, by Dr. James Kelly, and Mr. Arthur Barker. Dr. Morgan's communication upon the relative value of ether and chloroform was in my opinion the most important that was read before the Society, and I am sure the members will regard with much interest the proceedings of the committee appointed to investigate the subject. For my own part I must admit that I heard with much concern the strong case which Professor Morgan made out against the use of chloroform. Having for the last twenty-five years employed it in every case of operation, and whenever severe pain had to be overcome, and knowing that without a single accident it had been constantly administered at the Richmond, and the other hospitals of the House of Industry for the same period, I am certainly not disposed to abandon its use, although prepared to exercise still more caution than heretofore in its administration, and also to substitute ether in those cases indicated by Professor Morgan. Let us hope, however, that with so many zealous labourers in the fields of science some new anæsthetic agent may soon be discovered that combining all the merits both of ether and chloroform may be free from the objectionable qualities and dangers of either. I thank you, gentlemen, most gratefully for the kind courtesy which you have shown towards me whilst presiding over your Society, and I congratulate the members upon the perfect harmony and good feeling which uniformly characterised all our debates.

The Society then adjourned.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 16, 1873.

THE CONTAGIOUS DISEASES ACTS.

The publication of Dr. Bell Taylor's letter in a recent issue of this journal has again drawn the attention of the Profession to the working of the Contagious Diseases Acts, and the subject will shortly be brought before the public in the House of Commons. Great public interest has been manifested with regard to the future of these Acts as evinced by the long list of petitions which are presented to the Houses of Parliament every week with reference to them. These petitions, emanating from the public, are all on one side; the petitions from Medical men have been mostly on the other. Doctors and patients not unfrequently take different views. Those who have to perform an operation, and those who have to submit, look upon the proceeding with very different eyes. The operation of the Contagious Diseases Acts form no exception to this rule. If the Acts were to be applied equally to men and to women, the proportion of each who would be in favour of the Acts or otherwise would probably be much more equally balanced. It is quite true that women of the lowest class, diseased and broken in health whose occupation is gone, are glad to be admitted into hospital, and taken care of upon any terms. They welcome the Contagious Diseases Acts as a ready move of obtaining the relief they seek. It may be urged that the Asylum, afforded by well-appointed hospitals without the penalties attaching to the Acts, would to them be at least equally welcome; while women of the better class generally avoid the districts in which the Acts are in operation; so, no doubt, the appearance of a diminution of disease is given in districts said to be protected. On the same principle, if a certain number of towns were protected in like manner from inspected thieves who were liable to periodical visits by the police, there can be no doubt but that for a time there would be comparatively little property stolen from those towns. Some of the lowest thieves whose occupation was gone would welcome a workhouse or any other asylum, and would not much mind a few weeks safe confinement, provided it was not solitary or accompanied by hard labour. The thieves who were better to do, however, would simply move elsewhere; but no one could say that the evil was in this way really met. Upon this principle the observation lately made by the Attorney-General, and commented upon with much satisfaction by one of our contemporaries, is to be explained, viz.:—That in the protected districts prostitutes of a tender age had disappeared, they, no doubt, avoid the districts where the Contagious Diseases Acts are in operation. Any control to be really effective must extend beyond particular places, and involves very serious questions as to the freedom of the subject.

If these Acts were applied to the civil population, the question at once arises, to what classes it would apply? Mr. Holmes, a member of the Contagious Acts Commission, in a letter referred to by Dr. Bell Taylor, implies that every woman who has a discharge, and is known to indulge in promiscuous intercourse, is a fit subject for the operation of the Acts in question; and he states that this very point was fully debated before the Contagious Diseases Acts Commission. As nothing is said to the contrary, we must suppose that it met with the approval of the Commission. Mr. Holmes's statement appears partially to have taken Dr. Bell Taylor's breath away. He was appalled; and it must be confessed that to place 20,000 or 30,000 women in London alone, under the *surveillance* of the police, to compel them to submit to periodical examinations, and in case of refusal to commit them to prison is rather a strong measure. If woman's suffrage were allowed the attempt to introduce such a measure, might materially affect the results of the next general election.

A question of no slight importance immediately suggests itself with regard to this subject, viz.:—If any woman in the condition we have named is liable to come under the operation of the Contagious Diseases Acts, how long would such *surveillance* continue? As pointed out by Dr. Bell Taylor, these women have almost all a discharge of some kind, and it is well known that if it ceases for a time it will continually recur, so that a patient once under *surveillance* would continue so for an indefinite period. If the authorities quoted by Dr. Bell Taylor are worth anything, and a large amount of evidence might be produced on the same side, the number of persons in London alone who might be subject to the compulsory operation of the Acts does not fall short of 20,000. In Mr. Holmes's letter, to which Dr. Bell Taylor refers, Mr. Holmes asks—"What does it matter for the purposes of the Contagious Diseases Acts whether they (the diseases) be what we technically call venereal or no? This was a question fully debated before the Contagious Acts Committee. On mature reflection it appeared to those who were in favour of the principle of the Acts that this difficulty (as to whether the diseases were venereal or no) had no bearing upon that principle." If this be the real meaning of the Committee upon whose advice any future Contagious Diseases Acts may be formed, we cannot help saying that the sooner the actual position is understood by the legislature, the Profession, and the public, the better. We have looked through the various reports referring to the Contagious Diseases Acts, and we have failed to discover any such intention expressed. But if such be the real meaning of any of the various Committees who have undertaken to advise upon this subject, surely they ought to have given no uncertain sound in reference to points of so much consequence in a social point of view.

Mr. Holmes has had the courage to state in a straightforward way his reading of the intentions of the Committee, of which he was a member; and should a majority of the Committee take the same view, it would certainly be well that such should be clearly stated before any farther measures in reference to this difficult and painful subject become authorised by law.

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IMPENDING MEDICAL REFORM.

We referred last week to the unexpected *bouleversement* which had brought to a dead stop all the plans of licensing bodies for self-reform, and we have satisfaction to-day in recording a more satisfactory and hopeful condition of affairs. It will be recollected that the London University and the Apothecaries' Company, who, depending on repeated verbal assurances from the Home Office that the Government would, by an enabling Bill, clear the way for their co-operation with the other English Medical authorities, had matured all their plans, and only waited the approval by the Medical Council and the matter-of-course permission of Parliament to bring the new system of conjoint examination into force.

To their great astonishment and chagrin they learned by mere chance that the Privy Council Office had come to blows with the Home Office about the matter, and had wrested the settlement of the question from the Home Secretary, and that the Lord President had not the least intention of countenancing the Conjoint Examination Scheme or helping an enabling Bill through Parliament.

In a violent effervescence of wrath at this breach of ministerial faith we left the Medical Council last week, it having been decided to send a deputation to the Marquis of Ripon, the President of the Privy Council. The gist of that interview was reported to the Medical Council since our last issue. The Government will not be content to identify themselves with any measure of Medical reform except it be radical and comprehensive, but they will not oppose but rather will "be disposed to be favourable" to the introduction of a Bill by a private member, which, they seem to say, may be allowed to pass as an *ad interim* enactment, but not as a ministerial settlement of the subject.

This pronouncement is really, after all, as much as anyone expected, for it was never for a moment supposed that a bill introduced to authorise the conjoint examination schemes would be a final settlement of the Medico-educational difficulty. It could not possibly be so until the Scotch Colleges and the Queen's University had been compelled to submit to the reforms which they, more than more repentant sinners, are in want of.

The only hope, therefore, which has been crushed by the transfer of the matter from the Home Office to the Privy Council is that the Government would themselves have taken charge of the enabling Bill, and thus insured its passing this session. It is, however, still open to the English and Irish bodies to legalise their plans of reform this year, and we earnestly trust that those who have already, in spite of every discouragement and innumerable discordant elements, urged forward their plans of reform, will consider carefully whether those plans may not yet be rendered complete within this session of Parliament.

It is, of course, to be anticipated that the opponents of educational reorganisation, represented notably by Sir Dominic Corrigan, and the Scotch Councillors, will receive a reinforcement from the half-hearted men who think that the Licensing Bodies have already purged the offences for which they have been at length brought to the block. No doubt the antagonism of the *Lancet—aut Cæsar, aut nullus*—and the direct representation party will be exercised against any partial reformation. Nevertheless, there is yet every hope that, with one more energetic effort, the system of conjoint examination and comprehensive education may become an accomplished fact, and that England and Ireland may achieve the advantages of such a system for at least a year or two until the inevitable measure of Medical revolution becomes law. Meanwhile, the *Medical Times and Gazette* (whose unique characteristic it is to believe in visitation of examination) says :—

"We believe that after the Easter recess there will be one if not two attempts made to obtain Medical legislation in the present session of Parliament. Mr. Headlam's Bill was to have been read for a first time in the House of Commons on the 7th inst., but was postponed in consequence of press of business ; and it is rumoured, although we cannot speak positively as to the fact, that Sir John Lubbock will be entrusted with 'an enabling Bill' to remove the legal difficulties in joining in the scheme for conjoint examinations which confront the older universities as well as the University of London and the Apothecaries' Society."

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Notes on Current Topics.

Epidemic of Trichinosis.

At Madgebourg, Saxe, Prussia, an epidemic of trichina disease has appeared, and already two hundred cases have occurred, one of them fatal, and others accompanied by such grave symptoms that it may be anticipated they will terminate badly. The most prominent symptoms are—puffings of the face, with a general wasting, resembling paralysis, together with a sharp pain in the muscles ; indeed, the signs are so characteristic, that it is hardly possible to confound the disease with other affections ; but the most certain proof, of course, is the indubitable presence of the trichina itself in the muscle. This has been tested at the hospital, where experiment has been made by taking out a very small portion of muscle from the arm and the trichina found. The same test was applied to the owner of the shop where the meat was sold.

Haughton's "Animal Mechanics."

Professor Haughton's long-expected and much sought-for work on "The Principles of Animal Mechanics" has been issued by Messrs. Longman from the Dublin University Press within the last week, and as an unique and most valuable contribution to natural and mathematical science justifies to the fullest extent the anticipations to which the high scientific character of its author gave rise. There is, as far as we are aware, no work in any language which competes with it for pre-eminence in the subject of which it treats, and very few in which so much erudition, thought, and investigation are compressed into so much space. We are obliged to deny ourselves the satisfaction of publishing an extended review of the book, inasmuch as we are not aware that there is any living man who possesses the extent of anatomical and mathematical education to enable him to express an opinion on it *ex cathedrâ*.

We hope, however, to lay before our readers in our next a further notice of the work from a competent pen.

Use of the Aspirator in Stomachal Dilatation, &c.

M. Kussmaul has tried aspiration of the stomach in the following circumstances :—A girl, æt. 25, ill for eleven years with an immense dilatation of the stomach, was operated on, the fine aspirateur tube was introduced through the abdominal wall into the stomach and three litres of fluid were withdrawn ; the cavity was washed out then with Vichy water. The operation was repeated every two to four days, and then at more distant intervals. The patient by degrees recovered strength. This method having been inaugurated, several other cases were tried and have been published. M. Ploss and others do not use the pump, but at the upper end of the stomach pump-tube a caoutchouc tube is attached, and acts as the long leg of a syphon, the patient is desired to cough and this suffices to set the tube in action as a syphon, and the fluid is got rid of. When all the liquid is evacuated the stomach is washed out through the same tube.

A case has been related of poisoning by phenic acid where the aspirateur was used with success in a child who had swallowed laudanum, the fluid was withdrawn by the aspirateur tube also and the life saved.

A Novel Proposal for Money Saving.

At a meeting of the guardians of the Wexford Union it proposed that a petition be sent to both Houses of Parliament praying of them not to pass the Union Rating Bill as it would tend to increase the rates in the rural electoral division, but instead to enact a law to make hospitals of all poor-houses, and give out-door relief ; or, as an alternative, to pass a law to amalgamate every two unions into one, as the number of inmates has considerably diminished, and thereby dispense with a large number of officials. The resolution was carried by a majority of two. The petitions were signed by the chairman, and sent to Lord Granard for presentation in the House of Lords, and Mr. Power for presentation in the Commons.

The "Curragh Wrens."

On Tuesday an inquest was held by Dr. Hayes, at Naas, on the body of an inmate named Ellen Dunne. The evidence proved that the deceased, who belonged to the class known as "Curragh Wrens," stood up from the fire at which she was seated to let another woman to it, and immediately dropped on the floor dead. Dr. Falkiner deposed that deceased had been frequently under his care for bronchitis. The jury found that deceased died suddenly from pulmonary hæmorrhage.

The New Army Warrant.

REALLY it is not possible to keep temper in discussing the proceedings of the present Government towards the Army Medical Service. The April "Army List" has just appeared, and the second Medical officers of all cavalry and infantry regiments, together with those of batteries of artillery, have been, without any notice, struck out of their regiments and placed on the staff. The present Government are amenable to no arguments except the threatenings of a mob, as was evident in the case of the attempted match-tax, the interference with the publicans, and the Hyde Park riots. Army Medical officers are unable to use that means, and are therefore subjected to outrage of their rights, to illegal exaction of money, and to tyrannical breach of all contract, which would in civil life be at once followed by a series of successful actions at law, but which they are compelled to submit to with humility and discipline. Such an act of injustice has never before been done towards any department, and, of course, the indignant outcry is universal.

Abortive Treatment of Furunculi.

M. SIMON, of Forges, recommends alcohol as an application in such inflammations as furuncles, superficial abscesses, whitlow, boils, &c.

The form he finds best is that of camphorated spirit used in the form of frictions repeated four times during a day, and occupying some thirty minutes; he fails rarely in dispersing these troublesome affections by these means. A grain of potassa fusa about the size of a pin's head laid on the centre of an incipient boil will also usually procure its dispersion.

Royal College of Physicians of London.

AT a general meeting of the College, held on the day after Palm Sunday, persuant to the Act of Parliament, 23 and 23 Vict., cap. 66, George Burrows, M.D., F.R.S., Physician Extraordinary to the Queen, was elected for the third time President of the College.

Professional Education.

WE were pleased to hear the liberal remarks made in the Medical Council on this subject in reference to the Report presented. More than one speaker pointed out the folly of attempting to tie the hands of teachers too much. It was well said that the examinations ought to suffice to test a man's knowledge, and there should be no over-regulation as to the manner in which he obtained it. Teachers cannot work in chains—the best of them will assert their freedom, and no two will follow the same routine. Compel them to do so, and the life will be taken out of their teaching. Every first-rate teacher has his own mode of conveying instruction, and should be allowed the largest liberty in using it. The licensing bodies have imposed too many rather than too few restrictions. Even the University of London, which is the most liberal in this respect, might afford to relax some of its regulations as to the order of study, considering the value of its examinations as tests.

Midwives.

THE Medical Council devoted a long time to the discussion of the Report respecting the education of midwives, which had been drawn up with great care and after much investigation by Dr. Acland, who moved the adoption of the report in a speech that produced considerable effect. It was to be expected that even in so small an assembly as the Council much difference of opinion would be evoked by a report which went to the root of the matter, and treated the education of women for various departments of the Profession in a broad and practical spirit. Dr. Acland refrained from committing himself too far, but it is obvious that he has no fear of female encroachments. Sir W. Gull declared that nothing was done in human affairs that could not be done better by men than women; but perhaps he will be forgiven for this by the strong-minded sisterhood in consideration of his being ready to utilize the services of women as midwives and nurses. He thought to make women Medical practitioners would be the signal for the decay of the healing art, and in this opinion he will be very generally supported. A great point was made by Sir R. Christison, who pointed out that Medical men find it a great interruption to their serious duties to have to wait tediously for cases of natural labour, and that in small districts in Scotland he knew the prevailing wish of the Medical men was to be relieved from this interference with duty. Dr. Fleming's observations tended in the same direction, and we have known many who feel in the same way. It is certainly true that properly trained midwives would know when to send for assistance.

MR. BELLAMY has resigned the Anatomical chair at Charing Cross Hospital.

DR. SPARKS has been appointed Physician for Skin Diseases, and Mr. Garrod, Lecturer on Comparative Anatomy, at Charing Cross Hospital.

SIR WILLIAM RAE, K.C.B., Inspector-General of Hospitals and Fleets, and Justice of the Peace for the county of Devon, died last week at Newton, Devon, aged eighty-seven.

THE sixth meeting of the Dublin Obstetrical Society was held in the College of Physicians on Saturday last. Dr. Atthill presented a specimen of Polypus Uteri, and Dr. M'Clintock read a paper on "the Excessive Vomiting of Pregnancy." A report of these communications and of the debate, will appear in our next.

WE hear that the Mansfield district is about to appoint a Medical Officer of Health, and will probably secure the services of Dr. Waring Curran, whose name is well known to our readers as the contributor of valuable papers to our columns, which have been quoted by several of our American contemporaries. Dr. Waring Curran early distinguished himself in the department of Public Medicine, being a Carmichael medallist in that subject, and we doubt not will be a most zealous officer.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture V.—(*Continued.*)

The Spinal Column contributes about a third to the height of the Human Body, and the Inter-Vertebral Discs contribute about a fourth to the height of the Spinal Column. Owing to their compressibility the Discs become flattened during the day by the superincumbent weight, and regain their original figure under the influence of rest and sleep. This explains the familiar fact that the Body is rather taller in the morning than it is at night. The average height of the Spine is about twenty-eight inches.

The height of the Column would be still more considerable than it is if the Spine were perfectly straight instead of forming four *curves* in its course. These curves are antero-posterior, and correspond to the four regions of the Spine, *Cervical*, *Dorsal*, *Lumbar*, and *Pelvic* or *Sacral*. The *Cervical* and *Lumbar* curves are convex forwards, the *Dorsal* and *Sacral* convex backwards. The two latter curves are more fixed than the two former, much freer motion being permitted in the Cervical and Lumbar regions than elsewhere. It is difficult to say which curve ought to be regarded as the primary curve, for there are more reasons than one for the existence and position of each. If obliged to select one in preference to the others, we might reasonably fix on the Dorsal Curvature. It was developed the first, was specially required to give room for the lodgment of the Viscera in the Thorax, and it compensates for and equals the Cervical and Lumbar Curves put together. Moreover, the backward Pelvic curve was wanted to balance the forward projection of the Thorax.

The *Cervical Curve* begins at the Axis and ends at the Second Dorsal Vertebra. It is uniform and its most prominent point is the lower part of the Body of the Seventh Dorsal. The *Dorsal Curve* begins at the Second and ends at the middle of the last Dorsal Vertebra. It is uniform, and its deepest point is at the Seventh Dorsal Vertebra. The *Lumbar Curve* begins where the Dorsal ends, and ends at the last Lumbar Vertebra. It is not uniform, being greater at the lower part. The *Pelvic Curve* is more marked. It forms a large segment of a small circle, but it is rarely uniform, being generally more curved at the lower end.

The Cervical, Dorsal, and Lumbar Curves pass gradually, and almost insensibly into each other, whilst the Lumbar and Sacral Curves are abruptly bounded by the prominent Sacro-Vertebral Angle. In well-proportioned individuals, standing erect, the centre of gravity lies a few lines above the Promontory of the Sacrum in the Sacro-Lumbar Fibro-Cartilage, and will be traversed by the line of gravity of the head. This line passes through the Body of the Axis, the posterior parts of the Bodies of the Cervical Vertebræ, the middle of the second Dorsal, the anterior parts of the Bodies of the Third and Fourth Dorsal, entirely in front of the Bodies of the Fifth, Sixth, Seventh, Eighth, and Ninth Dorsal, through the anterior parts of the Tenth and Eleventh to the middle of the Twelfth Dorsal Vertebræ, and thence through the hinder parts of the Bodies of the Lumbar Vertebræ to the middle of the lower part of the last Lumbar, and so to the centre of gravity in the Fibro-Cartilage. A line drawn through these points will correspond to the united chords of the Cervical, Dorsal, and Lumbar Curves.

The cause of the curve is different in each region. In the Neck the anterior convexity is due partly to the Inter-Vertebral Substances, which are thicker in front, and partly to the tense condition of the Ligamenta Subflava. In the Back the anterior concavity is due entirely to the shape of of the Bodies, which are considerably deeper behind than in front. In the Loins the anterior convexity is due to the shape of the Bodies of the Fourth and Fifth Lumbar, and to the greater depth of the Inter-Vertebral Discs in front.

The physiological import and advantage of these curves have been well illustrated by Sir Charles Bell. "Had the Vertebræ been built up like a lofty column of portions placed correctly and vertically over one another the incumbent weight would have fallen on the centres of the bodies of the Vertebræ, and they would have yielded in a slight degree only. Accordingly, the figure of the italic *S* is given to the Column, which waving line we need not admire because it is the 'line of beauty,' as some have defined it, but because it is the form of elasticity. The Spine being already in a curved shape it bends easily. The pressure is directed upon the margins of the Vertebræ and of the Inter-Vertebral Substances, and they, therefore, yield readily; and by yielding they produce an increase of the curve, a consequent shortening of the whole Column, and admit an easy return to their original places. Suppose we rest the palm of the hand upon a walking-stick which is elastic but perfectly straight, it bears a considerable pressure, and when it does yield it yields with a jerk; but if it be previously bent, however we may increase or diminish the pressure, there will be no shock—the hand will be supported or the cane yield with an easy and uninterrupted resiliency. Such we conceive to be the end attained through the double curvature of the Spine; that the Brain shall receive no shock in the sudden movements of the Body."

The jars to which the Spine is constantly subjected in walking, running, leaping, &c., are distributed equally between the Bones and the Ligaments, instead of being transmitted directly upwards through the Bones alone. The obliquity of the Sacrum, the thickness of the Sacro-Lumbar Disc, and the sharpness of the curve in the lower Lumbar region, all contribute to resolve, counteract, and disperse the force of concussion. A straight Column, as shown by Sir C. Bell, would have received a severe strain in the act of running, and like the mast of a ship in a storm, which snaps at its base and "goes by the board," would have been much endangered at its junction with the Pelvis. By the inclination of the lower Vertebræ forwards "from their foundation on the Sacrum the jar which might have endangered the junction of the lowest piece is divided amongst the five pieces which form the curve. The same thing is seen in the Quadruped; for as the Spine in the Back and Loins lies horizontally and the Neck rises towards the perpendicular, there would be danger of dislocation if the Vertebræ of the Neck rose suddenly and abruptly from the Body; there is therefore at the lowest part of the Neck a sweep or semicircle formed by the junction of several Vertebræ to permit the Head to be erected, a remarkable example of which is seen in the stag."

It is stated on high authority that the curves enable the Spine to bear a heavier weight than if it were straight, and Holden informs us in a note that Rollin and Magendie made it *sixteen* times stronger, although he thinks this must be a mistake. Mivart says, "These gentle curves together form a line of beauty, and give to the Vertebral Column a strength ten times greater than it would have been were it quite vertical." Professor Humphry observes, "The disposition of the Vertebræ in three curves between the Pelvis and the Head enables the Spinal Column to bear a greater vertical weight than it could have done if the Bones had been arranged in a straight line one above the other. This may seem paradoxical and would be untrue if we could regard the part as inelastic, for any inelastic column must clearly be strongest when straight. Practically, however, all columns are more or less elastic, and if pressed by vertical weights first bend and then break. It has been calculated that when a column is just going to bend, the weight sustained is inversely proportional to the square of the length; greater force is therefore required to produce bending in a short column than in a longer one which is equal in breadth and material. Now the Spine consisting of three curves and being elastic must *bend* in three curves (that is, must bend as though it were composed of three short columns) and a greater force, say nine times as much, is required to bend it than if it had been straight, and therefore capable of bending in one curve" (*a*).

Not being a mathematician, I am unable either to verify or disprove this statement that the Spine is nine or ten times stronger in its curved condition. That it is stronger, I do not doubt, but that it is nine or ten times stronger is a view which I regard with much jealousy and suspicion. The points of junction of the three curves, through which the line of any weight borne by the head would pass, must, one would think, be weak points in the Column, even if the curved parts were actually strengthened, and it is difficult

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(*a*) "Osteology," p. 49, and "Human Skeleton," p. 151.

for the unmathematical mind to perceive how the curves can render them stronger.

Mr. Shaw in his article on "Injuries of the Back" in the "System of Surgery," says, "Observation has shown that certain portions of the Column are more frequently the seats of injury than others. Commencing from below the parts referred to are: 1. The Dorsi-Lumbar; 2. The Cervico-Dorsal; 3. The Atlo-Axial regions. It thence appears that the portions most prone to injury are those situated where a flexible joins on to a comparatively inflexible division, and it might be expected that such should be the case. A force directed on a pliant part of the Column will cause it to bend, but on reaching a more rigid part it will fail to do so; instead, therefore, of meeting with a gradual yielding, it will encounter a dead resistance; the force will be concentrated in place of divided, and it will overcome the strength of the material. Sir C. Bell illustrated the point by the breaking of a fishing rod. If the trout fisher in casting a long line snaps his rod in twain, the fracture will take place not in the centre of one of the pieces but near a joint, that is at a part analogous to where the Spine is most liable to be broken." These considerations must make us pause before accepting the doctrine above laid down of the greatly increased strength of the Spinal Column in its curved condition. Nor is it clear how the *elasticity* of the Column causes it to be stronger in its curved form. It is admittedly true that an inelastic or only slightly elastic column is stronger when straight. In what manner then does the elasticity alter ordinary conditions? A more satisfactory solution of this question would be a boon to many.

More obvious advantages of the curves are the greater capacity, and more convenient shape given to the Thoracic and Pelvic Cavities for the lodgment of the Viscera, increase of room in the Neck and Back for the muscles supporting the Head and Trunk, advancement of the air tube so as to render it in emergencies more accessible to the surgeon, more efficient protection to the Spinal Cord during free flexion in the Neck and Loins.

There is still another curve in the Column. On viewing the anterior surface of the Spine a slight deflection of some of the upper Dorsal Vertebræ to one side may be noticed. This *lateral curve* commonly has its convexity to the right, and its concavity to the left. Two chief explanations have been offered. One assigns its occurrence to the greater strength and more vigorous use of the right arm; the other attributes it to the pulsations of the aorta. In favour of the former is the observation made by Béclard that the convexity was turned to the left in a left-handed subject; opposed to the latter is the observation of Otto that the convexity of the curve was to the right in a subject whose aorta arched over to the right and ran down the right side of the Spinal Column. In Cruvelhier's "Anatomy," however, there are related three cases of transposition of the aorta to the right side, in which the convexity of the curve was to the left. M. Jamain has made a similar observation in two cases of transposition (*a*). The deformity known as Lateral Curvature of the Spine results from disproportionate use of the muscles of one side, combined with improper attitudes and want of attention to the conditions of health and strength. The primary curve is regarded my many as an exaggeration of the natural curve to the right in the Dorsal region. It is accompanied and balanced by a compensating curve to the opposite side in the Lumbar region. Some authorities, however, consider the *Lumbar* curve to be the primary curve, and to arise from the habit of lounging and standing on one leg, generally the right leg (*b*). The changes which occur are worthy of attention, and are illustrated by the museum specimens on the table. The Column viewed from the front is curved like the letter *S*. On the convexities of the curves the Bodies of the Vertebræ and the Inter-Vertebral Substances appear enlarged, and the Transverse Processes are separated further from each other. On the concavities the Transverse Processes are approximated, and the Bodies and Discs are diminished by absorption. These changes are accompanied by a rotation of the Bodies of the Vertebræ towards the convexities of the curves, causing the Spinous Processes to point towards their concavities. Some cases of Angular Curvature of the Spine—a disease which you will remember results from caries and loss of substance in the Bodies of the Vertebræ—may be accompanied by a deviation of the Spine to one side, and may be mistaken for Lateral Curvature. The means of distinguishing between the two affections consists in the position of the Spinous Processes. If the Spinous Processes stand out sharply against the skin, you may be sure that the Curvature is Angular, if they are obscured or almost buried in the soft structures on the side of the column you may feel confident that you are dealing with a case of Lateral Curvature (*a*).

The effects of unusual violence applied to the Spine will vary according to its nature and direction, and according to the part of the Spine to which it is applied. Force may be of two kinds, *direct* and *indirect*. *Direct* force is violence applied at the seat of injury; *indirect* force is violence applied at some distant point. The Spine is exposed to direct violence at its posterior aspect, but protected in front. Heavy bodies alighting directly on the spot injured, falls upon some projecting body are examples of direct violence. Under these circumstances the Spine will be driven forward at the seat of injury, the Articular Processes and Arches will probably be fractured, and the Bodies of two of the neighbouring Vertebræ separated from each other by the laceration of the Inter-Vertebral Substance. In the neck, direct violence may cause displacement without fracture (*b*).

As examples of indirect violence, we may adduce falls on the skull, nates, or feet. The Vertical force thus applied will cause crushing of the body of one of the Vertebræ, probably either in some part of the inflexible Dorsal region or near the junction of the Cervical and Dorsal parts of the column. In some cases, however, of falls on the head, it will cause forcible flexion of the Cervical portion of the Spine. Disruption of the Ligaments uniting the Arches, Spines, and Articular Processes will occur, the upper part of the Cervical Spine will be driven forward on the lower, and a partial or complete dislocation will occur either with slight fracture or with no fracture at all. If at the same time the chin descends violently on to the Manubruim, the Sternum will be fractured.

The obliquity of the Articular Processes of the Cervical Vertebræ allows dislocation to occur without fracture, but, so far as I know, no satisfactory case has been published of a pure dislocation in the Dorsal or Lumbar region. The direction and mode of junction of the Articular Processes almost of necessity forbid such a displacement. In reference to the Dorsal region, Hamilton (*c*) well remarks, "A moment's consideration of the Anatomy of these processes will render it apparent that even a partial luxation forwards without a fracture of the oblique apophyses is impossible, and that in the direction backwards the luxation can only occur to the extent of about one quarter of an inch, constituting only a species of Articular Diastasis without breaking off the articulating apophyses of the lower corresponding vertebræ." Of three examples occurring in the experience of Melchiori, and adopted without question by Malgaigne, Hamilton rejects two. The third was a partial displacement of the tenth forwards from the ninth Dorsal Vertebræ.

In conclusion, let me read to you the account of the Spine which Paley gives in his "Natural Theology." Long as the extract is, it is so lucid and interesting that I am unwilling to curtail it. It brings out prominently the main points and objects of the architecture of the column, and will serve as a recapitulation of much that has been stated in this and previous lectures. "The *Spine* or Backbone is a chain of joints of very wonderful construction. Various difficult and almost inconsistent offices were to be executed by the same instrument. It was to be firm, yet flexible (now I know of no chain made by art which is both these, for by firmness I mean not only strength but stability); *firm* to support the

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(*a*) M. Jamain observes—"Cette concavité, d'après Bichat, paraîtrait tenir à l'habitude que l'on a de se servir presque toujours de la main droite. Elle tient plûtot à la présence de la crosse de l'aorte. M. Cruvelhier lui attribue cette dernière origine; il a remarqué que chez les sujets qui offrent une transposition complète des organes, c'est à dire, chez lesquels la crosse d'aorte se trouvait à droite, la déviation avait lieu dans ce sens. Nous avons nous-même constaté ce fait dans deux cas de transposition complète des organes que nous avons observés."—"Nouveau Traité d'Anatomie," p. 116, 1853.

(*b*) See "System of Surgery," Vol. V., p. 860 *et seq.*

(*a*) See Mr. Shaw's article "On Diseases of the Spine" in Vol. IV. of the "System of Surgery," p. 111.

(*b*) A good example will be found in the first volume of the "London Hospital Reports," p. 187, in a case under Mr. Adams.

(*c*) "Fractures and Dislocations," p. 515, first edition.

erect position of the body; *flexible* to allow of the bending of the trunk in all degrees of curvature. It was further, also (which is quite a distinct purpose from the rest), to become a pipe or conduit for the safe conveyance from the brain of the most important fluid of the animal frame, that, namely, upon which all voluntary motion depends, the Spinal Marrow, a substance not only of the first necessity to action, if not to life, but of a nature so delicate and tender, so susceptible, and so impatient of injury as that any unusual pressure upon it, or any considerable obstruction of its course is followed by paralysis or death. Now the Spine was not only to furnish the main trunk for the passage of the Medullary substance from the brain, but to give out in the course of its progress small pipes therefrom, which being afterwards indefinitely subdivided, might, under the name of nerves, distribute this exquisite supply to every part of the body. The same Spine was also to furnish another use, not less wanted than the preceding, viz., to afford a fulcrum stay or basis (or more properly speaking a series of these) for the insertion of the muscles which are spread over the trunk of the body, and likewise to furnish a support for the ends of the Ribs to rest upon.

Bespeak of a workman, a piece of mechanism which shall comprise all these purposes, and let him set about to contrive it, let him try his skill upon it, let him feel the difficulty of accomplishing the task before he be told how the same thing is effected in the animal frame. Nothing will enable him to judge so well of the wisdom which has been employed. Nothing will dispose him to think of it so truly. First for the firmness yet flexibility of the Spine, it is composed of a great number of bones (in the human subject of twenty-four) joined to one another and compacted by broad bases. The breadth of the bases upon which the parts severally rest, and the closeness of the junction give to the chain its firmness and stability; the number of parts and consequent frequency of joints its flexibility. Which flexibility, we may also observe, varies in different parts of the chain, is least in the back where strength more than flexure is wanted, greater in the loins which it was necessary should be more supple than the back; and greatest of all in the neck for the free motion of the head. Then secondly, in order to afford a passage for the descent of the Medullary substance, each of these bones is bored through in the middle in such a manner as when put together the whole in one bone falls into a line and corresponds with the holes in the two bones contiguous to it; by which means the perforated pieces when joined form an entire close uninterrupted channel, at least while the Spine is upright and at rest. But as a settled posture is inconsistent with its use, a great difficulty still remained, which was to prevent the Vertebræ shifting upon one another so as to break the line of the canal as often as the body moves or twists, or the joints gaping externally whenever the body is bent forward, and the Spine thereupon made to take the form of a bow. These dangers which are mechanical are mechanically provided against. The Vertebræ, by means of their processes and projections, and of the articulations which some of these form with one another at their extremities, are so locked in and confined as to maintain in what are called the bodies or broad surfaces of the bones, the relative position nearly unaltered, and to throw the change and the pressure produced by flexion almost entirely upon the intervening cartilages, the springiness and yielding nature of whose substance admits of all the motion which is necessary to be performed upon them without any chasm being produced by separation of the parts. I say of all the motion which is necessary, for although we bend our backs to every degree almost of inclination, the motion of each Vertebra is very small, such as the advantage we receive from the chain being composed of so many links, the Spine of so many bones. Had it consisted of three or four bones only, in bending the body the Spinal Marrow must have been bruised at every angle. The reader need not be told that these intervening cartilages are gristles, and he may see them in perfection in a loin of veal. Their form also favours the same intention. They are thicker in front than behind, so that when we stoop orward the compressible substance of the cartilage, yielding n its thicker and anterior part to the force which squeezes it, brings the surface of the adjoining Vertebræ nearer to the beings parallel with one another than they were before, instead of increasing the inclination of the planes, which must have occasioned a fissure or opening between them.

Thirdly, for the Medullary Canal giving out in its course, and in a convenient order, a supply of nerves to different parts of the body, notches are made in the upper and lower edge of every Vertebra, two on each edge equidistant on each side from the middle line of the back. When the Vertebræ are put together, these notches, exactly fitting, form small holes through which the nerves at each articulation issue out in pairs in order to send their branches to every part of the body, and with an equal bounty to both sides of the body. The fourth purpose assigned to the same instrument is the insertion of the bases of the muscles and the support of the ends of the ribs; and for this fourth purpose, especially the former part of it, a figure specifically suited to the design and unnecessary for other purposes, is given to the constituent bones. Whilst they are plain and round and smooth towards the front where any rough projection might have wounded the adjacent Viscera, they run out behind and on each side into long processes, to which processes the muscles necessary to the motions of the trunk are fixed, and fixed with such art, that whilst the Vertebræ supply a basis for the muscles, the muscles help to keep these bones in their position, or by their tendons to tie them together.

That most important, however, and general property, the strength of the compages, and the security against luxation was to be still more specially consulted; for where so many joints were concerned, and where, in every one, derangement would have been fatal, it became a subject of studious precaution. For this purpose the Vertebræ are articulated, that is the moveable joints between them are formed by means of those projections of their substance which we have mentioned under the name of processes, and these so lock in with, and over-wrap one another, as to secure the body of the Vertebra not only from accidentally slipping, but even from being pushed out of its place by any violence, short of that which would break the bone. I have often remarked and admired this structure in the chine of a hare. In this, as in many instances, a plain observer of the animal economy may spare himself the disgust of being present at human dissections, and yet learn enough for his information and satisfaction by even examining the bones of the animals which come upon his table. Let him take, for example, into his hands a piece of the clean-picked bone of a hare's back, consisting, we will suppose, of three Vertebræ. He will find the middle bone of the three so implicated by means of its projections or processes with the bones on each side of it, that no pressure which he can use will force it out of its place between them. It will give way neither forward nor backward, nor on either side. In whichever direction he pushes he perceives in the form, or junction, or over-lapping of the bones an impediment opposed to his attempt, a check against dislocation. In one part of the Spine he will find a still further fortifying expedient in the mode according to which the Ribs are annexed to the Spine. Each Rib rests upon two Vertebræ. That is the thing to be remarked, and anyone may remark it in carving a neck of mutton. The manner of it is this: the end of the Rib is divided by a middle ridge into two surfaces, which surfaces are joined to the bodies of two contiguous Vertebræ, the ridge applying itself to the intervening cartilage. Now this is the very contrivance which is employed in the famous iron bridge at my door at Bishop-Wearmouth, and for the same purpose of stability, viz., the cheeks of the bars which pass between the arches ride across the joints by which the pieces composing each arch are united. Each crossbar rests upon two of these pieces at the line of junction, and by that position resists at least in one direction any tendency in either piece to slip out of its place. Thus perfectly by one means or the other is the danger of slipping laterally or of being drawn aside out of the *line* of the back provided against; and to withstand the bones being pulled asunder longitudinally, or in the direction of that line, a strong membrane runs from one end of the chain to the other sufficient to resist any force which is ever likely to act in the direction of the back or parallel to it, and consequently to secure the whole combination in their places. The general result is that not only the motions of the human body necessary for the ordinary offices of life are performed with safety, but that it is an accident hardly every heard of that even the gesticulations of a harlequin distort his spine." Add to the foregoing description the structure of the Inter-Vertebral Discs, the modifications of the Vertebræ in different regions according to the amount and kind of motion to be permitted between them, the curves of the Spine conferring elasticity, strength, and protection against shocks, the varying size of the Spinal Canal, the admirable mechanism of the Atlas and Axis, and the adaptations of the Spinal Column throughout the whole range of the Vertebrate kingdom to the special mode of life and the necessities of each animal; and it is impossible to rise from such a study without a profound sense of the operation of superhuman wisdom and power. In each class of animals, in each individual member of each class, the Spine is perfect in its kind, it is completely suited and adjusted to the conditions of existence.

There is, in truth, a fundamental idea or conception underlying the structure of the various classes of Vertebrates, but adaptation to the purpose of life is the key to the composition of each variety. This was the great fact which was recognised by Cuvier, who laid it down as an axiom that answerable parts occurred wherever similar functions were performed. Not satisfied with Cuvier's conclusions, and adopting the views of Oken as to the formation of the skull by the junction of four modified Vertebræ, Professor Owen laid increased stress on that idea of unity of design, which every anatomist admits. "To demonstrate," he says (*a*), "the evidence of the community of organization, I found that the artifice of an Archetype Vertebrate animal was as essential as that of the Archetype plant had been to Goethe in expressing analogous ideas, and as the like reference to an ideal type must be to all who undertake to make intelligible the 'unity in variety' prevading any group of organisms." To this principle he added another which he called the principle of irrelative repetition. "The demonstrated constitution of the Vertebrate Endo-Skeleton as a series of essentially similar segments, out of which as a corollary came the power of enunciating not only special but serial homologies, appeared to me to illustrate the law. The recurrence of similar segments in the Spinal Column, and of similar elements in a Vertebral segment struck me as analogous to the repetition of similar crystals as the result of polarizing force in the growth of an inorganic body." In some sense no doubt there is an analogy, but the term "irrelative repetition" as applied to the human body, is certainly most unhappy. There is no such thing as *irrelative* repetition. Wherever there is repetition it is all *relative*. It is related exactly to the functions to be performed. No two Vertebræ, no two Ribs on the same side of the body are exactly similar to each other; each is modified according to its position and use. The "artifice of the Archetype Skeleton" is marred by the "irrelative repetition" which pervades its trunk, and places it low in the scale of being. Useful as the Ideal Vertebra and Archetype Skeleton may be for the purposes of educational diagrams, and much as we admire the ability of construction and exposition, the labours and learning of Professor Owen, let us not be seduced into the reception of any "creature of reason" (*b*) as the original type and pattern of the Vertebrate creation. Discarding such phrases as "irrelative repetition," let us read each part by the light of its use in the economy, and see if there be anything in its construction superfluous or wanting. Each part we shall find is perfect and answerable to its end. The tail is no less perfect than the head. It would be imperfection in the Skull to be made like the Coccyx, and it would be imperfection in the Coccyx to be made like the Skull.

Throughout the chain of Vertebræ no segment is repeated unnecessarily or modified for any other object than adaptation to its office. The apparent degeneracy of the lower segments do not follow any law of imperfection on recession from a centre any more than they support the phrase "irrelative repetition." The Vertebral Column is a perfect structure, both as a whole and in its separate parts, in each and every Vertebrate animal. It stands unrivalled by any work of human skill, and regarded in its terminal connections, its perfection at all points, and its position as the battle ground of contending views, it may, indeed, with truth be said in more senses than one, "to point a moral and adorn a tale."

(*a*) "Comparative Anatomy and Physiology of Vertebrates," Vol. III., p. 788.

(*b*) "After years of inductive research and comparison Professor Owen has eliminated the 'pattern' or perfect typical Vertebra. He has gone further still. By comparing the bones of one animal with those of another throughout the entire series, and guided by the light of reason, he has constructed the 'Archetype Skeleton' *the creature of reason*, which may be referred to as the common pattern for the skeleton of every Vertebrate animal." Holden, "Human Osteology," p. 260. Possibly the Archetype might be termed "the feast of reason" without "the flow of soul."

Scraps from the Editor's Table.

THE BLOOD IN PHTHISIS.

THE *Cincinnati Medical News* for January contains a paper upon this subject by A. P. Dutcher, M.D., Cleveland, Ohio.

After expressing his views concerning the nature of the blood and its constituents, the latter considered under the heads of "corpuscles, fibrin, albumen, dissolved animal matter, and salt," the author arrives at the following conclusions :—

1. That there is a decrease in the red corpuscles, and a slight excess of the white.
2. That there is an increase of the fibrine, and a deficiency of its vitality.
3. That the albumen is in excess as to amount, but depraved in quality, and unfit for the elaboration of healthy fibrin.
4. That there is an increase of dissolved animal matter, and a diminution of saline matter.
5. That there is a reduction of its specific gravity, and an increase of its watery particles.

SUDDEN DEATH FROM SCARLATINAL EMPYEMA.

IN the *Canada Medical and Surgical Journal* for February, we are furnished with the account of two cases of scarlatinal empyema. One patient, John, was 5 years old, the other, his brother William, was only 3. The latter at first seemed to derive benefit from the treatment adopted, but as no amendment had taken place in John, it was decided to endeavour to relieve him by thoracentesis. This was performed, and a gush of pus, to the amount of twenty-two ounces immediately took place. In two hours afterwards, twenty-two ounces more were removed. The operation was repeated at intervals during the next three weeks, in which time 136 ounces were drawn off. He lived for twelve years afterwards, but was not able to do anything more than assist his mother in any light work about the house. He died of enlarged heart and general dropsy. His little brother, not improving in health as he at one time gave promise of doing, was to have been operated on, and Dr. Sheriff went to where he lived for the purpose of performing the operation. The little fellow insisted on sitting up to breakfast with the doctor, when he "ate some custard greedily, and drank some of the liquid part which remained. He also partook of tea." "Before," says the doctor, "I had finished breakfast, he asked to be put into his cradle, and then into his bed, and to be raised up. In about five minutes after finishing his breakfast I observed him suddenly become pale, and his head dropped on his breast. I ran to him, lifted him in my arms and laid him on his bed. A dark flush shot rapidly over his face, and he expired." At the *post-mortem* examination it was found that the left "lung was entirely absorbed, scarcely a vestige remaining; pleura slightly thickened; the heart lying on the right side, and the pericardium full of serous fluid. Stomach was much distended, the pressure of which was probably the cause of his death, he having eaten so heartily a few minutes before." In addition to the above, "*a little over fifty ounces of matter were removed.*"

CHILD-BEARING UNDER DIFFICULTIES.

IN the same journal an account is given of a woman who had been suffering from paraplegia for six years, or since the birth of her last child, and who consulted Dr. McCurdy, concerning a large calculus which was impacted in the urethra. This was removed by the combined operations of dilating and c[illegible] she was permanently relieved thereb[illegible] part, however, of the history of this c[illegible] "she was suffering from all the usual symptoms of paraplegia, such as loss of sensation and motion in the lower extremities, incontinence of urine, fæces, &c.," she was found to be *again pregnant*, and *within six weeks of her confinement*. In due time she was delivered of a fine healthy child, and her own condition appeared to be improved by the child-bearing.

TREATMENT OF FEVER BY THE COLD BATH.

IN the *St. Louis Medical and Surgical Journal* for January we have a continuation of a translation of a work by Prof. C. Leibermeister, of Tübingen, on "the Treatment of Fever." The plan of treatment advocated by the Professor is chiefly that of the cold bath. The theory of the action of this remedy appears to be, in brief, that cold applied externally causes increased heat internally, and that this is got rid of by means of an increase in the production of carbonic acid by exhalation. To be of real benefit, however, the external application of cold must be somewhat prolonged, and repeated rather frequently. "If you pour cold water upon a person in fever-heat, he is evidently benefited by this violent procedure, he will be something better. But the fever is not overcome permanently, or for a longer time, as some observers expected. Mostly after the lapse of a few hours, his condition is the same as before; and even if they had concluded to apply this unpleasant procedure daily it could have had no perceptible influence upon the course of the disease."

"Some physicians" (the Professor himself included), "fell into the error of believing that it was already a very serious affair to subject a patient to this rather violent procedure; only in exceptional cases have we dared to give a cold bath twice a day, and these baths were mostly not as cold as they should have been." Bartels and Jürgensen, of Kiel, were, however, much bolder in their practice, and showed that "in a majority of cases cold baths can be employed without any danger as often as necessary, that is, as often as the inner temperature transgresses a certain boundary."

"It is everywhere experienced that great successes are then only gained, when day and night the temperature is controlled, and the cold bath employed as often as the temperature requires."

Dr. Sangrado, representing the type of practitioners in his day, is reported to have adopted the hot water cure and phlebotomy for patients suffering from all diseases of a febrile nature, and, if truly reported, considered that if his patients died, it was because they had not been bled enough, or swallowed a sufficient quantity of hot water. Professor Leibermeister appears to go to the other extreme, and seems o consider that, if a patient dies from any form of fever, it would probably be from want of a sufficient application of cold water. He says "there are generally necessary from four or ix to eight cold baths in twenty-four hours. In severe cases may be necessary to bathe twelve times in twenty-four ours. I have treated some cases of typhus where the number f baths exceeded 200 during their illness. They were extra-rdinarily obstinate cases, that in consequence of the fever, *rely would have been fatal, if a less energetic treatment had en instituted.*" The italics are our own. The day is probably r off when such "energetic treatment" will be followed by ritish practitioners, or submitted to by British patients.

The temperature of the baths employed is 68° F., or less. The duration of the bath, as a rule, ten minutes," and it is dmitted that "a much longer time is, for the patient, mostly ry unpleasant, and might possibly lead to bad consequences." The relative value of, and the occasions for resorting to, other ti-pyretics, such as "cold effusions," "wrapping in cold eets," "cold ablutions," "cold drinks, by swallowing ice, using cold enemata, &c.," are considered, as also is the use digitalis, veratria, &c., as adjuncts in the treatment. It is, however, unnecessary to enter upon these, as any person who thinks seriously of carrying out the Professor's views in practice, would, of course, obtain information direct from the fountain head.

Abdominal typhus is the disease in which the baths have been most frequently resorted to, but the efficacy of the treatment is by no means confined to this disease. It comprises all diseases in which the danger lies especially in the fever, and very little depends upon the local disturbance, as, for instance, abdominal and exanthematic typhus, scarlatina, &c. Again, "so, for instance, are the results very favourable in treating the severe cases of pneumonia designated as typhus, bilious, or asthenic, perseveringly with cold water; we diminish by it the mortality considerable, if even not in the same proportion as typhus, as I can state from my own experience, after having treated more than 200 cases of pneumonia in this manner."

The results given of the practice may be briefly stated. With indifferent treatment, by which, it may be supposed is meant the ordinary plan, the mortality was, in 1860-64, 25·7 per cent. treated. From September, 1866, to end of 1870, the mortality out of 845 cases was only 64, or 7·6 per cent.

PRESSURE ON THE CAROTIDS TO CONTROL INTER-CRANIAL CIRCULATION.

THE same journal contains an article in which the author, after pointing out the ease with which the remedy can be applied, says:—"I have succeeded in relieving a great many cases of violent headache, a convulsion or fit in a young man. But the stronger proof of its value as a remedial means was afforded in the case of a boy, 11 or 12 years old, who had been very dangerously ill for several days, with what was supposed to be congestion of the brain. He had had several convulsions, and had been perfectly blind since his illness began. . . When I examined him the symptoms were of such a peculiar nature that I was utterly at a loss as to what I should do, in which unpleasant condition of my own mind, the above idea occurred to me, and I hardly got my fingers well firmly fixed when he told me that his headache (which I neglected to mention with the other symptoms) was better, and within less than five minutes, I think, his sight had perfectly returned, he was free from all pain and uneasiness, and continued to recover rapidly without *any medicine.*"

THE UNIVERSALITY OF TRADE ROGUERY.

THE Superintendent of Police at Dundee recently caused a number of articles of daily food sold in the shops of the town to be analysed, and from this report it appears that, out of eighteen samples of tea, some of them purchased from the largest tea warehouses in Dundee, there was not one sample of them which was not more or less adulterated with Prussian blue, black-lead starch, turmeric, carbonate of lime, china clay, and terra alba, one or more of these articles. Out of five samples of coffee there was not a pure sample, but all were mixed with chicory. Of four samples of cocoa there was no sample unmixed with starch and sugar. Of four samples of flour none were pure, all being more or less mixed with alum. Of four samples of bread none were unmixed with alum. Of four samples of butter none were unadulterated, all being more or less mixed with fat.

EFFECT OF CLIMATE ON WOUNDS.

DR. FALK, of Berlin, as quoted in the *Philadelphia Medical Report*, has recently shown that certain regions appear especially favourable to the healing of wounds, viz.: In Africa, Egypt, Tunis, Algiers, and certain parts of the West coast and of the South; in Asia, the slopes of the Himalaya, and Bengal; in America, California, Guiana and Brazil; in Australia, certain parts of the main-land and some of the neighbouring islands. This favourable condition Dr. Falk believes to depend less on race than on climatic circumstances; but what these circumstances are, it is difficult to say. Uniformity of temperature, dryness of the air, and elevation, are important elements. The sanitary reports of the British army show that pyæmia and septicæmia are less and less frequent towards the tropics, and are entirely absent under the equator.

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Correspondence.

CASES IN COUNTRY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your last issue appears a communication from my friend and former apprentice, Dr. Murdoch, which, from its sound practical character, interested me much, and in which the reference to myself gave me great pleasure, inasmuch as he attributes to my suggestions—now made some time since—the appearance of his present instructive paper. I am indeed pleased that my words should have fallen on such good soil, and would earnestly impress on my brethren in the provinces the propriety of their occasionally following the good example set them by Dr. Murdoch, and set them also not long since by my old and valued friend, Dr. Smith, of Donaghmore. I use advisedly the word "occasionally," for I know well the many varied and exhaustive calls on the time and energies of the provincial practitioners, but I also am aware of the rich character of the soil which they cultivate, and of the skill and conscientiousness which they bring to bear on its culture; and more than once have I had occasion to regret that cases full of practical interest have been lost to science through diffidence on the part of the attendants unfortunately inducing them to neglect recording them. Respectfully, therefore, through your columns, Sir, would I urge upon the consideration of our provincial brethren the duty which they owe us here in the metropolis of placing on record from time to time the more interesting of the cases which they meet with in their practice, and I feel assured that such contributions will tend materially to raise the character of Irish Medicine and Surgery.

I have the honour to remain, Sir,
Your obedient servant,
Rawdon Macnamara.

95 Stephen's Green, Dublin,
April 12, 1873.

[It is hardly necessary for us to say that we most heartily endorse Professor Macnamara's appeal to his provincial brethren, to whom, we believe it will be acknowledged, the columns of the Medical Press and Circular have always been readily accessible.

The hesitancy of country surgeons to make public their experience and practice is a veritable *mauvaise honte*. They entertain a very unnecessary apprehension that their cases may not be up to the level of the most modern scientific surgery, an impression which the character of their contributions published from time to time in our columns affords a complete refutation. Many such communications we have no hesitation in placing side by side with the contributions of any metropolitan surgeon, and we shall be glad to see that department of the Medical Press effectually reinforced.—Ed. M. P. & C.]

THE DIAGNOSIS OF BRAIN INJURIES FROM DRUNKENNESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your remarks on the above subject in your issue of this date are suggestive of very important practical consideration. The difficulty of diagnosis consists, not so much in distinguishing between the symptoms of drunkenness and the symptoms of cerebral lesion arising spontaneously, or from injury, as in deciding how far certain symptoms exhibiting themselves during drunkenness have been reinforced by indirect or superadded cause. In the one case, to discriminate is often difficult; in the other, to decide almost impossible. The most acute perception cannot penetrate mixed cases. A drunken man may be seized with apoplexy, or, if he get a blow on the head, fracture, or concussion, or sanguineous effusion on or into the substance of the brain may be produced; yet the alcoholic stupor will so mask all evidences, as to leave the surgeon in the dark, save so much as he can learn from manipulatory examination of the head. Before a satisfactory conclusion can be drawn, a reasonable time must be allowed for the subsidence of alcoholic effects.

Hence, I hold it to be a sound practical rule in all cases of drunkenness—especially where there is a probability that the head has sustained injury—to suspend judgment, and refrain from giving an opinion until some hours have elapsed. Whether in a medico-legal point of view, or as a fair measure of justice to the individual, this is a prudent course to adopt. As I write an illustrative case occurs to my mind.

Some years ago a woman was brought to Steevens' Hospital in a semi-comatose state. She had all the appearance of being drunk, and that she had taken largely of whiskey was clearly established by the smell of her breath and the statement of her friends. But it seemed that on rising after her deep potations she staggered and fell, striking her head against the edge of a table. A small contusion was discoverable over the occiput. After being put to bed the respiration became more stertorous, and at the end of twelve hours from her admission she expired.

At the *post-mortem* examination, on the dura-mater being slit, the most extensive intra-cranial extravasation of blood I ever witnessed presented itself. The left hemisphere of the brain was, so to speak, effaced, resembling the pathological change consequent on the very acute ramolissement of young children, where the brain matter is almost liquefied and mixed with blood.

The occurrence which has prompted your useful remarks does not, in my opinion, reflect any discredit on any of the officials of Jervis-street Hospital. The case may fairly be put amongst those of *deferred cerebral lesion*. How often does it occur for a man to be knocked down in a drunken brawl, and to give no evidence of brain injury for several hours afterwards? Had the man brought to Jervis-street Hospital been so unconscious from the effects of drink as not to be his own master, no doubt he would have been detained in that institution. Certainly, surgeons cannot be too cautious; but they are not always permitted to exercise their caution.

I remain, Sir, truly yours,
Samuel G. Wilmot.

Dublin, April 9, 1873.

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NOTES ON THE
NEW MEDICAL WARRANT.

Recognising the impossibility of carrying on the Army Medical Department in its present stagnant condition, the Secretary of State for War, advised by the Director General of the Army Medical Department, has promulgated a warrant which completely changes the principle upon which that department has hitherto been based.

Of the sincerity of the efforts of these high officials for the advancement of the Medical Service, there can of course be no question, it is, therefore, all the more allowable to enquire into the results which will probably attend their labours.

The abolition of the title "Assistant Surgeon" is a graceful concession to sensitive members, who, as they advanced into middle life, still occupying the most junior grade of the department, were unwilling that their misfortune should be proclaimed to the outside world by a distinctive appellation, but the substitution of the word "Surgeon" for Assistant Surgeon" leaves, in all other respects, its possessor in exactly the same state as regards rank, pay, and position in which he had grown old before the new scheme.

With reference to the promotion of Medical Officers, the Secretary of State admits that the limit of service which ought legitimately to be exacted in the junior grade is *fifteen years*, while he, at the same time, objects "to make an absolute condition" of promotion on the completion of that time—thus the prospects of the juniors are as indefinite as ever. Demi-official rumour announces the coming promotion of eighty Surgeons, and upon this is grounded a belief that the stagnation will be relieved; however, as the issues of much greater projects have been of late years worked out on paper long before the incidents came to pass, it is not difficult, by the application of the Rule of Three, to demonstrate the precise results of this move. Under the old *regime* the total number of Surgeons and Surgeons-Major amounted to 336, and the average rate of vacancies occurring amongst them for the last five years has been less than twenty annually. When the augmentation by eighty has been made, there will be 416 stilled placed under exactly similar circumstances as before, without an additional inducement or compulsion to retire, and, therefore, the increase of vacancies must be in direct proportion as 336 : 416 :: 20, obviously 24; but during the present year, the remaining thirty-three of those who joined in 1858 will have completed fifteen years' service, and, since even at the quickened rate, only eighteen vacancies can occur in the ensuing nine months, it is evident that fifteen must remain unpromoted.

At the conclusion of 1874, the fifty-one Surgeons whose commissions date from 1859, will have fulfilled their fifteen years, which will give a surplus over the annual twenty-four vacancies of twenty-seven unpromoted, making by that time a total of forty-two, and in the same manner must each succeeding year overlap—swelling the number of those, who, under the new warrant, are to be deprived of the increase of £45 7s. 6d. a year previously allowed after fifteen years' service.

It cannot, therefore, be claimed for this warrant that it deals with the block in promotion, but merely that it postpones the question for a year.

Of the actual curtailments of previously enjoyed rights, the enactment that "forage shall be granted to officers of the A. M. D. for such number of horses as are necessarily kept by them for duty," is the most serious. It would be ridiculous to assume that now, for the first time, has it been discovered that a horse is not required for the practice of Medicine and Surgery in a Military Hospital, and not to admit that its possession has always been conceded as an allowed appendage of the Surgeon's rank; the future regulation, however, under which the claim of a Medical Officer to a horse is to rest on its being indispensable for his duty, renders Forage Allowance an intermittent income, during the intervals of which a Medical Officer must either continue to maintain the horse at his own expense, or be prepared to buy and sell in accordance with the fluctuations of duty.

Of scarcely less importance is the repeal of the rule of choosing quarters according to date of commission, a privilege which, in the case of Surgeons-Major over twenty-years' service has been directly revoked by regulation, and, in those under twenty years, has been annulled by compelling them to take rank in regimental seniority, when they are only allowed a five years' tenure of such appointments.

It appears but a trifling matter that a Medical Officer should be allotted one room instead of another in a building where all were constructed on the same plan, but it is a subject of no slight moment whether he, when married and supporting a family on his pay, should have the first claim to draw odging allowance, or should continue to pay for his lodging without receiving the benefit of that priority to which he is ustly entitled.

In conclusion, the sudden and arbitrary removal of Medical Officers from their regiments without any regard to the established rights of tenure conferred by the gift of Her Majesty's commission, and heretofore enjoyed in common with all other officers, is an act which can only awaken the most bitter feelings of dissatisfaction in the minds of the sufferers, who will go forth to work under the new system with a depressing sense of the hardship inflicted on them.

If the Medical duties of a regiment, together with the attendance on women and children in detached localities, the visiting of cells and inspection of prisoners, the book-keeping and correspondence be not sufficient occupation for two Medical Officers, then the overlooking of this by a succession of Director Generals during their terms of office has already permitted considerable pecuniary loss to the state, but if the proposal to attach one Medical Officer for five years to a regiment be merely an experiment, it seems a pity to throw the majority of the working class of the department into a ferment of discontent by the abrupt execution of a tentative measure.

As to the effect of this scheme on the Surgeons who as juniors, must be the victims, it will entail on them not only the grievous wrong of separation from their adopted regiments, with forfeiture of all previously paid subscriptions and expenses, but a further pecuniary loss, which may give rise to material privations.

Placed upon a General Staff, and liable, up to promotion, which is equivalent to a period gradually lengthening from fifteen to twenty years, to transfer at a moment's notice from any part of Great Britain to another, a married Surgeon may be compelled, on an income which can never exceed £273 15s. 0d. a year, to defray the travelling expenses of his family, and bear the incidental losses of moving so often, as to leave him with a balance for subsistence which he could more easily have earned as a second-class mechanic.

As to the influence of the new order of thing on the younger members of the department, they will be debarred from the civilising education of a regimental mess, excluded from the opportunities of mixing in good society which participation in regimental invitations heretofore gave them, and located in General Hospitals, where, their senior colleagues being for the most part married, they will thus be left to their own devices, and will carry into the practice of maturer years, the habits and manners of Medical Students.

Of the questions which must arise out of the operation of this warrant, the first will, of course, be that of compensation for the fifty days' pay which each Medical Officer was *compelled* by regulation to contribute to the Mess and Band of the Regiment ment to which he was gazetted, also for the twenty days' pay a year which was, for the same purpose, deducted from him during his service in that regiment, and again for the expense of change of uniform; and since the sums interchanged between combatant Officers as Over Regulation Money, although voluntary, have been very justly made in admitted charge against the Public Revenue, Parliament cannot consistently refuse the claims of men who have nothing to live by but their profession, to be repaid on the cancelling of their commissions, those sums which they were compelled to disburse, that they might, in the first instance obtain, and subsequently continue to hold those commissions.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Subscriptions for the past year are now due, and will be thankfully received by the publishers. For England: A. A. Tindall. Ireland: A. H. Jacob. Scotland: Maclachlan and Stewart.

Mr. Fowler, M.P., has fixed the 21st of May for the second reading of his Bill for the Repeal of the Contagious Diseases Acts, on which day Sir John Pakington is expected to shelve the Bill, with a motion "that it be read this day six months."

L.R.C.P.—If possible, the week after next.

Mr. Henry B.—The Reports were concluded in our last. We cannot re-open the question in the present crowded state of our columns.

Aerated Water.—In reply to the query of a Correspondent in a recent Number, another has kindly proffered the subjoined reply. Speaking of the article in question, he says:—"It is preferable to other (similar) waters in febrile waters. It allays thirst, checks nausea, and is considered to possess diaphoretic, and also diuretic properties. It is also charged with carbonic acid."

METHYLENE ETHER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am distressed to find that you summarily dismiss methylene ether as a dangerous anæsthetic on the few cases narrated by Mr. Brookhouse, House Surgeon to the Nottingham Eye Infirmary. I can assure you that I am using it almost daily, that I never find the pulse sink, and that my patients are far more rarely sick than with either ether or chloroform. Mr. Brookhouse must have made some mistake either in the method of administration or in giving the wrong stuff.

Methylene ether is incomparably the best anæsthetic I have yet seen.

Yours, &c.,

LAWSON TAIT, F.R.C.S., L.R.C.P.

Dr. C. KIDD, London.—When we admitted your last letter it was under the promise that no further correspondence upon the subject would ensue. Since then you have forwarded two letters for insertion, and as they contain nothing which has not been already said, we must again decline to re-open the discussion.

COMMUNICATIONS, with Enclosures, &c., have been received from—Her Grace the Duchess of Somerset. Sir Dominic Corrigan, Bart. Dr. Macnamara, Torquay. Dr. Jennings, Calpella, California. Dr. Pasquelin, Paris. Mr. Ludlow Roots, Kingston-on-Thames. Dr. Cornish, Modbury. Mr. J. Birchenall, Macclesfield. Mr. Alfred Haviland, London. Dr. E. Thomson, East Woodhay. Dr. Phillips, London. Mr. Teevan, London. Dr. J. R. Wolfe, Glasgow. Mr. T. D. Duryer, Roscrea. Dr. Harris, Redruth. Mr. Bremridge, London. Prof. Road, New York. Dr. Mathews, Bury St. Edmunds. Mr. Warner, East London Hospital. Dr. Parker, Lyndhurst. Mr. J. J. Neville, Chorley. Mr. Pearson, Abbotsbury. Mr. Oliver, Croydon. Mr. Keir, London. Mr. Appleton, New York. Mr. Bell, Edinburgh. Dr. Burke, Hatfield. Dr. Dixon, Wallington. Dr. Black, Edinburgh. F.R.C.S., Manchester. Mr. Norton, London. Dr. Cousins, Newport. Dr. Mitchell, London. Mr. T. Morson. Dr. Boreham, Abbotsbury. Dr. Nathan Allen, Lowell, America. Mr. Tichborne, F.C.S., Dublin. Dr. Griffiths, Dublin. Dr. Morgan, Dublin. Mr. Blackley, Manchester. Dr. Spackman, Harpenden. Dr. Beach, Cheltenham. Dr. Bryant, Bristol. Mr. G. W. Shackleford, Husbands Bosworth. Mr. W. H. Hatfield, Dewsbury. Dr. B. F. Dawson, New York. Mr. S. S. Forster, Worcester. Dr. Stott, Disley. Dr. O'Neill, Lincoln. Mr. C. P. Symonds, Ormskirk. Dr. Mulligan, Aberscychan. Mrs. Baines, London. The Secretary of the Society for Prevention of Cruelty to Animals.

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VACANCIES.

Charing Cross Hospital. Surgical Registrar. Application by the 23rd.

Westminster Hospital. Assistant Surgeon. Honorary.

Liverpool Southern Hospital. Junior House-Surgeon. Salary 80 guineas, with board and residence. Applications to the Treasurer.

Farringdon Dispensary, London. House-Surgeon. Salary £100, with residence, coals, &c. Address Mr. S. Green, 10 St. Swithin's Lane, E.C.

Malton Union, Yorkshire. Medical Officer. Salary £70 per annum, with extra fees. Applications to Mr. Samuel Walker.

Owen's College, Manchester. Professorship of Physiology in the Medical Department. Communications to be addressed to J. G. Greenwood, Esq.

Glasgow, Parish of. House Surgeon to the Poorhouse at Barnhill. Salary £300 per annum, with residence. Applications to the Chairman of the House Committee.

Ely Union, Rural Sanitary District. Medical Officer of Health. Salary £150 per annum. Applications, with testimonials, to G. S. Claxton, Esq., Ely.

Buckingham Infirmary, Aylesbury. Resident Surgeon. Salary £80, with board. Applications to the Secretary at the Infirmary.

Royal Infirmary, Liverpool. Medical Superintendent. Salary £200 per annum, with board and residence. Applications to E. Gibbon, Esq.

Dudley Dispensary. Resident Medical Officer. Salary £105 per annum. Applications to Thos. Sheppard, Esq., Dudley.

Warneford Hospital, Leamington. Physician. Honorary.

Royal London Ophthalmic Hospital. Clinical Assistants and Ophthalmic Dressers. These appointments must be held for one year certain.

Dundee Infirmary. Resident Medical Assistant. Honorary.

Rural Sanitary Districts of Westmoreland. Medical Officer of Health, at a salary of £600 per annum, inclusive. Applications to be addressed to Mr. C. G. Thomson, Kendal.

Halifax Union, Yorkshire. Medical Officer of Health. Salary £600 per annum. Address the Clerk of the Union, Halifax.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Hereditary Influence in the Improvement of Stock. By Dr. Nathan Allen. Lowell, U.S.A.

Annual Report of the Sussex County Lunatic Asylum, with Appendix of Clinical Notes by the Medical Officers.

University Oars. By John E. Morgan, M.D., M.A. London: Macmillan and Co.

Exercise and Training. By R. J. Lee, M.A. London: Smith, Elder, and Co.

Dental Caries and its Causes. By Drs. Leber and Rottenstein. Translated by Dr. T. H. Chandler, Philadelphia.

Mysteries of the Voice and Ear. By Professor Road. London: Trübner.

Conjunctival Transplantation. By J. R. Wolfe, M.D.

Manual of Chemical Analysis. By Frederick Hoffman, Ph.D. New York: Appleton and Co.

The Treatment of Whooping-Cough with Quinine. By B. F. Dawson, M.D. New York: Wood and Co.

APPOINTMENTS.

BOND, Dr., Principal of the Hartley Institution, Southampton, has been appointed Medical Officer of Health to the Gloucestershire Union of Sanitary Authorities, at a salary of £800 per annum.

BURKE, J., M.D., Medical Officer for the Bullaun Dispensary District of the Loughrea Union, Co. Galway.

BUTTERFIELD, Dr. H., Medical Officer of Health for Bradford.

CARRE, G. E., M.B., L.R.C.S.I., Medical Officer, &c., for the Letterkenny Dispensary District of the Letterkenny Union, and Medical Officer to the Fever Hospital.

DALY, G. W., M.D., L.R.C.S.I., Medical Officer to the Workhouse, Dunshaughlin Union, Co. Meath.

DONKIN, Mr. W. F., Public Analyst for the County of Berks.

DUNDERDALE, W., M.D., L.M., M.R.C.S.E., Medical Officer of Health for the Warrington Rural Sanitary District.

EAMES, J. D., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Driffield District of the Driffield Union.

HARTLEY, Mr. E. E. (St. George's Hospital), a Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest.

HULKE, J. W., F.R.S., F.R.C.S., Surgeon to the Middlesex and Royal London Ophthalmic Hospitals, has been elected Ophthalmic Surgeon to the Deaf and Dumb Asylum.

LOWE, G. M., M.D., Public Analyst for the Lindsey Division, Lincoln.

MAY, H., L.R.C.P.L., Medical Officer of Health for the Aston Urban Sanitary District.

PARRY, T. S., M.R.C.S.E., a Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

ST. THOMAS'S HOSPITAL MEDICAL COLLEGE, Albert Embankment, Westminster Bridge.—The SUMMER SESSION will COMMENCE on WEDNESDAY, May 1st. Prospectuses, and all other particulars as to the admission fees, may be obtained from Mr. WHITFIELD, the Medical Secretary, St. Thomas's Hospital, S.E.

DISTRICT LUNATIC ASYLUMS, IRELAND.—The Office of Resident Medical Superintendent of the District Lunatic Asylum, Limerick, being now vacant, Candidates for that office are requested to forward their Testimonials, with a statement of their peculiar qualifications for the appointment, to the Under Secretary, Dublin Castle, on or before the 28th inst., in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.

The Candidate who may be selected for the office in question, will have to enter on his duties forthwith.

Dublin Castle, 9th April, 1873.

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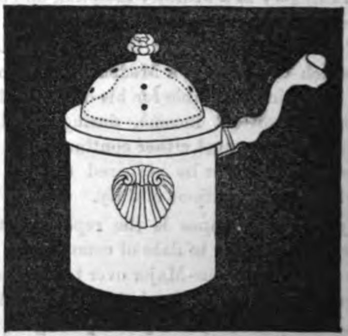

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

Notice is hereby Given that on TUESDAY, the 6th day of May next, at the hour of Three o'Clock p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect from among the Fellows of the College:—

Seven Examiners to examine Candidates for Fellowship and Letters Testimonial;

Three Examiners to examine Candidates for the Diploma in Midwifery;

And Three Examiners to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before TUESDAY, the 29th of April.

By Order,

JOHN BRENNEN, Registrar.

10th April, 1873.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1873.

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EPILEPTIFORM CASES

AND THEIR

TREATMENT BY BROMIDE OF POTASSIUM (a).

By A. S. Myrtle, M.D.

Honorary Physician Harrogate Bath Hospital.

For some years back I have been struck by the comparative rarity of true epilepsy with its sudden onset, convulsions, foamings at the mouth, increased or diminished action in the vaso-motor nerve fibres, and more or less profound and prolonged coma, and by the frequency of cases of pseudo-epilepsy, where the symptoms are ill-defined, without uniformity, apt to be overlooked at their commencement, misunderstood, treated carelessly, as if they were of no importance, till certain signs of mental deficiency or muscular paralysis show that there is some serious mischief impending, if not already existing, in the great nerve centres. Before giving an outline of one or two cases, permit me to draw your attention to the more general facts bearing upon the history of those suffering from epileptiform disease. As a rule they are of a highly nervous temperament and emotional disposition. If females, prone to hysterical affections and almost invariably martyrs to menstrual irregularities. For the most part they are between twenty and forty-five years old, and, as far as my limited experience goes, they have not invited disease of any form by evil courses or unnatural practices, although like the epileptic they frequently exhibit hereditary tendencies to diseases of a neurotic character. So much for the general features of this class of patients. The following is the common order of symptoms in each ;—The patient first complains of an unaccountable languor ; body and mind are alike flat ; business and pleasure equally distasteful ; has observed his memory gradually failing him and has a feeling as he expresses it of having "lost his head." Often falls into a heavy sleep or stupor from which he awakes in a maze ; experiences a sense of numbness in one or other of his limbs ; pain at back of head ; singing in the ears, or a shooting sensation in the spine ; with all this there is no very prominent sign of disease of any kind, the various bodily functions are performed healthily and with tolerable regularity. By and by we learn that whilst engaged in some occupation, reading, writing, whilst out walking, or in the saddle he has become for a few seconds unconscious ; had a sort of turn or attack as he terms it ; not a faint but a sense of helplessness and oblivion come over him requiring him to steady himself by leaning against a wall or other object till he comes right, this soon happens and as he had no warning of the approach of his attack he seldom experiences any further discomfort after it than a feeling of weariness. During these attacks we seldom find the patient fall, although he may stagger forwards or to one side. On enquiry at his friends we find that they have remarked certain changes in the patient's manner and appearance ; from being lively he has become lethargic, considerate of others, snappish, and difficult to get on with ; his affections are blunted or estranged ; his features have lost their natural expression and are indicative of apathy or suspicion ; there is frequently a slowness or uncertainty in muscular movements, and a tremulousness of voice or impediment in speech ; in times the expression of the simplest thought becomes a thing of the greatest difficulty, the reception of a new idea an impossibility.

The attacks became more and more frequent, more and more dreaded, and unlike those of epilepsy they always leave the patient in a more unhappy condition than they found him in.

The first case I shall bring before your notice is that of an unmarried lady, æt. 44, of a highly nervous habit, she has always suffered to a frightful degree from dysmenorrhœa, for a week before the appearence of the catamenia she has felt unequal to anything and been compelled to keep to the sofa ; has also had frequent attacks of spasmodic asthma. Since the change began to affect her about a year ago, has felt irritable, and fidgety ; cannot read or write, or even do the simplest kind of work; much troubled with noises in the head; memory failing; frequently falls into a kind of stupor lasting for twenty-four hours, and awakes from it in a state of utter prostration. In April last complained of a sense of tightness round the head, and as if a galvanic current were passed up and down the spinal cord throughout its entire length, about this time every second or third day she suddenly became pale and helpless, placed her hand over the region of the heart and remained in a state of unconsciousness for from twenty to thirty minutes when she gradually recovered, sobbed and cried in a pitiable manner, and said that her flesh felt beaten all over as if she had had a long walk the day before. I prescribed the bromide of potassium in scruple doses thrice a day; the effect has been, first, the suppression of the attacks which visited her every second or third day, and, second, an improvement in her general health and capacity for living. After six weeks of the medicine she became affected with small boils, but as she neither cared for her appearance nor the discomfort arising therefrom, I continued it till about a month ago when she left Harrogate for the south. The disposition to the furuncular inflammation gradually diminished, notwithstanding the regular administration of the salt.

(a) Read before the Yorkshire branch of the British Medical Association at Scarborough in October, 1872.

Case II.—Married lady, æt. 32, has been in India six years where she enjoyed good health and became the mother of three children.

Early in May last she felt very much depressed in spirits, as if something dreadful were going to happen to her. Disliked and shunned society even that of her own family, could not summon courage to give any of her servants the most common place order, and felt as if she must go mad, after these symptoms lasted some weeks, she in the middle of the night, whilst lying awake, was seized with a spasm in the cardiac region, which caused her to gasp for breath, the surface of the body was cold and bloodless, when the spasm disappeared under the influence of hot brandy and water, she became delirious, this was succeeded by a heavy sleep from which she awoke unrefreshed, memory very defective and complained of a dull headache, was treated by her Medical attendant for hysteria, had all sorts of powerful nerve tonics without the slightest benefit. In August, whilst still suffering from the same kind of periodic seizures, she came under my care, I put her on half drachm doses of the bromide, and in five weeks she returned home never having suffered one single attack since her first dose. I desired her to continue it after she returned, and since then I have heard from her husband that she had had one attack after being subjected to some domestic worry, but that otherwise she was well. One sister epileptic.

The last case I shall trouble you with is that of a gentleman, æt. 43, married and father of three children, has always been temperate, and regular in his habits, is of an excitable and jealous nature, easily thrown into the most violent passion, has never suffered from syphilis. Five years ago, whilst out shooting over some heavy ground, suddenly felt his legs fail him, had to be driven home, put to bed. Next morning without any treatment found himself all right and fit to travel, about a year after this the same thing happened to him on his way to his club with similar result. Since that time has not been himself, complained of headache, numbness of right arm, singing in the ears, been liable to queer sort of nervous attacks, would shake all over, become cold and suffer from great oppression at the heart accompanied with a sense of suffocation, these attacks came on at irregular intervals, sometimes in the middle of the night. Sexual desire latterly great increased, and when indulged in always feels worse, more shaky, and the attacks are more severe. The only thing that affords relief is brandy, has been taking for some time back ten grains of quinine thrice a day without improvement.

I first saw him in the beginning of April last. I found him so weak he could not walk up and down stairs; his legs shook and there was a quiver in the muscles when they were at rest; his tongue was coated and tremulous like that of a drunkard; his voice was unsteady; and he spoke and swallowed with difficulty; action of the heart tremulous; sounds indistinct; pulse very feeble; defæcation was always followed by a singular sensation in lower spine and a disposition to faintness; no albumen in urine; memory very imperfect; unable to read or write. I desired that I should be sent for whenever he had one of his nervous attacks, and in the course of two days I saw him in one. He was half dressed lying on his bed; features were pinched; surface of the body cold; pulse scarcely perceptible; heart contracting feebly and irregularly; breathing slow and deep; was conscious; thought himself dying; applied sinapisms to chest; hot bottle to extremities; and hot brandy and water with ammonia internally. He rallied in a few minutes, and I determined to try the effect of the bromide believing that he was suffering from an anomalous form of epilepsy, I gave him it in half drachm doses every eight hours with the best possible results, I called Dr. Chadwick in to see this case, and he concurred with me in its nature and treatment. In July this patient, after being out during a very hot day, suffered from sun fever, his temperature rose to 105, he became delirious and remained so for two days, during this time I discontinued the bromide and put him on quinine and digitalis with ice to spine and head, from this attack he recovered very slowly, I resumed the bromide, but although he gained strength and had no more returns of spasm of the heart, his mind became more and more feeble, his temper more and more irritable, and his speech and deglutition slower, this condition was followed by a period of great excitement and violence, so much so I had to place him under the charge of two men, Dr. Chadwick saw him and advised a continuance of the medicine. The excitement was followed by a sleep of thirty-six hours when he awoke calm and tolerably clear, symptoms of decided improvement continued for weeks, and I was hopeful that all would go well with him, when he was seized with a sudden fit of mania and became so violent I had to remove him to an asylum where he is now gradually drifting into a state of amentia or that equally hopeless condition the paralysis of the insane (*a*).

In conclusion, let me observe, I have purposely given but a hurried sketch of these cases, have avoided touching upon their pathology or causation simply because we are eminently a body of practical men and at such a meeting as this have no time to enter into theoretical discussions. My desire was to bring before your notice a form of disease which is becoming more and more common, and what I have found most successful in dealing with it. Among the many fashionable remedies recently introduced, none is entitled to rank before the bromide of potassium, and every one who has given it a fair trial in epilepsy and various functional derangements of the nervous system must admit, that in it we have a remedy possessing a specific action, and that in its free administration we need have no fear of the result, as it is one of the most harmless drugs of our Pharmacopœia. Moreover, I think its action in cases such as I have described goes a long way to prove their true character as well as relieve their most distressing symptoms.

Harrogate.

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CLINICAL NOTES ON ACNE ROSACEA.

By George Gaskoin,

Surgeon to the British Hospital for Diseases of the Skin.

The treatment of this complaint has certainly improved during the past half century. It need no longer be considered a reproach to medicine, but this persuasion comes to us in public practice far more convincingly than in private *clientelle*, or in the broad pathways of society, where so many are still met with who withhold themselves [illegible]

(*a*) My prognosis, I am glad to say, has not been [illegible] January last this gentleman returned to his family and is [illegible] as he has been for years.

treatment, and many again are indocile under it. According to my experience the results of treatment in acne rosacea are more immediate and satisfactory than is the case with other skin affections which wear a milder aspect. The improvement I have mentioned has been very much in the disuse of chologogues, or at least in their more moderate employment. It is more particularly to the stomach that our remedies are addressed, through it we reach the ganglionic system of nerves which seems particularly at fault in this disorder. Derangement or delicacy of the stomach nearly always accompanies it, in men very often of a congestive character, but more than once I have had before me cases which declare a strong hereditary tendency, and far from being sthenic in type, it seems not unfrequently, and especially in women, produced by exposure in early life to a harsh and unfriendly climate, cruel winds, insufficient or innutritive dietary, defective hygiene, all those causes, in short, which conduce to form what may be called a blighted constitution. And since the ganglionic system of nerves more easily responds to impressions of the uterine apparatus than to those of any other set of organs, we find this condition of the skin much influenced by its phenomenal changes; being commonly and indeed nearly always aggravated, according to my observation, just before and subsequent to the menstrual period. It is particularly at this time that fresh spots will appear. We have it too, constantly attendant on dysmenorrhœa, especially, I think, in cases characterised by increased flow, the so-called, though with little propriety, obstructive dysmenorrhœa, and even where menstruation and lactation have been perfect all along, we find it precede and accompany the menopause; or it may commence at puberty with the menses, or start from miscarriage or parturition.

Acne rosacea is often attributed by patients to chills, or to checked perspiration. Sometimes sea bathing-produces it, and mostly the neighbourhood of the sea is unfavourable to the eruption—the general health improving at the expense of the complexion. I have found acne rosacea in some instances laid to the account of re-vaccination, and I believe justly so. Where hæmorrhoids are present not unlikely the liver will be in fault. In cases which present much variety of character, I may mention as rarer forms under notice two in which the lobule of the ear seemed involved, being not only red, but swollen, and almost globular; very rarely the glands of the neck are hypertrophied, so much so that I hesitate to mention this, but I have now under treatment such a case where the glands behind the ears and neck are large and hard, but with no syphilitic history attaching to it.

The local applications for this complaint, as is well known, partake mostly of sulphur in various forms, or else of mercurial salts, but there can be no stereotyped treatment. One case will not tolerate grease, and another cannot do without it, or perhaps all lotions will disagree. Another again cannot bear sulphur, or any other than the mildest mercurial ointments. Of these preparations, however, we must generally give the palm of greater utility to those which have sulphur for their basis. It is really singular how bold one may be in its use; time after time I have seen an apparently inflammatory condition immediately reduced by them. The main difficulty lies not so much in getting rid of the old eruption under the compromise of a scar or furrowed cheek, but in preventing the appearance of fresh crops of pustules or vari. This must be a work of time, careful attention, treatment, and hygiene.

Notwithstanding that the diagnosis of acne in its syphilitic and non-syphilitic varieties has been touched upon by some dermatologists, I apprehend that to distinguish them in certain cases will be found a task of difficulty. The familiar type of acne rosacea is often departed from, and there is the like inconstancy in the syphilitic eruption. The history, too, is apt to be fallacious. I am persuaded that an acne, so to speak, of innocent character and derivation, may be present on a syphilised subject when I find it yield to the remedies that we ordinarily employ; and yet the previous history of the patient should never be a matter of indifference. Even in those cases where we are most led to the conclusion of a syphilitic origin, I mean such as disclose a corona or tiara of scars deep, smooth, and oblong, concealed on the forehead and temples, and in the roots of the hair, I have often found the history at fault. The syphilitic acne too, may be superficial and fugitive, and either variety may be scattered on the bosom, or localised and partial on the cheek. The following important case, which I borrow from my last year's notes, may be found to illustrate the subject.

A. B., æt. 61, a tall, hardy, respectable-looking labourer, presented himself for relief from acne rosacea. The eruption was not so highly conspicuous as in some cases of the disease. It affected the nose and slightly the left cheek, and appeared, in short, of the most ordinary type. Following my hospital routine, on very slight questioning, I ordered for him the common sulphur ointment of the pharmacopœia, which is sufficiently effective in the ordinary run of cases. Next week I found a sad change for the worse. The spots, or vari, were hollowed out into deep pits or excavations. The nose, of which nature had given him a fair proportion, looked raw, and was visibly inflamed, showing cracks here and there on its surface. For this I prescribed as a soothing remedy some lead lotion and ointment. The man declared that he had experienced no venereal since the days of his youth, and he had been married for some twenty years. At the end of a week, when I next saw him, the cracks had become chasms, the nose seemed now fairly tumbling to pieces. This time I was more minute in questioning, and, besides, I had him stripped, but nowhere else than on the left shoulder could I discover anything significant. Here, indeed, was a dark red stain, not easily effaced by pressure, betraying the presence and also the activity of the syphilitic virus. The history was plain enough: at the age of 21, now forty years since, he had been an inmate of the Lock Hospital, under the care of Mr. Walker, with symptoms that left no doubt as to the character of the complaint. Since this time, after an efficient salivation, the disease, he said, had never returned in any shape, but some twenty or fifteen years since he had suffered from convulsions, and even for a very short time had been an inmate of Colney Hatch Lunatic Asylum.

The case became a full confirmation of the possible continuance of syphilis through a long period of years, as described by the old, and authenticated by recent, syphilographers. Under these circumstances I did not hesitate to paint the nose deeply with strong iodine liniment, prescribing anti-syphilitic remedies, and it is truly astonishing how rapidly the parts came together, and the patient preserved a very sightly organ.

Westbourne par , W,

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INDIAN MEDICAL NOTES.—No. I.

FIRST IMPRESSIONS.

(FROM OUR SPECIAL CORRESPONDENT.)

Sunday evening, May 10, 1857, will ever be sadly remembered in the annals of India as the time when the long threatened, yet unexpected mutiny, commenced at Meerut. As they rode or drove home from church along the Mall the Europeans were shot or sabred by the infuriated sepoys who, favoured by the darkness immediately succeeding sunset, escaped detection. Later on, the light of the moon was obscured by the blaze of burning bungalows from whence fled the terror-stricken inhabitants only to meet further cruelty. Amidst yells and curses children were thrown into the flames or dashed to the ground before their parents' eyes. A lady, far advanced in pregnancy, had her nose, ears, hands, and breasts cut off, and finally the child cut out of her; and the fiendish villains marching on to Delhi there murdered the whole English community. At Cawnpore, under a treacherous promise of safety, the half-starved garrison allured into boats which in midstream were sunk or set on fire, only

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four escaping. At Lucknow the privations meekly endured and the heroism displayed by English ladies should not be forgotten. A colonel of a native regiment cheered by his men on parade in the morning was shot by them on his road to dinner. A number of young ensigns, rosy-faced lads fresh from school in the old country, suffered the same fate. All these narratives told by Kaye and other veracious historians will explain the delirious thirst for retribution, the eager panting for revenge. Regardless of the scorching sun, at a season when men are confined to barracks, the troops only thought of the barbarities, the sufferings, and the indignities to be wiped off; even the emaciated sick in hospital piteously implored permission to join the ranks where here one carried a child's frock on his lance, another had a crumpled lock of hair; indeed, too many bore relics upon which they sternly had vowed "no mercy." This evening in vain searching for some special memorial in the cemetery another attracted attention, that erected near the graves of 105 men, 15 women, and 75 children (not including officers and families) of the 105th regiment—their mortality in four years, also observing the many tombstones monopolised by children naturally excited curiosity regarding the treatment of infantile diseases in hot climates, a good constitution, common sense, moderation in all things, plenty of leave, a long purse, enabling you to fly to the Hills or return to England, include the "golden rules for preserving health in India," for the insuperable difficulties created by the blazing sun playing on undrained soil, the influences of malaria, the scourges of cholera and dysentery, the liability to sunstroke must never be lightly considered. The impressions on first arrival are, that new comers are the most susceptible, gradually becoming accustomed yet never acclimatised, prolonged residence involving deterioration. Even in cool weather apparently a doctor has plenty to do. Returns innumerable and complicated, the language to be learnt, the constant sanitary supervision required to prevent nuisances, neglect, and fraud, the adulteration of food, and in fact, innumerable items in addition to the treatment of the sick. For instance, up at 5.30, inspect the rations, the poor lean meat, potatoes, bread, butter, salt, sugar, rice, and milk; then ride off to barracks; there find the windows and doors closed perhaps, the latrines dirty, the earth system and disinfectants negligently conducted, sand used instead of earth. The filters may be out of repair, dirty, insufficient, the charcoal in small quantity, the sand impure, the birds polluting the water, the natives only filling the lower of the three vessels the dogs drinking out of the same, neither covers nor matting being provided. In the cook-house there may be dirty tables, any amount of nuisances concealed by the native cooks but discovered by the horrible smell and the myriads of flies—allow nothing you cannot see the inside of—never forget that filth, bad water, defective ventilation, overcrowding, welcome cholera with open arms, and if the men in barracks have less than 90 superficial feet do not rest without writing most forcibly to the commanding officer as well as to the principal Medical officer. You may be told the lines have a good name, but to trust to tradition is just what France did; it will be too late to protest when the enemy has scaled the weakened walls. Look in at the guard-room which may be very stuffy and the latrines very dirty, notice the position of the sentries, in fact, go everywhere as at home but with tenfold vigilance, especially about the married quarters, holding every man responsible for extreme cleanliness, that his wife is tidy, and that the children wear suitable hats and are punished for exposing themselves to the sun or running about with bare feet; further, that each child wears a roll of flannel around the stomach. You will find that cow's milk, in addition to chalk adulteration, is often mixed with bad water, also with the milk of the goat or the buffalo. Native ginger-pop is a vile decoction; the biscuits and sweets sold by natives cause diarrhœa, the fruit also, and the pork, specially in sausages, abounding in worms; fowls are good and sold five for a florin; vegetables good; meat poor but cheap; Indian tea very good for two shillings a pound. Find about school hours whether the children are exposed to the sun going and returning. Keep an eye on the surface drains, the roof ventilation, and any repairs needed. If the husband appears unsteady give the wife the pay in addition to her own of sixteen shillings a month and five for each child up to fourteen years of age. Here the climate is good from October to March, but the rest of the year very uncomfortable. Thermometer 113° F. in the shade last June. Intermittent fever, dengue, prickly heat, various sequelæ of malaria, sunstroke, cholera, dysentery, hydrophobia will, if spared, afford plenty of subjects to write about. Now the mosquitoes make life a misery; and after the rains come the snakes, ants, and all the plagues of Egypt, but a night and half-a-day's journey will bring us to the foot of the regions of perpetual snow, the most gorgeous scenery in Nature—the Himalayas.

Meerut, Upper India, March 21st, 1873.

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OBSCURE CASE OF HERNIA.

Mr. Wm. Stokes, of Dublin, presented, at the last meeting of the Pathological Society, a specimen which was looked upon as being of very great interest as showing the great difficulties which occasionally surrounded the diagnosis of strangulated hernia. The patient, from whom the specimen was taken, had been admitted to the Richmond Hospital on the previous Sunday, and he was a man of 32 years of age, a smith by occupation. On the Thursday prior to the date of his admission, while punching a hole in an iron plate, he felt a sudden pain in the abdomen, which obliged him to desist from his work. After that he was attacked by vomiting, the pain in the abdomen still continuing; and the symptoms getting more urgent he came to hospital. Shortly after the man's admission, he (Dr. Stokes) saw him, and found him vomiting continually, and suffering intense pain in the abdomen. On examining the inguinal region he found a tumour which was, to all appearance, an inguino-scrotal hernia. The tumour wanted several of the characteristics which were distinctive of strangulated hernia.

Shortly afterwards his colleague saw the case, and he also observed that on passing the finger up to the ring it could be passed into the abdomen. There was not stricture below this point. Other symptoms were peculiar about the case, for, in addition to the flaccidity of the tumour and its apparent freedom from constriction by the ring, it was not of the ordinary shape which characterised those tumours—it was much more like hydrocele of the cord than hernia. The pulse was remarkably quiet. They thought, therefore, that it would be more desirable to defer all operative procedure until the following day, in order that they might see whether aperients would have an effect on the bowels, which had been constipated since the Thursday prior to admission. They had made several attempts to reduce the tumour, which according to the patient's own account, had always been there. They were of opinion that a small knuckle of intestine had got behind the scrotal hernia. After consultation it was determined to perform the operation for strangulated hernia; it being thought that the tumour was an omental one. They found there was no stricture at the ring, but not being able to reduce the mass, divided it, and still found that they were unable entirely to reduce it.

Under these circumstances they gave up any further attempts, and the patient was put to bed. However, the operation was not attended with any remission of the symptoms. Vomiting and constipation continued, as well as pain in the abdomen; in fact, everything that the patient took into his stomach was immediately rejected. In that state he remained until that morning; the pulse a great deal weaker; and he sank and died about half-past two o'clock. They found that the tumour was entirely as omental one, and the reason they could not completely reduce it was owing to the bands which firmly united the omentum to the ring. They also found the omentum extensively lacerated. The gut was apparently in a normal state. Much higher up they found the chief abnormal conditions. They consisted in an excessive degree of intestinal inflammation. In the first place, at the duodenum, and at the duodenal portion of the ileum, they found extensive inflammation. At the junction of the duodenum and the ileum there was a sudden cessation of the inflammatory appearances, which terminated in a tumour at that point, the intestine being much smaller immediately below, and correspondingly dilated above it. At the *post-mortem* examination the only cause for the constriction appeared to be a number of peritoneal bands which surrounded it. There appeared to be several chord-like bands crossing the intestines at different situations. In examining the intestine they would observe a very distinct white line on both sides of it. It was at that point that he believed the constriction was, and it was the long-continued pressure at that situation that gave rise to the dilatation of the gut immediately above it. It was, therefore, a case which could not be saved by any operative interference. It lay altogether beyond the reach of operative surgery. At the same time, he thought it would have been quite unjustifiable not to perform the operation in the hope that the strangulation might have occurred in the situation of the ring. A case occurred, in his own recollection, within the past two years, where a similar condition was observed—a small knuckle of intestine having got underneath or behind the sac of an omental hernia; and the result of the treatment in that case was successful. He thought, then, that the case before them was one of extreme interest as showing the great difficulties that surround the diagnosis of cases of that description—so great that even his colleagues—skilful as they both were—were not quite certain of any tumour until the *sac* was opened. It had a great resemblance to the hydrocele and the cord.

DISEASE OF THE KNEE-JOINT.

Dr. **Hayes**, of the Mater Misericordiæ Hospital, Dublin, laid, at the last meeting, before the Dublin Pathological Society a specimen of disease of the knee-joint, which he had removed from a girl who is at present in the hospital. It appeared from the history of the case, that about five years since, when the patient was ten years of age, she noticed a swelling of the left knee. This swelling gave her no particular inconvenience for about a year, at which time she felt pain, and during the year following—that was two years from the time that the swelling was first noticed—the pain increased to such a degree, especially when walking, that marked lameness resulted. A year later still, painful startings of the limb occurred at night, indicating ulceration of the cartilages. Then the knee became flexed, and soon fibrous anchylosis fixed the leg in a more than semi-flexed position. The patient also suffered from an abscess which formed over the inner condyle of the femur. That was not interfered with by any surgeon: it opened spontaneously, and for some months a discharge continued. During May, 1872, she applied at hospital for advice, and when a probe was passed through this sinus it extended over the anterior surface of the femur. On examination it was found that the patella was very firmly fixed to the anterior portion of the femur, so that forcible extension of the leg could not be effected. He then advised the patient to go to the country for some time to regain strength as far as possible, and told her that when she was in a better state of health he would, if she wished, re-set the joint. She returned to hospital in November last, looking very well, and with the sinus quite closed. After consultation with his colleagues he determined upon the operation of resection, although the fact that the girl could walk well for a considerable time after swelling and pain had appeared in the knee, indicated that the disease had originated in the bones. On the 12th of December he performed the operation. Owing to the flexed condition of the limb, the transverse incision laid open the joint readily, and he exposed the part, which he ventured to point out to the Society. They had before them a mass of diseased tissue, the result of inflammation which had extended to the soft textures.

On making the section of the femur—the section which they had before them—he was anxious to preserve as much as possible of the condyles. The removal of some portion of the tibia would not, however, allow of the extension of the limb, the ham-string muscles and tendons being very tense; and it was evident that a higher section of the femur would be necessary to permit the extension of the leg upon the thigh. It then appeared that there was disease in the bone, and on making another section they found evidence of tubercular deposit and chronic abscess in the lower portion of the femur. The active mischief had subsided, and the remains of pre-existing inflammation required the removal of softened tissue by means of a gouge. The head of the tibia contained two abscesses. In fact, had he been free to perform amputation through the lower portion of the femur, he would have considered the condition of the bones required such an immediate alteration of the operation.

During the latter part of the day hæmorrhage occurred, and he was sent for in consequence, and obliged to expose the cut surfaces of the bones as the blood issued from the gouged cavities. The only hemostatic that seemed to produce a good effect was the colloid styptic of Dr. Richardson, of London. It was, as stated, from the gouge cavities that the blood flowed, and the gouge had opened the medullary canals of femur and tibia. The case had gone on favourably since about a month back; however, he found a fragment of bone projecting from an unhealed part of the wound, and when it was removed the patient progressed in a still more satisfactory manner, there being now very firm fibrous union between the bones, which will, in time, probably become osseous.

PROPHYLAXIS OF SYPHILIS (*a*).

(Communicated.)

A new Contagious Diseases Act is proposed by the writer of a recent pamphlet, which presents some suggestions that will appear extraordinary. The author agrees "that it is almost universally acknowledged" that the Contagious Diseases Act has been "a real social benefit;" but he is anxious that a Contagious Act for men should be applied. He thinks that "there should be a *bonâ fide* examination of our soldiers, on their entering our service, instead of the present one, which—at least in the case of officers—is little more than nominal. And the practice of examining the men periodically, should also be revived."

This system has been tried with varying results, but has been found demoralising to the soldier, humiliating to the inspecting surgeon, and calculated to inure the soldier to want of self-esteem, and, besides, it must leave the civil population apart.

The author advocates a new and improved system of quarantine, as there is a general opinion that the worst forms of syphilis are imported from abroad by our sailors, especially by those returning from our Eastern dominions. It is proposed that men of all ranks alike should be subjected to this quarantine.

Another proposition is, that an act similar to the law of filiation should be in force. A great means of checking the spread of contagious diseases would be to make the man who communicates it to a prostitute, liable for the cost of her maintenance during the time she is in the government hospital.

The last suggestion is coupled with that of a further extension of the Act Victoria xxix., c. 90. There might be an extension, or at all events a more rigorous enforcement of the Act Victoria xxix., cap. 90, by which persons wilfully causing infection to others, or committing any act which may have the effect of spreading fevers or other infectious maladies, should be held guilty of misdemeanours, and punished accordingly.

These suggestions evidently are those of a mere theorist, of good intention no doubt. He has unfortunately forgotten the true state of circumstances.

The woman unimpelled by passion, pursues a trade, she prostitutes her body for the sake of gain, and she uses for this purpose the attractions of dress, &c., to draw customers—anyone can satisfy themselves of this painful fact by walking through our streets—if she be diseased,

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(*a*) A New Contagious Diseases Act; or a Few Suggestions for Controlling Men as well as Women.

as it is almost a natural consequence of her abandoning herself to this condition, she will be, she must, and ought to be treated as vending dangerous wares, and plying a trade a million times more dangerous and fatal to the present and future generation than all the diseased meat, bad provisions, and thousand food adulterations which are so anxiously guarded against. As long as man is stimulated by passion, and unrestrained by higher feelings is carried away by it, so long (while the world remains unregenerate) will the love of gain, vanity, and the "je ne sais quoi" of "abandon" induce women to adopt the wretched existence. In the words of a recent Parliamentary Commission, "the demand will always create the supply," indeed the principle was too plainly enunciated so long ago as when Tamar "covered herself with a vail, and sat in an open place," when Judah, attracted by her actions, and thinking "her to be a harlot," was at once answered, "What wilt thou give me?"

Gain and wile on the one hand, blind passion on the other. Just as in Judah's case, not 10 men in 100 of those diseased, we believe leave their homes with the slightest intention of indulgence, yet they may be overtaken by passion and permanently diseased. There are men, no doubt, who don't restrain themselves; but that reprehensible act is far different from the practice of a *trade* or calling.

The author supposes that the worst forms of syphilis are imported. We believe this is a mere fanciful idea. We see bad forms occur without explanation, or why a healthy-looking man may have severe sores and constitutional signs, while a puny and weak person will escape comparatively. We will see some cases go from bad to worse, while others under the same circumstances will go on well. The notion of foreign virus being more potent is capable of easy explanation on ordinary principles.

The idea of introducing a measure whereby a man could be *pointed out* as having given a woman disease, is evidently preposterous to anyone at all cognizant of the mendacious and wily nature of a woman who lacks the natural safeguard of innate modesty and purity. At the last meeting of one of the learned societies, the president mentioned, as an instance of the extraordinary perversion of truth in such cases, that he had seen women absolutely in the process of parturition and suffering from its throes, who even then firmly denied the possibility of their being pregnant.

It is idle also to suppose that poverty or simplicity are the chief causes of demoralisation. Witness the scandalous revelations of *crim. con.* or adultery actions which, from time to time, are brought out in trials, and take place amongst the educated and wealthy classes. Witness the almost total failure of attempts at reformation; parents and friends seek out and bring back those who have fallen, to their homes; yet entreaties, advices, kindness, coercion, everything fails. Dean Close, in a pamphlet lately printed, states that, out of 10,000 cases of fallen women who entered homes or reformatories, the reformations have hardly been 5 per cent., while 90 per cent. of the married women continued prostitutes. We may fairly suspect the half of these to have been permanent. The result is eminently unproductive.

The downright insanity of allowing such a trade to be carried on, which is known to be destructive beyond measure, is another illustration of the indiscretions into which party excitement and advocacy will lead even sedate and common-sense Englishmen, and when the trader can retire at any time, there is certainly no excuse for not exercising the lawful restraints and supervision which are imposed on others which are legitimate and recognised.

It may seem very cruel and heartless thus to speak of the sex we so much honour, love, and even adore. So should we while the mantle of purity, of truth, and virtue surrounds it; but once this is thrown off (for it appears the three fall together) the pure becomes subjected to the most sordid influences; truth is forgotten, and success depends on its destruction, while virtue hides her face, ashamed of the unblushing effrontery of her sister's countenance.

The principle of harlotry, announced and practised by Tamar, still continues, and we must suppose will continue while men are to be found stimulated by the same impulses as Judah, and subjected to the like temptations, and till the time when universal purity shall be on the earth, and man's higher principles alone influence and delight him.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

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RHINOSCOPY.—*Continued.*

Anterior Rhinoscopy—Auto-Rhinoscopy—Pharyngoscopy and Œsophagoscopy—Tracheoscopy or Infra-glottic Laryngoscopy—Diagnosis and treatment of paralysis of the vocal cords.

In the practice of rhinoscopy the easiest plan is to pass a small mirror between the uvula and the anterior pillar on one side and carry it gradually behind the uvula towards the median line. It is then to be withdrawn, taken in the other hand and introduced in the same manner on the opposite side. In this way we may often obtain an accurate idea of each portion of the rhinoscopic image and combine the two lateral views into one, when by a single introduction a much smaller extent of surface could be explored.

In pursuing this method the first point reflected in the mirror is the posterior surface of the uvula, closely following which, or appearing at the same instant, may be traced the posterior surface of the arches and velum, and perhaps one of the teeth.

The mirror should now pass a little higher up behind the velum which is followed by the eye as it spreads itself out until at the upper part it seems to finish in a sort of fleshy ledge, just above and behind which, the septum nasi and nares come into view. A little patience will now enable the observer to make out the several parts that have been described.

Starting then, in what may be called the second stage of his exploration from the septum nasi, the observer should trace this throughout its whole length. On either side of the septum, at the broad, upper part may be discerned the nasal opening. This may be traced downwards to the red fleshy ledge already mentioned as formed by the velum and which intercepts the view of the lowest portion of the opening. The nasal opening having thus been made out we may proceed to trace its outer boundary which will be found to be formed by the projecting outlines of the turbinated bones. The most prominent and easiest to see is the middle which appears at its lower border as if the inferior bone overlapped it. Just above this overlapping or upper part of the inferior bone, at the outer border of the middle turbinated bone, is the middle meatus, and on the outer side of this we come upon the Eustachian orifice.

The reverse order may, of course, be adopted, and sometimes it will be found easier to begin with the Eustachian tube, and trace the other structures between it and the septum. Frequently, the Eustachian orifice is easily discovered by beginners, who find considerable difficulty in obtaining a clear image of the septum and turbinated bones. It is desirable to be able to start from any point, and follow the outline of all the parts as they come successively into view. This will be found possible after a little practice. The general outline of the image must, of course, be familiar to the eye, and then we may begin at any point and pass towards any other without confusion, just as when looking at a map of a locality we know we glance from one spot to another without losing our consciousness of their relative positions.

It will be seen that a considerable extent of surface can be explored by means of rhinoscopy, for besides the structures already described others much easier to define can be examined and any or all may be the seat of disease.

The use of the rhinoscope enables us not only to see the exact site of the disease and to determine its nature but also to apply local treatment. The rhinoscope is therefore obviously of importance in inflammation, thickening, ulceration, or other affection of any part of the mucous membrane which can be brought into view, while it often at once brings to light polypi or other nasal tumours or demonstrates the cause of long-standing ozæna and enables us to cure this obstinate ailment. At a meeting of the Medical Society of London, Oct. 20, 1871, I read a paper on ozæna of which an abstract appeared in this journal (*a*).

In cases of deafness dependent on disease of the Eustachian tubes the rhinoscope is also sometimes useful, and other illustrations of its value will naturally occur to the reader.

ANTERIOR RHINOSCOPY.

This term has been applied to the examination of the nostrils in front, and this is a very useful supplement to the exploration already described. The patient retaining his position before the observer may be directed to incline his head so far backwards that the light is easily reflected into the nostrils, each of which can thus be examined. If the sides of the nostril be rather close together a probe or any convenient small instrument will easily separate them. If necessary, the nostril may be dilated by a bivalve aural speculum or any of the ordinary nasal dilators of which Thudichum's is the most convenient, as it does not require to be held *in situ*. In placing it the only caution needed is not to introduce it so far as to give rise to unnecessary pain. The instrument is composed of two distinct valves which are connected by a spring. When pressed together the valves form a narrow, oval canal, which can easily be inserted into the nostril when the spring is allowed gradually to expand. One valve is shorter than the other and should be placed on the side of the septum so that one is required for each nostril, and it is further convenient to be furnished with several sizes. The instrument "is designed exclusively to expand the atrium or membrano-cartilaginous part of the nostril; if it were allowed to enter beyond this, and to reach the isthmus formed by the unyielding cartilaginous septum and the nasal margin of the ascending branch of the upper maxillary bone, it would cause pain, and narrow by its own thickness this small passage" (*b*). To this it is only necessary to add that it is sometimes needful by pressure to reduce the power of the spring to a minimum, and occasionally the parts are so tender that this dilator cannot be employed at all.

AUTO-RHINOSCOPY.

This term is used sometimes for the self demonstration of the parts described in the same manner as auto-laryngoscopy in reference to the larynx.

PHARYNGOSCOPY AND ŒSOPHAGOSCOPY.

In speaking of rhinoscopy I showed that part of the pharynx can be very carefully explored and some have proposed to give this a distinct name, though we might almost as well apply it to the simple inspection of the fauces. If, however, we turn our attention to the upper portion of the alimentary canal we find it is not so easy to examine as is the air-tube. The pharynx, indeed, is easily explored. Its posterior wall can always be seen without a mirror and with one, as we have seen, the vault, &c., is easily brought into view. But turning our attention downwards we are arrested.

Many efforts have been made to overcome the obstacles offered to the exploration of the œsophagus by reflected light. The walls of this tube fall together, instead of remaining open like the larynx and trachea. Hence, it is necessary to have some mode of separating the walls at the same time that the light is directed along them. Semeleder has, perhaps, done more in this direction than any one, and by practising upon himself has demonstrated to others a portion of the tube. One inch or two may, with perseverance, be revealed, but the operation is very trying and seems more likely to be practised for curiosity than with the hope of its becoming of any great clinical use. It is no easy matter to tolerate a tube in the position required, much less the movement of such a tube, so as to expose successive portions of the membrane. Happily, the œsophagus can be explored by other methods. See my "Report on Diseases of the Œsophagus" in last year's MEDICAL PRESS.

TRACHEOSCOPY OR INFRA-GLOTTIC LARYNGOSCOPY.

We have already shown that it is often possible to distinguish the rings of the trachea, &c., in the faucial mirror. It is not to this however that the term tracheoscopy has been supplied, but to the exploration of the trachea by means of a small mirror introduced into it through the wound, after a patient has for any purpose undergone the operation of tracheotomy. Neudörfer seems first to have proposed thus to make use of the wound when tracheotomy had been necessitated. Several cases have now been recorded in which the method has been used to examine the trachea and the under surface of the vocal cords. This surface being obviously invisible in ordinary laryngoscopy it has been proposed to call the plan infra-glottic laryngoscopy. Common tracheotomy tubes are not adapted for the purpose, but one must be obtained with a long fenestrum. Türck employed a special tube in the trachea for the purpose. A very small mirror is necessary, a steel one is to be preferred as no room is lost by a rim. The most remarkable difference discovered by this method is, that the under surface of the cords instead of being white, like the upper, is of the same red hue as the surrounding mucous membrane. We must remember that in these cases there are mostly changes caused by the disease for which the operation has been performed, besides which the operation itself may have left its trace.

Semeleder has recorded the case of a Medical man who had had tracheotomy performed and was able to practise this method on himself. He suggested a number of improvements in the apparatus, as well as in the canula he was for a long time obliged to wear.

DIAGNOSIS AND TREATMENT OF PARALYSIS OF THE VOCAL CORDS.

PROF. G. GERHARDT, of Jena, has published in the *Allgem. Wien. Med Zeit.* a series of articles on the diagnosis and treatment of paralysis of the vocal cords, which deserves the attention of all laryngoscopists. He says :—

Paralysis of the vocal cords is recognised where the laryngeal mirror shows a diminished movement of one or both cords without there being any mechanical obstruction as the cause of the same. What is seen in the mirror, as well as the functional disturbance, may differ greatly according to the cases. There may be a paralysis without vocal or respiratory disturbance. This is found especially in the anatomical changes of the brain and spinal cord. When the power of approaching or tension of both vocal cords becomes impaired, the voice becomes extinct, as in hysterical paralysis, or those which proceed from a pressure on the pneumo-gastric nerves or their recurrent branches. When the apparatus errs, which should give tonicity, we have merely a noise ; and where the paralysis is only on one side, we have falsetto sounds (Goslings), from the

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(*a*) MEDICAL PRESS AND CIRCULAR, Dec. 6, 1871.

(*b*) "Polypus in the Nose." By John W. Thudichum, M.D. 1869.

vibration of the healthy cord. In other cases it only fails in the higher notes or becomes less extended or gives fewer sounds. In unique paralysis of the crico-aryt. post. muscles the voice is preserved, but the respiration is more difficult. The mirror shows here that in deep inspiration the borders of vocal cords do not separate. In paralysis of the aryt. trans. muscles we see a triangular chink in the posterior commisure, while in inactivity of the proper muscle of a single vocal cord the border of the band lies in the form of a crescent and hangs loose in the act of speaking. We could most easily judge the question if there was paralysis of all the muscles except one, whose isolated action could easily be seen. This takes place very rarely. Paralysis is often diagnosed without the aid of an examination with the mirror. There is one kind, the intermittent variety, which almost any novice can distinguish. Valleix, Levison, and Gerhardt describe characteristic cases of this. If for a considerable length of time the voice is lost daily during a few hours, and in the meantime is formed with perfect clearness, the paralytic nature of the disease scarcely admits of a doubt. This daily type is obstinate to the use of quinine; electricity here does no good, and, according to Levison, iron and arsenic are successful in its treatment. These intermittent cases rank with those in which a violent nervous emotion is the cause or influences the cure. We hear often of cases of aphonia in persons who are subject to strong emotions; here the voice is lost and returns, leaving no doubt as to the paralytic nature. We sometimes remark patients who cannot speak aloud, yet cough with a completeness almost stentorian. If the voice changes now and then into falsetto, there may also be paralysis, but in a modified manner, such as we find proceeding from adenoma papilloma, &c. The voice furnishes the characteristic signs for the diagnosis of this group of tumours. Listen well as the patient sounds a simple note and then a variety of notes after a deep inspiration. You have a hoarser sound if the tumour hangs into the laryngeal cavity from the under surface of the border of the vocal cord. The voice goes continually over into the falsetto scale if the tumour rolls upward between the vocal cords. If the tumour rests trembling from the upper surface of the vocal cord you have also a naturally hoarse voice.

In many paralyses of one side the equivalent half of the soft palate is at the same time paralysed, but the cause of this disturbance must be sought for higher up, because the superior pharyngeal nerve branches off from the vagus above the origin of the laryngeal. In paralysis there is only a weak vibration during the act of speaking, often on both sides, sometimes on one side when the paralysis is unilateral. When the crico-aryt. muscle is enervated from some cause in the superior laryngeal nerve, it is possible to observe its sensitiveness and its action, thereby recognising the paralysis by seeing that the cartilages do not approach so well in the act of speaking. This is an easy and sure method of recognising that paralysis in which the superior laryngeal nerve is concerned. Paralysis of the vocal cords is radically incurable when it is produced by cancer, or by pressure on the posterior portion of the base of the cranium, or cancroid of the œsophagus, or by malignant growths in the cervical glands or mediastinal lymphatics, aneurism of the aorta (always on the left side), or by shrivelling from pleuritis in the upper portion of the right lung, or by tuberculosis, and finally when it is attended with advanced phthisis. In these cases all that Medical science can give is temporary relief.

In the above-mentioned forms whose causes are extra cerebral, we have sometimes the opportunity of remarking an atrophy or fatty degeneration of the laryngeal muscle. In other forms of paralysis the management is generally indicated, and by local means some aid can be afforded. For those forms of paralysis arising from lead, arsenic, or atropine intoxication, we will introduce a corresponding treatment. Thus, in lead poisoning we give sulphur baths and iodide of potassium internally, in atropine we inject the antidote morphia subcutaneously. In the intermittent forms quinine and arsenic are indicated. In goitre where there is paralysis through a pressure on the pneumo-gastric nerve, aid is afforded by operative encroachment on the tumour. In that remarkable variety where acute catarrh, accompanied with swelling of cervical glands, causes hoarseness or falsetto voice through paralysis of the vocal cords, a lasting cure can be worked by treating the catarrh and applying iodine. In the third group of paralysis of the vocal cords the local treatment approaches the right. It will be next asked what advantages have been gained through mechanical means; by gymnastic treatment, by a reflex stimulation of the muscles, and compression of the larynx. Bruns has cured a great many paralyses of the larynx by introducing a mirror far enough to see the vocal cords, and by making the patient utter short loud notes like a-e-an, &c., high as well as low, and then combine them with consonants. Sometimes persons accustomed to losing their voice are made to keep their mouth closed for some time, and when a mirror is brought in contact with the fauces, sounds are made and the tone of voice regained. The mirror thus becoming an apparatus for curing purposes.

Mechanical and chemical irritation of the mucous membrane of the vocal cords may call forth a reflex contraction of the muscles in a degree that was before impossible and from that time on can be called forth by the action of the will. Rossbach has proved that many paralyses could be cured by keeping the cords in a complete state of repose for some time, and then using the laryngeal sound. An insufflation of alum sometimes almost instantaneously relieves paralysis caused by catarrh. This momentary success does not affect the catarrh, and is brought about through the mechanically reposing effect of the alum; hence, it returns so soon as this effect is passed.

(To be continued.)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 8TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., President, in the Chair.

ON THE ELEVATED HEALTH RESORTS OF SOUTHERN HEMISPHERES, WITH SPECIAL REFERENCE TO SOUTH AFRICA.

BY E. SYMES THOMPSON, M.D., F.R.C.P.,

Physician to the Hospital for Consumption, Brompton.

THE author observes that, whereas works on special heal resorts suited to the very wealthy and very delicate are almost numberless, there is a need for more general information about those less accessible resorts which, in these days of facile locomotion, are within the reach of persons of moderate means.

The Profession, and the better-informed portions of the public, realise that chronic chest disease, or a tendency thereto, is not to be combated by a winter or two spent in a sunny health-resort; and that what is needed is a prolonged sojourn in a climate and under circumstances diverse from those in which the disease originated. They therefore manifest increasing readiness to advise the sufferer to undertake a long voyage, and stay several months or years in a well-selected climate.

The author, having had peculiarly favourable opportunities for gaining information about the Australian and South African colonies, trusts that his observations may not be without value to the Society.

The climates are classified, not according to latitude and elevation (Dr. Hermann Weber), but according to elevation and observed mean annual temperature. Isothermal lines are shown by a map to pass through countries in the Southern hemisphere in a very different and much more northerly position than do the isothermal lines corresponding to them in the Northern hemisphere.

Statistics of mean annual observation are misleading as criterions of actual temperature and rainfall, for thus places very dissimilar are grouped together—*e.g.*, Lisbon and St. Helena, in which case the winter temperature of the former is 12° colder, and summer 11° hotter, than in the latter; while a place may have a dry climate and a heavy rainfall —*e.g.*, the Karnatic—and *vice versâ*.

Again in the same district, the physicial geography of the country may lead to vast diversity in forming a sound opinion of the climate; so it is needful to study each place in detail, although the isothermal lines are of service for general indications. So also with regard to latitude, for we must remember that for each parallel of latitude a lower elevation is sufficient for securing immunity from phthisis than in the corresponding parallel of the Northern hemisphere.

After touching upon the difficulty of deciding between the claims of the various European health resorts, some details are given as to the facilities and advantages of sea-voyages, the superiority of the sea-voyage to India over the Suez route, and of the passage round the Cape of Good Hope over that round Cape Horn.

The first group of health resorts described is that of the Cape.

Cape Town (lat. 34° S.) itself lies low; it is too hot, and subject to violent south-west winds; but Wynberg, reached by railway nine miles off, is healthy.

Graham's Town (1,800 feet elevation) is healthy and somewhat cooler, than Pieter Maritzburg, the capital of Natal. It bears the same climatic relation to port Elizabeth as Maritzburg does to port D'Urban.

Natal (lat. 28° to 32° S.) has low coast-lands almost subtropical in character, but the land rises in steps or plateaux. Maritzburg, its chief town, fifty miles from the coast, has an elevation of 2,000 feet, and the land rises immediately behind to a height of 3,800 feet. The prevailing moisture-laden S.E. winds make the rainfall on this ridge considerable, but a few miles inland mist, cloud, and rain lessen. The high tableland extends beyond the Drakenberg mountains; these form the backbone of this part of S. Africa, and rise here and there to a height of 9,500 feet. The leading peculiarity of the climate is that in winter it has almost constant sunshine and little rain, though abundant rain and cloud in summer, so that the mean temperature of winter is greatly raised and of the summer is agreeably depressed.

The Free State [Orange River or Transvaal] is an elevated (5,000 feet) pastoral country extending westward from the Drakenberg. The air is very exhilarating, whereas Natal is somewhat too relaxing for a perfect sanatorium. The character of the climate is described, and the mean temperature, rainfall, &c., exhibited by tables, and evidence collected from public reports of local Medical men, &c., is given as to the prevalent disease of the country.

Passing westward beyond this the climate becomes yet drier and the land more sterile, until we reach the rainless and utterly barren country of the interior. The point to be sought is that at which there is no excess of either dryness or humidity, and this is to be found in the neighbourhood of the capital of Free State, Bloemfontein. A few years ago there was much difficulty in reaching this place and obtaining suitable provision for an invalid, but the increasing prosperity which has followed in the wake of the diamond discoveries is improving this, and when the railway has taken the place of the slow ox waggon, it will become easily accessible.

A passing notice is given of the elevated Indian sanatoria, which, although north of the equator, are south of the equatorial heat line, and thus meteorologically in the southern hemisphere. Among these are mentioned the Neilgherries, 7,600 feet, Neurellia, the sanatorium of Ceylon, and the mountain health resort above Penang.

The climate of Australia is next compared with that of S. Africa, the Natal winter being more healthy for invalids than summer or winter in Victoria, and the Victoria summer probably more healthy than that of Natal.

Queensland resembles Natal in one respect: that the summer is the rainy season in both; but the former has no table-lands above 2,000 feet, an insufficient elevation for this latitude.

The Darling Downs, behind Sydney, are about the same level, rising even to 3,000 feet, and there are very healthy stations at nearly 2,000 feet elevation on the Murray River, Mont Lofty, behind Adelaide (2,000 feet), is highly spoken of.

The climate of Tasmania is very delightful, but its highest mountains are under 4,000 feet, and there are no really elevated health resorts.

New Zealand is very mountainous, having peaks rising to 12,000 or 14,000 feet, but its ridges are like the Sierra of Spain, and there are no table-lands at any considerable elevation. The extreme windiness of the climate is its chief evil, but sheltered plains may be found, as at Cook's Straits.

At the South America resorts on the east coast (Buenos Ayres, &c.) there appear to be no high lands; but on the western coast every important town has its elevated sanatorium. Some of these are highly eulogised, and as compared with the hot and crowded ports below, have doubtless many advantages; but there are few English, and English doctors are rare. The country is dry in many places, exposed to earthquakes, as well as political revolutions. Piura, above the port of Payta, lat. 5° 9′ S., is especially praised.

The Appendix of twenty cases, chiefly of lung disease, in which southern health resorts have been tried. The family history and physical signs of the chest, before and after the trip, are briefly given, with sufficient details for the recognition of the cases, and to demonstrate the influence of the climates referred to.

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MEDICAL SOCIETY OF LONDON.

MONDAY, 10th MARCH, 1873.

DR. S. O. HABERSHON, F.R..C.P., President, in the Chair.

Mr HENRY SMITH brought forward a patient on whom he had performed

RESECTION OF THE ELBOW-JOINT.

Considerable doubt had arisen in the author's mind as to the propriety of surgical interference in this case, as the patient was suffering from chest mischief; but, having had a good result in a previous similar instance, he determined to proceed, and operated in the usual way. The immediate effect was a great aggravation of the chest symptoms; these, however, subsided, and the patient became convalescent. The joint as at present existing was a useful one, the man being able to place the palm of his hand on the top of his head, to take off his hat and replace it with perfect ease.

Mr. BRYANT remarked that this case suggested the important question as to operating when organic disease of the lung existed; the old practice was never to do so. He believed that local suppurative discharge tended to keep up the organic mischief, and might lead by itself to tubercular disease. In his opinion the right practice was to arrest the local suppuration by operation, and his experience was that the thoracic symptoms then abated.

Drs. THOROWGOOD, CHOLMLEY, and SYMES THOMPSON concurred in this opinion.

The PRESIDENT then delivered his Opening Address, of which the following is a brief abstract:—

Ushering the society into its second century, he felt deeply sensible of the honourable post to which he had been elected, but he feared it would be an arduous duty to maintain the high-standing to which the society had been raised by the untiring efforts, energy, and talents of his predecessors. He congratulated the Fellows on the possession of their present premises, unfinished, it was true, but they were such as gave good promise of being equal to all the requirements of the institution. Since the society was founded, one hundred years ago, there had been a gradual development of the science of medicine, and it was difficult *now* to realise the position of our profession *then*. Harvey, Malpighi, and Boerhave had lived and worked, and the leaven of their writings had begun to prepare the Profession for the great improvements that were to take place. He then called attention to the rapid strides made in Medical knowledge during the last century, pointing out some of the most remarkable examples. "What," said he, "would be our knowledge of phthisis without the stethoscope, and before Lænnec? What confusion in the treatment of thoracic disease? How different our knowledge of pneumonia and its treatment before disease was regarded in its general aspect, and not as an entity apart from the patient? What was our knowledge of heart disease before the stethoscope and before such men as Hope, Latham, Stokes, Graves, Watson, and a host of others lived? How have hygienic measures prevailed! Simply because vague hypotheses have given place to truth, which has an influence throughout the land. If the work be done well by those to whom the health of greater or smaller districts is committed, if they are thoroughly able to do their work and free to tell the truth, the benefit will be very great. What again was known about renal disease before the time of Bright, and how little it was understood. Surgery was practised for many long years without the use of anæsthetics. If chloroform had not been introduced, ovariotomy and other valuable operations would scarcely have been dreamt of." The President then referred to the introduction of the microscope and the thermometer into clinical medicine, together with the laryngoscope, the ophthalmoscope, and the sphygmograph. He impressed on the Fellows that while they accurately inquired of nature, they neither misrepresented, nor went beyond facts, for false statistics and inaccurate observations and deductions had always been immense barriers to the progress of Medical science. The Medical Society regards the unity of the maladies of mankind, man in his completeness, the effect of the mind upon the organism, and thus it seeks to avoid the error of specialism. How many mistakes arise from our regarding individual symptoms, rather than studying the whole nature of the malady. Reference was then made to the state of the colon in disease of the kidney or acute suppuration in the loins. He then concluded by saying that—"The society invited communications upon every branch of Medical science. On mental diseases as well as obstetrical, and pathological facts as well as clinical experiences were always welcome, and hoped that, having the help of those present, the year just entered on would prove one of progress to the society."

Dr. **Tilbury Fox** then read an interesting paper

ON ACNE,

which was followed by a very vigorous discussion, Professor **Erasmus Wilson** taking part in the same.

March 17, 1873.

Dr. Habershon, President, in the Chair.

Mr. **Gant** showed

A CASE OF RECOVERY FROM VERY SEVERE LACERATION OF THE HAND.

The patient, T. S., æt. 23, employed on the Metropolitan Railway as a shunter, while coupling waggons had his left hand jammed between the hooks, and extensive laceration of the soft parts of the palm and back of the hand took place. The carpal bones and bases and shafts of the metacarpal bones were laid bare; there was also compound comminuted fracture of the first, third, and fourth metacarpal bones; there was also considerable hæmorrhage. With such mischief there was of course the chance of gangrene supervening, but Mr. Gant, considering how much better wounds of the upper extremity healed than those of the lower, and the patient having youth on his side, determined to make an attempt to save the hand. Tepid water dressings were used for two days, and as there was plenty of warmth in the fingers and the digital arteries could be felt beating strongly, he began the "repressant" treatment and cold water irrigation was employed for seven days; this afterwards changed for irrigation with weak solution of carbolic acid. At the end of three weeks simple water dressing was used, and the wounds all healed. The patient, who was then shown, had considerable power in flexing the fingers, but had little use of the thumb.

Mr. **Thomas Bryant** related a case of

TRACHEOTOMY,

advocating only operation in cases of continued progressive ulceration of the larynx; as a rule, these cases were left till danger from apnœa was imminent, and the result was permanent occlusion of the larynx as a vocal organ; whereas if the operation were performed early and the parts thus put at rest, the larynx is preserved both as a vocal and respiratory organ. N. A., æt. 24, admitted into Guy's Hospital, Nov. 19, 1872, with impending suffocation from laryngeal disease, demanding tracheotomy, which the house-surgeon, Mr. Turner performed. She had been married three years, but had not had either family or miscarriage. She had suffered from syphilitic eruption with sore throat for two years, and had lost her voice. The operation was followed by speedy relief and a rapid convalescence. The ulceration of the soft palate healed quickly, and on the fourteenth day Mr. Bryant removed the canula, when he found that respiration went on naturally, although the voice was feeble and husky. Twelve hours after the removal of the canula the wound in the throat closed, and she left the hospital. The week following after the fifth day she took pot. iod., gr. x., with mist. quin., *ter die*. She was seen two months ago, and described herself as being quite well, and it was noticed that her voice was much improved. Mr. Bryant remarked that medicinal treatment in these cases was rarely of any value without the operation; where the larynx is the seat of progressive ulceration, these cases go on steadily to the bad.

A discussion ensued on this case, in which Mr. Gant, Dr. Rogers, Dr. Silver, Mr. Spencer Watson, Dr. Sansom, Dr. Tuke, and Professor Wilson, took part.

Mr. **Thomas S. Dowse** then brought forward a patient suffering from

GLOSSA-LARYNGEAL PARALYSIS.

At the age of 16 he fell from a tree, and the inference was that he fractured the base of the skull; four years after he suffered from a sunstroke in Canada; he recovered and seemed to have general good health until about eighteen months since, when he was one day brought home in a fit and was insensible for an hour. When consciousness returned his wife said that he stuttered, and he had some difficulty in speaking for several weeks. On the 6th of last January he had another fit, followed by paralysis of the left arm and spasm of the muscles of mastication, so that the lower jaw could not be depressed more than half an inch. Attempts were made to introduce the stomach-pump tube through the mouth, but the man was so violent in resisting these that the nasal feeding was resorted to. On examining the head a deep furrow of depressed bone was found in the direction of the left parieto-lambdoidal suture. The man had a somewhat idiotic expression of face; the facial muscle most wanting in power was the orbicularis oris, this condition permitting the constant dribbling of saliva. The method he adopted of taking solid food was very curious. He crammed the mouth until it could hold no more, and after the food had become moistened and softened by the saliva he pushed it with his finger through the isthmus of the fauces over the epiglottis, where it fell into the grasp of the inferior constrictor of the pharynx, whence it was propelled onward by the action of this muscle. From this Mr. Dowse did not think that the inferior constrictor was paralysed. The man was dumb, the only sound emanating from the larynx was a grunt, and, although the thoracic organs were healthy, the loss of power in those muscles made it impossible for the patient to take a deep inspiration. Mr. Dowse, in conclusion, drew attention that there were two important points open for discussion in this case; 1. The nerves involved in this lesion; 2. The nature of the lesion itself. The patient was then brought in, and showed the Fellows the manner in which he fed himself.

A very interesting discussion followed, and on the motion of Dr. **Harrington Tuke** the appointment of a Committee was referred to the Council of the society.

March 24, 1873.

Dr. Habershon, President, in the Chair.

Mr. **Davy** exhibited a

MODIFIED FORM OF HOLT'S DILATOR.

Dr. **Sansom** brought forward a

SPECIMEN OF PULMONARY VALVULAR DISEASE.

He also showed the heart of a man who had died suddenly the right auricle and ventricle were very thin, the aortic orifice was large and triangular, and the aortic valve was fenestrated.

Mr. **Hogg** exhibited

A SET OF EYE AND OTHER SURGICAL INSTRUMENTS OF A NATIVE DOCTOR OF THE N.W. PROVINCES OF BENGAL.

He briefly stated that the instruments were formerly the property of a Native doctor of the N.W. Provinces of Bengal, who enjoyed a reputation as a skilled eye-doctor. They were sent to Mr. Hogg by Dr. Calthrop, of H.M. Indian army, who saw the Native use them on several occasions.

The Indian operation for the removal of cataract is what would be called in England a rude form of depression, or displacement of the lens. The operator takes up his position behind the patient, and proceeds to hang a blunt *upper hook* on to the lower eyelid, for the purpose of accustoming the eye to the feel of an instrument, more than that of depressing the lid. The upper lid is then raised with the fingers of the left hand, and an incision made with a *lancet-bladed instrument*, about the eighth of an inch behind the margin of the cornea. The blade being held perpendicularly to the surface of the cornea, a bold thrust is then made into the sclerotic coat, and immediately on the withdrawal of the lancet, a large triangular-shaped upper probe is introduced, and by a dexterous sweeping movement the lens is rapidly displaced. The result of this kind of operation, as might be expected, is very unsatisfactory, as in a large number of the cases the eyes are lost by suppuration; and in by a far greater proportion the lenses rise again into the anterior chamber, and the sight is either lost in a few days or weeks. At first, however, the result appears brilliant, for the patient can immediately count fingers and recognise faces.

The other instruments exhibited were, if possible, still more rude in character, and were employed in lithotomy. With a rough razor-looking blade a cut is made in the median line large enough to admit of the extraction of a stone by a roughly-fashioned *iron hook.*

Mr. Hogg also showed some

BUTTONS OF FUSED NITRATE OF POTASH,

which the Native doctors use for curing corneal opacities. The button is directly applied to the surface of the cornea, during short intervals daily, and it is said many cures are made with these buttons, the composition of which is supposed to be a secret.

Dr. **Alfred Carpenter** (of Croydon) then read a paper on

SOME CASES OF MALIGNANT PUSTULE

which he had met with in his private practice. After detailing the literature of the disease the author narrated his own experience, which was limited to five cases, four of which had terminated fatally in five or six days; the fifth was now under observation, and he gave the following details of the case:—The patient, a lady, was seized on the 4th of last February, the disease commencing as an itching in the lower lip, with inflammation, hardness, swelling, redness, and tenderness, but without the acute pain which usually accompanies facial carbuncle. It ran a rapid course, and on the 12th and 13th the face, neck, left clavicle, and sternum, were much swollen and livid; the power of speech and swallowing was lost. She was kept alive by enemata of beef-tea, eggs, and brandy. On the 14th, however, the swelling decreased, and she recovered the power of swallowing. A slight improvement continued, and on March 4th she was able to sit up, and next day she walked from the bed to the sofa. After walking there was evidence of a plug in the vein about the left ankle, which caused much pain, but it disappeared about the 10th. On the 12th there was a relapse, with symptoms of liver obstruction, and she had proceeded until that day, suffering more or less. This morning, the 24th, she had a slight convulsive seizure, which lasted twenty minutes, but without loss of consciousness; this was followed by acute pain in the abdomen, and she seemed to be sinking. She rallied, however, and the last report found her feeling much better. The author then drew attention to the points of interest in the case, and detailed his plan of treatment.

Drs. Farquharson, Sansom, and Wynn Williams related cases that came under their own observation. Dr. Thorowgood and Mr. Myers had both met with cases that terminated fatally.

Dr. **Carpenter** replied to the questions, and

The meeting adjourned.

March 31, 1873.

Dr. **Habershon**, President, in the Chair.

Mr. **Maunder** showed the

UPPER EXTREMITY OF A FEMUR REMOVED FROM A CHILD, ÆT. 5,

The patient died. He also exhibited the

ENDS OF THE BONES FORMING THE ELBOW-JOINT, REMOVED PRIMARILY FROM A FEMALE, ÆT. 51.

The back of the elbow had been caught in a jute-carding machine, and the teeth had carried away a large tract of skin and lacerated the neighbouring muscles, but the ulnar nerve had escaped. Mr. Maunder excised the joint, with two inches of the lower end of the humerus to correspond with the loss of integument. This patient progressed uninterruptedly well. He also brought forward the

UPPER END OF A HUMERUS REMOVED FROM A FEMALE, ÆT. 35.

Six years ago she received a blow on the shoulder, and for two years there had been discharge from one or more sinuses and the head of the bone was reduced to one-fourth of its natural size. The point of practical interest was, would it have been sufficient to have removed simply the remnant of the head of the bone, instead of cutting it through at the surgical neck? He was of opinion that had he left the tuberosity, anchylosis and a stiff joint would have resulted instead of one which bids fair to be useful.

Mr. **Davy** congratulated Mr. Maunder on the result of these cases.

Mr. **Bryant** showed a

SPECIMEN OF TOTAL OCCLUSION OF THE RECTUM.

The history of the case, including the operation of colotomy and its progress up to Jan. 30, 1872, are given in the *Medical Times and Gazette* for March 16, 1872. The following is a brief abstract:—Miss B., æt. 18, had been subject to insuperable constipation for seven weeks. All medicine and food were rejected, and for some time the vomit had been of a yellow colour. The use of rue and turpentine enemata having failed, the ascending colon was opened and the edges stitched to the external wound, on September 6, 1871. Motions were passed regularly through the artificial anus, and the note taken on the 30th Jan., in the following year says—"At the present time the girl is going about in good health. She has still some straining on the pelvis, and the tumour formed in it is being forced downwards. The patient died of peritonitis on the 21st June, 1873." The *post-mortem* showed stricture of the rectum of a cancerous nature, and tubercles of malignant matter were deposited upon the neighbouring organs; the bowel was impermeable, not allowing even the passage of a bristle.

The **President** spoke of a

CASE IN WHICH COLOTOMY WAS PERFORMED,

where the patient, who had been suffering from disease of the rectum of a syphilitic character appeared to be doing well. The operation demonstrated the advantage of removing the source of irritation to the bowel by preventing the passage of fæces over it.

An important discussion followed, in which Mr. Allingham, Mr. Maunder, Dr. Wiltshire, and Mr. Davy took part.

Dr. **Farquharson** then read a paper on an

EPIDEMIC OF ROSEOLA OR SPURIOUS MEASLES

which had occurred at Rugby in 1870, and

The meeting adjourned.

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Diseases of Immigrants.—The Registrar of Records of the Health Department of New York, in his report on the deaths in that city in the year 1872, calls attention to the mortality of immigrants from some of the fatal diseases of the year. Phthisis, or consumption, caused 13 per cent. of the total mortality in New York City in 1872, and it is remarkable that though the majority of the population are natives of the United States, the natives dying from this disease were only 1,461, and the foreigners were 2,813, or nearly double the former number. So also with the deaths from cancer, 392 in all, only 96 being deaths of natives, and 296 deaths of foreigners. The returns show a large preponderance of natives in the deaths from small-pox, and one or two other epidemic diseases, but the deaths from these diseases were principally of children, and the Registrar tells us to bear in mind, in studying New York statistics, that the vast majority of the children in New York City are of native birth, although many of these are of foreign extraction.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 23, 1873.

THE NEW MEDICAL WARRANT.

THE General Staff Scheme is now the established system of the Army Medical Department, recommended by the Director-General, supported by some of the most senior Medical officers, and legalised by the Secretary of State for War, but wanting the confidence of the great majority of the working class—the Surgeons-Major and the Surgeons.

It would be impossible to doubt for a moment the sincerity of purpose which actuated those who were, by their higher rank, in a position to impose this scheme upon a reluctant majority, and a closer study of the clauses of the New Warrant even forces on us the belief that the Director-General, although advising the general principle, can never have suggested that it should be accompanied by the irksome regulations with which it has been introduced. It would be incredible that the head of any department, while conscientiously accomplishing an invidious task, should wantonly add thereto collateral provisions subversive of privileges which were hardly won in former struggles, and the loss of which would produce a far more lasting and bitter discontent than any changes of administration legitimately made. Moreover, these very enactments, if justly carried out, will before all affect the Director-General himself, the Surgeons-Major by whom he is assisted, and those who are on duty at Netley, since, "forage being granted for such number of horses as are necessarily kept for duty," it cannot possibly be shown that horses are necessary for the discharge of either the official work at Whitehall or the Medical duties of the Royal Victoria Hospital.

The subordination of Surgeons-Major over twenty years' service to all Lieutenant-Colonels, will very materially influence, in the right to lodging allowance on land, and to choice of cabins on board ship, many who, though favourable to the staff scheme, would have been loath to accept it at such a sacrifice. Again, the investment in the Commander-in-Chief of the power of, with the approval of the Secretary of State, recommending all names for promotion to such vacancies as occur by retirement, and are consequently the most numerous, places the Director-General in a position which could be as efficiently filled by the head clerk. Finally, the removal, without warning, of all regimental surgeons from their regiments, and the infliction on them, to waive sentiment, of the real pecuniary loss of all paid-up subscriptions, of the outlay for expensive uniforms, including in many cases a charger and saddlery, and of the sums which many, with the cognizance of the authorities, have paid for exchanges, is an act which the Director-General, knowing that the members of his department are poor men earning their own livelihoods, could not possibly have proposed.

From intrinsic evidences, therefore, it is clear that this Warrant must be the legislation of those who are blinded to the justice of details by the broad motive of economy.

That the Secretary of State either has not, in the limited time which he could spare to the subject, grasped its true bearing, or has allowed himself to be guided by those who had not the welfare of the department at heart, can scarcely be disguised, and we most sincerely hope that, conscious of his own established reputation, Mr. Cardwell will not refuse to allow these very serious wrongs, done unwittingly to those who cannot command interest in high places, to be brought before him for reconsideration by impartial mediators.

We would, at the same time, most earnestly caution the Medical Officers of the Army against permitting themselves to be hurried by naturally indignant impulses into embracing any course of action contrary to discipline. They should bear in mind that, with reference to the petitions prepared by the combatant officers on the purchase question, the Commander-in-Chief expressed unqualified disapproval, while also intimating to them that they were at liberty individually to make known their grievances to him through the Adjutant-General of the Army.

This privilege must be open to all, and we should think that temperate and respectful letters, sent through the Director-General, from those who are injured, would meet with the fullest investigation at the hands of His Royal Highness. If to this were added mediatorial efforts on the part of the leading members of the civil profession, we cannot doubt that this very unequal warrant would be willingly submitted by its authors to revision.

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THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE position held by this ancient corporation is such that we cannot but feel gratified that it should again have elected Dr. Burrows president, and his address on the occasion shows how well qualified he is to direct its affairs. If the Government had ever intended to do justice to the Profession they would long since have conferred a Baronetcy on him in deference to the wishes of his brethren, and in recognition of his position at the head of the College, and formerly of the Medical Council, as well as his long services in the cause of Medical reform.

But the fact is, that however much the subordinate deparments may indulge in disgraceful squabbles as to Medical reform, the important members of the Cabinet are as indifferent to it as they are to other subjects connected with the Profession. Witness the long time that they will not fill up the Irish Surgical Baronetcy, and the utter insensibility they exhibit to the opinion of the Profession in very respect, both in England and Ireland.

This is the more disgraceful, inasmuch as the Government does not hesitate to make use of professional services whenever they are to be obtained without payment. Thus, the Medical Profession is expected to exhibit complete self-denial—to work for the public good, and for the honour of serving the State—and then a grateful country refuses to bestow that social rank which is accorded to lawyers, not in place of, but in addition to, payment.

The retrospect taken by Dr. Burrows of the year's proceedings of the College of Physicians illustrates this and other points. Thus, he remarked that the relations of the College with the Government during the past year have continued upon the same satisfactory footing as has long subsisted. The College has had no favour to seek for, but has rendered a willing aid to the Government whenever applied to for counsel or other assistance.

Two reports on Leprosy have been made to H.M. Secretary for the Colonies in reply to his communications during the past year. That of Dr. Gavin Milroy is founded on eleven months' residence and observation of leprosy in Demerara, Barbadoes, Antigua, Trinidad, Dominica, and Jamaica, and its publication is looked for with much interest.

The Secretary of State for Foreign Affairs has transmitted specimens of condurango root to the College, requesting to be favoured with a report upon the reputed efficacy of the root in the treatment of cancer. These specimens were placed in the hands of several competent and trustworthy observers for the purpose of experiment, and the results unhappily compelled the College to return a report to Lord Granville announcing that the condurango root had been found quite inert in the treatment of that terrible malady.

The desire of the colonial Medical institutions to connect themselves with our College has been manifested upon several occasions during the past year. Trinity College, Toronto; Dalhousie College, Halifax, Nova Scotia; and Bishop's College, Montreal, applied to have their courses f study recognised by the Royal College of Physicians as ualifications for admission to examination for the diploma. he Medical Board of Trinidad has made application hrough the Colonial Office requesting the College to ndertake the examination, by sealed papers, of physicians ishing to obtain a licence to practise medicine in that lony. To this request the College gave a qualified sent, and prepared a plan to carry out the wishes of the lony, and this plan, mutually agreed upon, is about to me into operation. To the former applications the veral Colleges have been informed that no definite swer can be given while the scheme for the formation a Conjoint Examining Board for England is under con-deration.

Dr. Burrows spoke in highly favourable terms of Mr. urner, who has been appointed Bedillus, and touched on veral other topics important to the College. Respecting e lectures, he said :—

"One of the most interesting events in each year is the anner in which we commemorate our illustrious predessor, Harvey. The Harveian oration last year was delired by Dr. Arthur Farre, who most appropriately selected the subject of Generation, as exemplified in the celebrated exercises of Harvey, for the theme of his discourse. The orator informed us that it did not appear that this subject had been selected before, and then entered upon an elaborate and learned disquisition upon the state of knowledge on this subject from the time of Aristotle to Harvey, and upon the contributions made to elucidate this subject made by Harvey himself and by subsequent inquirers. All must remember the striking and remarkable passages quoted from Harvey forming the concluding paragraphs of an instructive and eloquent oration.

"The Gulstonian, Croonian, and Lumleian lectures have been delivered by Dr. Robert Liveing, Dr. Radcliffe, and Dr. Barnes, who have sustained their reputation by discourses displaying erudition, elaborate research, freedom of thought, and clinical experience."

He then took the sad duty of alluding to the death roll, and said :—

"Many changes have taken place in the roll of the College during the past year. Fifteen new fellows have been elected, and six have been removed by death—namely, Dr. Aldis; Dr. Cammack; Dr. J. A. Gordon, F.R.S.; Dr. H. B. Leeson, F.R.S.; Sir Andrew Smith, K.C.B.; and Dr. Ormerod, F.R.S. All of these fellows worthily maintained the credit of their order: some, having completed a long professional career, died ripe in years and full of honours; others were cut off in middle age, and their removal from their sphere of labour must be regarded as a public loss. Among these latter I cannot refrain from especially alluding to the last of the names of deceased fellows, Edward Latham Ormerod. All who had the happiness of knowing that gentleman must have recognised in him a rare combination of extensive and accurate knowledge, indefatigable industry, great practical skill, and a character of singular gentleness and modesty, adorned by many social virtues. Fifteen new members have been admitted, and six have died. Eighty licentiates have also been admitted, while eight of the several orders of licentiates have died. Upon the whole, ninety-five new names have been placed on the College lists, and twenty have been removed by death; so that our numbers on the balance are increased by an addition of seventy-five to the College roll."

There remain three most important questions, having reference to the future of this College, to which it will be my duty to advert. I allude (1) to the reference by the fellows to the Council of the question of the mode of nomination of members for election to the fellowship. (2) To the desire of the College to promote the scheme for the formation of a Conjoint Examining Board in England. (3) The determination of the College no longer to regard our proceedings as secret, but to suspend in the College hall an authorised abstract of the "res gestæ" at each general meeting.

Let me touch upon these topics in the order I have mentioned them.

The subjects of election to the fellowship, conjoint boards, and publicity of College proceedings, occupied the remainder of this interesting address.

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THE DISEASE OF DRUNKENNESS.

A RECENT communication "On the Semiology of Intemperance" to the proceedings of the Dublin Medical Society by Dr. McClintock, of which an abstract appeared in our columns last month, afforded the testimony of extended Medical experience and earnest thought in favour of the principles of Dr. Dalrymple's Habitual Drunkards' Bill. Dr. McClintock concurred in his views with those of every Medical man who has had the opportunity of forming a reliable decision, and regarded habitual drunkenness as an actual disease or form of lunacy which the physician need have no hesitation—the facts once established—in certifying as such. On this subject Dr. Willard Parker, of New York, says—

"For many years I was connected with the care of inebriates, and paid particular attention to the character of those in my charge, and I have arrived at the conclusion that drunkenness is a disease. A man so affected cannot control his appetite, and must have drink regularly, and will have it at all hazards. A healthy man can refrain from drinking, but a diseased man cannot; and these men so addicted readily admit that. Men suffering from the disease can be cured, and they will with tears in their eyes promise to abstain, yet on passing a liquor store they cannot help themselves, and will go in and have their whiskey."

But alcoholism is a disease which has certain unique characteristics, which make it a fitting subject for exceptional legislative treatment. It is the only disease which is at the same time easily, certainly, and permanently curable, and yet is totally uninfluenced by any Medical skill. As surely as it will kill the patient—body and soul—if allowed to run its unchecked career, so surely it may be, at any of its earlier stages, stamped out by means of the one panacea.

And yet the law, which places under stringent constraint the disseminators of syphilis or small-pox, forbids us to force that panacea upon the enthralled victim of uncontrollable passion. Nay, more; it forbids us using the remedy, even though a patient, in a remission of his disease, entreats us to apply the means within our power to save him from the dreaded return of his malady.

The elixir capable of combating this devil within is restraint. We see our fellow-beings lapsing, from hour to hour, from happiness, prosperity, health, and morality, ever downwards to abject misery, bodily torture, moral degradation, and unregretted death, and in his madness dragging with wide-stretched grasp the innocent victims of his madness. We know in our hearts that if we have the courage to lay a firm grasp for a short time upon the alcoholic maniac we shall restore him at once to health and possibly to prosperity, and yet with cruel callousness we stand aside and watch the agonies of a moral death, and satisfy ourselves with the vain excuse that a respect for "the liberty of the subject" deters us. Liberty, in sooth! to revel in bestial orgies, to commit crime and to inflict at length a self-destruction welcomed by all right-thinking people as a release of the community from a spectacle of demoralisation, and of the maniac's friends from his pestilential presence.

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Notes on Current Topics.

French and American Discoveries.

THE *Medical and Surgical Reporter*, of Philadelphia, says:—Not long since we noticed some recent French investigations into the action of the oxy-hydrogen blowpipe on lime in producing an intense light, which was claimed as something new, while it was an old affair here twenty-five years ago.

We are now gravely informed by the *Medical Record* of London, that the subject of treating rheumatism by *propylamine* has been under discussion before the Société Médicale des Hôpitaux, of Paris, and that cases were reported in which it had been used successfully. The virtues of propylamine were tried, discussed, and had their day in this country ten years ago! The results will be found fully reported in the columns of this journal, in 1860 and 1861. We are gravely told that propylamine has been selling in Paris at 200 francs per kilogramme, but it is hoped soon to reduce the price to 80 francs! Some of our druggists may have an opportunity of disposing of some of their old stock at an advance!

Topical Medication in Dysentery.

PROFESSOR R. B. MAURY treats chronic dysentery by topical applications. He examines them, we learn from a note in the *Detroit Medical Review*, in the left lateral position, with a Sim's speculum, of a small size, introduced in the rectum.

In some of the cases ulcers were found so large that a piece of sponge the size of a guinea's egg could be buried out of sight in its cavity; in others the ulcers were quite small and numerous, while in others still, there was only a hyperæmic, swollen condition of the mucous membrane. These ulcers were cleaned with cotton wool, and a solution of nitrate of silver, ʒij, to ounce of water, applied freely. The doctor says that, "in addition to these cases, my partner, Dr. R. W. Mitchell, has treated quite a number of cases upon the same plan, and with the same good results. There is no other treatment for chronic dysentery, that I am acquainted with, from which any such results as those here reported could have been obtained. In all these cases a great variety of treatment had been tried before they came under my care. While undergoing this treatment they had no other.

"I believe that the treatment here described is applicable to all cases of dysentery which have become chronic, and according to my observation this will usually be after the lapse of about six weeks from the commencement of the attack. I would recommend that a full dose of opium be administered always just before the caustic application is made to the rectum. We thoreby lessen the pain of the treatment and secure rest to the bowel for several hours."

Arrest of the Destruction of Lung Tissue in Chronic Phthisis by means of the Inhalation of Oxygenated Essences.

DR. JULES CHERON claims, in the *Gazette Hebdomadaire*, to have produced "cicatrization of cavities of the lungs in chronic phthisis," by means of the oxygenated essence of camphor. Preference must be given to the oxygenate essence of Laurus Camphora, of which the odour is less penetrating than that of Borreo camphor, and to the oxygenated essence of cedar, the odour of which is agreeable and sweet, and is very well supported by the patient.

"An intense continued fever, great weakness, rapid progression of the disease, with emaciation, are contra-indications for their use.

"The slow form of phthisis, with partial conservation of strength, abundant expectoration, with cough and oppression, are the cases in which the best results are obtained. Surely, the simple inhalation of pure oxygen is as easy and much more agreeable to the patient."

MR. PRESCOTT HEWITT has been elected Foreign Correspondent of the Academy of Medicine of Paris.

Salicin in Obstinate Diarrhœa.

Dr. I. B. Mattison, writing in the *Phil. Med. and Surg. Reporter*, recommends in cases of diarrhœa which prove utterly rebellious to ordinary treatment, salicin in powder or pilular form, to children preferably the former, in any appropriate vehicle, in doses, under two years of age, of one-half grain every four hours, and to adults after the following formula :

℞ Salicin, ʒj. ;
Fiat pill, No. 24. ;
Sig. two pills every four minutes.

"Its employment," he says, "is followed, after a short time, by a decrease in the frequency of the evacuations, a return to their normal colour and consistence, and subsequent restoration to entire health."

Diagnosis of Cancer by the Microscope.

Twenty-five years ago it was generally believed, says the Editor of the *Pacific Medical and Surgical Journal* that cancers exhibited a peculiar cell-structure, easily detected by the microscope. A few years later, this began to be denied, and it is now affirmed and denied confusingly. Is it not time the question was settled ? We notice that the President of the New York County Medical Society, Dr. Jacobi, refers to the so-called cancer cells as being "impossible and non-existing." Others, equally eminent in the Profession, make no doubt of their existence. The contradiction is not creditable to science.

Fashion and Disease.

The *Pacific Medical and Surgical Journal*, in its usual trenchant style thus touches this subject :—Since the Prince of Wales was reported to owe his sickness to a defective sewer, the civilized world has gone into the business of making and cleansing sewers. And since the Emperor Napoleon was reported, though incorrectly, to have died from embolism, people are charmed with that summary method of winding up their affairs, and embolus has become the most popular messenger of death.

Tuberculosis of the Uterus.

Dr. H. Lebert, has published in the *Archiv. f. Gyn.*, an elaborate study on the subject of tuberculosis of the female genital organs, and finds that the phenomenon is not so rare as is generally believed. The history of thirty-three cases which he had observed, leads him to the following conclusions,quoted in several of our exchanges, in regard to the reciprocal influence of pregnancy and tuberculosis.

1. Tuberculosis of the internal organs of generation may be primary, consequent on, or coincident with, that of other parts.

2. Tuberculization of the neck of the uterus does not exist. The malady so described is a caseous degeneration.

3. The influence of pregnancy and accouchement on tuberculosis is greatest between the ages of twenty and thirty, though it is observed later.

4. When tuberculosis occurs in young girls, it may be arrested, but more frequently it assumes a new development under the influence of the first pregnancy, or sometimes a subsequent one.

5. It is exceptional for women who have had tubercles to resist repeated pregnancies. Their children are ordinarily feeble and tuberculous.

6. Pregnancy is often prevented as phthisis advances, but the initial phases of tuberculosis take their course unrestrained by gestation.

7. Abortion, gestation, delivery, accelerate the march of phthisis in three-fourths of the cases. Pregnancy has no notable influence on its localization or form. The sad influence of accouchement is most marked when pregnancy has promoted the tubercular development. Women of tuberculous taint have little milk, and can not generally nurse. Their infants are feeble, scrofulous, and finally phthisical.

Borax for Loss of Voice.

Dr. Corrigan, of Orange, in the *Med. Record* of New York, says that a small lump of borax held in the mouth and partially swallowed, gives effectual relief for hoarseness. Speakers or singers whose voice is impaired by cold are relieved as if by magic, the effect lasting an hour or more. It produces a profuse flow of saliva. A lump of nitre, he says, will sometimes break up an incipient catarrh. The remedy is old enough on this side of the Atlantic, and is constantly used in country villages without consulting the doctor.

The Custody of Dangerous Lunatics by their Friends.

An occurrence has taken place at Emyvale, near Coleraine, which should stimulate enquiry as to the circumstances under which dangerous lunatics are placed when their restraint is left in the hands of their friends. An insane woman, 35 years of age, had resided for nearly six years with her father, mother, and sister, and although usually quiet and harmless, her father on leaving home always took the precaution of tying her to a stake, which he put in one of the rooms for that purpose, and otherwise securing her, so as to prevent her being at liberty until his return. One morning he had occasion to go out in company with his younger daughter, leaving only the mother at home with the lunatic. Having first secured her in the usual manner, he went to the market and transacted his business there. On his return a sad spectacle met his gaze ; his wife lay dead in a pool of blood upon the floor, her features disfigured, and her skull fractured in several places. It seems that the unfortunate daughter, when left alone with her mother, became enraged at being confined, and succeeded in breaking loose. Her mother, it would appear, endeavoured to pacify her, when she struck her with the stake to which she had been tied, knocked her down, and then literally battered in her skull and face with a large stone, inflicting a number of terrible wounds, any one of which would have been sufficient to cause death. An inquest was held on the body on Thursday, and the accused is now lodged in jail until the summer assizes.

It must be obvious that, as regards persons in the class of life in which this family were, the care of lunatics who may be occasionally dangerous, should never be entrusted to them. They cannot possess the experience or the means either to guard their own safety or do justice to the poor lunatic, nor can they exercise the essential watchfulness which such a trust demands.

Are M.B.'s Doctors ?

A conversation took place at the Medical Council respecting the use of the title Doctor by Bachelors of Medicine. The London University prints in its Calendar a notice that the M.B. is not entitled to call himself Doctor, and the President of the Council himself stated that he did not receive the title of Doctor. We presume the learned President meant that his University did not so style him. It is certainly a fact, as remarked by Dr. Macrobin, that though a Bachelor of Medicine may not call himself Doctor, his professional brethren as a rule do so address him. The right to the title is of course very different from being addressed by it by courtesy. The point remains unsettled, and we suppose will so long as titles "by courtesy" are given at all.

A New Potato Disease.

Professor Hallier, in the *Zeitschrift für Parasitenkunde* for 1873 (vol. iv., heft 1), notices a new potato disease as having made its appearance at Apolda, near Jena, in the course of last autumn, the preceding summer having been remarkably dry in that locality; and the *Pharmaceutical Journal* thus describes it:—The disease differs from the one which has been so fatal during recent years, in attacking at once the tuber and not the leaves. The tuber in the diseased plants is found to be covered beneath the skin by a purple felt, composed of the mycelium of a fungus, which, on close microscopical examination, is found to perforate the skin, on the surface of which are a number of black spots having the appearance of the perithecia of a pyrenomycetous fungus. Soon after these spots make their appearance the potato becomes completely destroyed by a cancerous disease, the disease being always accompanied by the production of the fungus, which probably belongs to the genus Sclerotium. Professor Hallier thinks that the same remedies or preventatives may be applied as in the case of the more prevalent disease, the selection of early varieties and of suitable soils, and the use of mineral to the exclusion of animal or vegetable manures. The geological formation at Apolda is the keuper.

Prosecutions under the Adulteration Act.

On Friday, conviction was obtained in each of three cases of milk vendors in London for infringement of the Adulteration Act. In the course of the trials evidence was given by Dr. C. Meymott, B.M., Professor of Chemistry at the London Hospital, who deposed that he had analysed the sample of milk submitted to him, and found it contained water, and was in his opinion adulterated with salt. It was nearly half water, and there was a great deficiency of the fat. The analysis showed the following result:—Specific gravity, 1024; cream, 3·8; total solid per 1,000 grains, 84·0; fat, 14·6 and casein, 23—37·6; sugar, 39·2 and salts 7·2—46·4. The solids in this milk had been reduced to 84 in 1,000.

In another case Dr. Tidy said it was the worst he had ever met with. The specific gravity was 1024, cream 5 per cent. The total solid per 1,000 grains was 58·0 grains fat, 10·5; casien, 22; sugar, 22·5; salt, 3·0. The lactometer was of no use in detecting fraud, the milkman could cheat it with the greatest ease. The magistrate strongly animadverted upon the conduct of the defendants and said he was determined to carry out the act in all its integrity.

Industrial Diseases.

In a lecture last week before the Royal Dublin Society Dr. Mapother brought forward some points of interest. Among dusty employments he showed that the chipping of French millstones was the most fatal, death resulting after seven to eight years' continuous work. He advised the wearing of a respirator which he described and figured in our pages (April 27, 1870), or of one invented by Dr. C. Purdon, F.R.C.S., Belfast. Among flax-workers what is called "mill fever" sometimes arises, and as it has a peculiar rash and occurs but once in life, it is not unlike the eruptive fevers. The coloured lines at the edges of the gums following the introduction of various metals Dr. Mapother attributed to their reduction by light, the sugar so often in the mouth giving aid to this deoxidation. He stated that carbolic acid readily removes paint, and that thus burning, scraping, and sand-papering, which were hurtful to the workmen could be avoided. Some aid could be given to dropped wrists by an elastic band from a glove to the coat above the elbow. The making of mirrors by silver instead of by mercury was earnestly recommended on the grounds of cheapness, excellence, and harmlessness. He urged that occasional vacations from the more hurtful trades should be enforced. The unsanitary circumstances which often afflict the baker, the tailor, and the seamstress, were very fully discussed, and many amendments in the Factory and Workshop Acts were suggested. We are glad to learn that the series of eleven lectures will be published in a volume by the society.

Coming Reform.

The *British Medical Journal* makes the following statement in its last issue:—

"The Reform Committee of the Association has for some time been in communication with Mr. Headlam on the subject of his Bill, which is chiefly based on the Bill of the Government which was withdrawn in the session of 1870. It approves of, and authorises, the formation of conjoint boards of examination for the respective divisions of the kingdom by the Medical authorities, subject to the approval of the Privy Council and of the General Medical Council; but, in case of failure on the part of such Medical authorities, it delegates the power to the General Medical Council, in conjunction with the Privy Council, in order to obviate and render for the future impossible the injurious competition which has existed amongst the universities and corporations, nineteen in number. Compulsion will only come into force where the Medical authorities prove themselves unequal to the task of securing, in the interests of the state, of the Profession, and, above all, of the community, an uniform, efficient, and thoroughly practical examination of all candidates for the Medical Profession. The approval of all the arrangements respecting examinations and licences will fall specially within the province of the General Medical Council.

"The proposed Bill of Mr. Headlam will in this way give greater power to the General Medical Council than it has hitherto possessed; and, as a necessary consequence, it seeks to modify its composition, and make it more truly representative of the Profession than at present.

"Mr. Headlam's Bill will, by the introduction into the Council of direct representatives of the Profession in the proportion of one-fourth of its members, correct, at least in part, this anomaly; it will bring the General Medical Council into more immediate connexion with the Profession, and thus enlarge and strengthen the basis of its constitution. In the present circumstances, Mr. Headlam's Bill merits well the favourable consideration of the Association."

The sketch of Mr. Headlam's Bill which our contemporary then gives is decidedly unpromising. It relegates to the Medical Council the mandatory power necessary to enforce the formation of conjoint examinations, and it proposes not only not to curtail the talking power of that assembly, but actually to add another reinforcement of one-fourth to its numbers.

Neither of these propositions will find an advocate in Parliament. The Medical Council has for fifteen years possessed powers of compulsion quite adequate to its requirements, and has never used them, and at this hour shows neither the courage to coerce anybody nor the capacity to make up its own mind. That the already discordant ingredients of the Council should be thrown into effervescence by the incursion of a large contingent of new men and new interests is a consummation of which no one can approve, and we rather think Mr. Headlam would find more favour with the Profession if he would reduce the Medical Council by one half its numbers, and settle the questions now at issue by a distinct parliamentary programme.

The Martyr to the Vaccination Laws.

Charles Frost, whose second indictment for refusal to have his child vaccinated has been pending for some time at Bow-street, was interceded for by a like-minded clergyman. The magistrate was privately informed by this champion that he ought rather to suffer death than inflict a fine. Mr. Flowers having demonstrated to Mr. Frost that small-pox hospital statistics were overwhelmingly against him, required him to pay 20s. and costs.

Homœopathy in the Provinces.

The *Dundee Advertiser* of the 15th reports a lecture by "Dr. Ruddock, of London," on "Homœopathy." The lecturer said he had travelled 500 miles for the purpose of explaining the important subject. He told the Dundee audience that homœopathists have "several hundred specific medicines," and a good deal more equally reliable information. This is the first time we have heard of "Dr. Ruddock, of London," and we hope if he should turn up again in a similar capacity his statements may be more in accordance with science. We do not think the homœopathists themselves will subscribe to all he is reported to have said.

"The Sanitarian."

This is the name of a monthly journal started in the United States under the editorship of Dr. A. N. Bell, who himself contributes to the first number a description of the New York Quarantine Establishment. The *Sanitarian* opens with a valuable address on "The Importance of Sanitary Science," by Dr. C. R. Agnew, President of the State Medical Society of New York. We wish this journal success.

Epidemic Hospitals.

Dr. A. Vans Best, of Aberdeen, has collected his letters to the local press in the form of a pamphlet. He adds also reprints of some practical papers contributed to Medical journals.

Medical Officers of Health.

We have received a copy of a manual for Medical officers of health, by Dr. Edward Smith, just issued by Messrs. Knight and Co., and as not a few of our readers are peculiarly interested in the matter we take this early opportunity of reporting that it appears to us, so far as we have at present been able to look into it, well calculated to serve the purpose for which it is published. There must be many who will be glad to have brought before them their duties by one in the position of Dr. E. Smith.

The late Professor Partridge.

The recent death of Mr. Richard Partridge, F.R.S., has left several appointments which he had filled with great satisfaction. He was born near Madeley, in Shropshire, in January, 1805. He entered upon his professional studies first at the General Hospital, in Birmingham, as a pupil of the late Mr. Hodgson, and afterwards at St. Bartholomew's Hospital, under Mr. Abernethy. After passing his examination at the College of Surgeons, in April, 1827, he became demonstrator, and subsequently professor of anatomy at King's College, and surgeon to the hospital. In 1851 he succeed Mr. Joseph Henry Green as professor of anatomy in the Royal Academy, which post he held up to the time of his decease. Mr. Partridge had been for some years a member of the Court of Examiners, and also of the Dental Board, and in 1866 filled the office of President of the Royal College of Surgeons of England. He was elected a fellow of the Royal Society in 1837, and president of the Royal Medical and Chirurgical Society in 1868. On resigning the office of surgeon to King's College Hospital a few years back, he was presented with a testimonial by the old pupils of the hospital as an expression of the high esteem they entertained of his private and professional worth. Mr. Partridge was the instigator of bringing to justice the notorious Bishop and Williams for the murder of the Italian boy.

The Worshipful Company of Fishmongers of London have granted fifty guineas towards the building of the Chapel for the patients of the Royal National Hospital for Consumption, on the Cottage principle, located at Ventnor, Isle of wight.

We are pleased to hear that Mr. Alfred Haviland, F.R.C.S., well-known for his ingenious and scientific method of treating and illustrating the Geography of Disease, has succeeded in obtaining the appointment of Medical Officer of Health for the county of Northampton, at a salary of £800 per annum.

Munich has done honour to the memory of its late distinguished citizen, Professor Liebig, by giving him a public funeral. The ceremony was of the most imposing character, and the followers included civil and military authorities, judges, magistrates, and professors, whilst the populace turned out *en masse*.

The children of the late Sir W. Lawrence have presented £1,000 to St. Bartholomew's Hospital for the purpose of founding a scholarship in memory of their father.

Literature.

A TREATISE ON RHEUMATIC GOUT, OR CHRONIC RHEUMATIC ARTHRITIS OF ALL THE JOINTS (a).

WHEN a work of the character of that now before us has reached the honour of a second edition, the critic may be said to be "*functus officio*," the public, the severest, as the honestest of all critics having pronounced its verdict; but a second or even a third edition may call for the services of the reviewer, and it is in this latter capacity we would wish to speak of this the latest contribution to the literature of our Profession from the pen of the Nestor of Irish surgery.

The disease of which Dr. Adams' work treats must have been known from the period of earliest antiquity, but until the commencement of the present century it was confounded with either gout or rheumatism, the nomenclature apparently resting on the accidental circumstance of the joint or joints implicated. Dr. Haygarth, an eminent physician practising in Bath, the then fashionable resort of the gouty or rheumatic, appears to be the first who recognised the distinctive features between this complaint and those with which it had been so long confounded, and suggested for it the name "nodosity of the joints," a name which in many cases in the more advanced conditions of the disease would seem well to apply to it, but which is not so applicable to it in its earlier stages, nor, indeed, applicable to it at all under some conditions. Hence it was that Dr. Adams felt the necessity of striking out some other title under which to describe it, and years ago hit upon the name by which it is now generally recognised by surgeons—chronic rheumatic arthritis; and as the result of years of observation of the disease gives us in this, the second edition of his work, the fruits of his ripe experience of what occasionally is the saddest disease with which it pleases Providence to afflict humanity. One who has only witnessed the disease in the hip-joint (a favourite *habitat*) can scarcely picture to himself the pitiful condition of the patient who is a victim to its fully developed ravages. How life can be prolonged under such trying circumstances is a constant marvel to the bystanders, and yet those so affected live, and under favourable circumstances continue to live, long after life becomes a burthen to themselves and death is prayed for as a welcome release from their sufferings. That chronic rheumatic arthritis involving only the hip-joint does not seem injuriously to affect the patient's chance of long life has been universally granted, but whether this is so in those patients whose every joint seems to be the seat of the disease has at times been keenly debated. This is a question which seems to us to have been happily answered by Dr. Adams when he states that much depends on the condition of life in which the patient is; Dives in this respect faring immeasurably better than Lazarus—a statement in which our own experience enables us to coincide, the most melancholy example of the disease we ever witnessed having occurred in the person of one able to procure every comfort calculated to alleviate her sufferings, as the result of which she lived to a very advanced age, ultimately dying of bronchitis.

In a disease so terrible in its advanced stages, it is comforting to find so eminent an authority as Dr. Adams teaching that, at all events in its earlier stages, it is not altogether outside the pale of the surgeon's art. In its more advanced stages we believe that even Dr. Adams himself could not promise much. Palliatives may relieve, but no class of medicines can compete with kind, loving nursing; and terrible though may be to the patients their sufferings, and consequently exacting though they may be to their attendants, still there is a grain of comfort, both to the patient and to the nurse, in the knowledge that the attendance (with ordinary care) need not be of a disgusting character, for suppuration is not a necessary sequela of the disease. We say "with ordinary care," for, of course, in this as in all other cases requiring prolonged confinement to bed, bed-sores will be our *bêtes noirs*; yet, with ordinary care, these can be kept in abeyance, and, indeed, are not so imminent or harassing in this as in many other less formidable diseases. As to strictly therapeutical remedies, Dr. Adams places confidence in local depletion, internal administration of sulphur in the form of the time-honoured *Chelsea pensioner*, and external local applications either of anodyne liniments or of preparations of iodine or of iodide potassium. In the estimate which he entertains of the Chelsea Pensioner, in our opinion he seems to attribute more than is its due to the sulphur which it contains, not sufficiently recognising the value of the guaiac resin entering into its composition; and in connection with this subject we may be permitted to remark that the reference to this chapter in the table of contents is incorrect.

As to the pathological history of the disease, whether as regards the letter-press, the wood-cuts, or the plates, Dr. Adams we suspect has left but little to those who come after him to do. In fact, his labours in the previous edition of the work had been so exhaustive that but little was left for himself to add in the present edition. To do justice to the wood-cuts and plates in a review is simply impossible; careful inspection can alone enable our readers to appreciate them, and we can most heartily commend them, as the work itself, to the careful study of all anxious to become masters of this most interesting disease.

In addition to this most conscientous study of chronic rheumatic arthritis, Dr. Adams has now added two chapters on bursal tumours, the first (ch. 14 of the work) being devoted to the consideration of bursal tumours developed in the vicinity of the joints affected with chronic rheumatic arthritis, and the second (ch. 15) dealing with what may be termed simple bursal tumours. Many cases are given illustrative of these two classes of bursal tumours, from a perusal of which it can readily be gleaned that Dr. Adams is anything but an advocate of the heroic plan of treatment. Whether the juxtaposition of cases 41 and 42 is exactly fair to a junior colleague may be open to question, but if they do not adorn a tale they certainly point a moral, and so far as our own experience goes, we are fully in a position to endorse the views put forward in this part of his work by Dr. Adams.

One last word, and we regret that it cannot be one of commendation. On looking at the title-page we read that Robert Adams is "M.D., A.M., M.Ch., M.R.I.A., Ex-President of the Royal College of Surgeons, &c." Surely the Royal College of Surgeons is not so bankrupt in Fellows worthy of the honour of being its President as to have recourse to the University of Dublin for one, however otherwise distinguished, but who is not of their body, upon whom to confer that honour. Can it be that Robert Adams, twice President of the Royal College of Surgeons in Ireland, a trusted member of its Council, an ex-member of its Court of Examiners, wittingly ignores its title? If so, *Proh pudor!*

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[a] "A Treatise on Rheumatic Gout, or Chronic Rheumatic Arthritis of all the Joints." By Robert Adams. Illustrated by Woodcuts, and an Atlas of Plates. Second Edition, pp. 568. J. and A. Churchill, London.

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HANDY-BOOK OF MEDICAL INFORMATION AND ADVIC[illegible]

BY A PHYSICIAN.

THIS little book is divided into four parts, and [illegible] pendix. The author does not claim any origi[illegible] views, but has endeavoured to give a clear an[illegible] description of the symptoms and treatment of [illegible] most common diseases, adapted to the unde[illegible] any intelligent and ordinarily well-educat[illegible] enabling him to act independently "when, by chance, owing to necessity or other circumstances, he is placed beyond the reach of the physician or surgeon."

The diseases, Part I., are arranged alphabetically, according to the names by which they are known to non-professionals; and the descriptions of both symptoms and treatment appear to be such as ought to be intelligible to every ordinary intellect.

Part II. gives some clear and useful hints as to the measures to be adopted in cases of emergency, such as "bleeding," "burns and scalds," "drowning," &c.

Part III. is devoted to suggestions regarding the management of the sick-room; and is, as far as it goes, likely to be useful to many people. The "suggestions" might, however, be more extensive, and (if not too lengthy) with proportionate advantage.

The "suggestions for the preservation of health," Part IV., are very brief, but, nevertheless, embrace much that is useful and practicable.

In the Appendix is given a list of medicines, with a short description of the uses and doses of each. Being alphabetically arranged, according to the English names, there need be no difficulty in referring to it concerning any remedy mentioned in the body of the work. It would be well, however, if, in this and similar popular works, some more definite measurements could be given than "teaspoonful," "drop," &c.; such measures being usually far in excess of, sometimes double, the "fluid drachm," or "minim," which they are supposed respectively to represent. Measure-glasses graduated to minims, drachms, &c., but marked "drops," "teaspoonfuls," &c., are procurable at all druggists, and should always be used when measuring out medicines for a patient, more particularly when they are to be given to young children. This might, if approved of by the author, be alluded to in any future edition of the work which may be called for.

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Correspondence.

THE NEW ARMY MEDICAL WARRANT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see that the new Army Medical Warrant is being reely canvassed in your pages, and I venture to submit to ou a synopsis of what appear to me its advantages and disdvantages, together with a suggestion of the measures hich I would propose for the removal of the latter.

I do not know why I should obtrude my views in the prence of so many more able expositors, and I would not ave done so if I had felt at all sensitive about their being eated with INDIFFERENCE.

Advantages of the Warrant.

1. It abolishes the title of assistant-surgeon, which was jected to by some.

Disadvantages of the Warrant.

1. It gives the bulk of the first promotion by selection stead of seniority, thus making the prospect of promotion ore distant to those who have no interest, and fostering a rit of time-serving calculated to lower the tone of the partment.

2. It allows executive and administrative officers to serve er they have attained the age of 55 and 65 respectively, is barring the progress of those below them, and giving pe for the exercise of partiality.

. It reduces the pay of the surgeon of fifteen years and wards from 17s. 6d. to 15s., without guaranteeing promo- n on the completion of that period of service.

. By attaching surgeons-major to regiments for five rs only, and making their seniority regimental, it subjects m to much expense and inconvenience, and all but secures r being constantly junior of their rank.

. It throws upon the senior Medical officer all the less ortant and more distasteful duties which were formerly tted to the junior, and so leaves him less time for attend- e in the hospital, where his longer experience and more ured skill might be better employed.

6. It deprives the surgeon-major of twenty years' service and upwards, of choice of quarters according to his seniority—one of the most important perquisites that relative rank bestows upon its holder.

7. It makes the issue of forage to Medical officers contingent on the duty they have to perform, instead of an appendancy to their rank, thus rendering their tenure of the advantage uncertain, and depriving them of the status of "mounted officers."

8. It imposes on Medical officers a great deal of duty connected with hospital supply and expenditure, involving serious pecuniary liability, and impeding the efficient discharge of their professional duties—more especially in the field.

Remedies Suggested.

1. Let the first step of promotion be guaranteed on completion of fifteen years' full-pay service, and let promotion in all ranks be strictly according to seniority. If individual Medical officers are at any time considered ineligible for promotion, let them be told so, and the reason plainly stated, and let them be heard in their own defence.

2. Re-impose the condition of compulsory retirement after the attainment of 55 and 65 years of age, and shut the door firmly against all suspicion of favouritism.

3. Let the appointment of surgeon-major to all militia regiments be offered to army Medical officers who have completed twenty years' full-pay service, according to their seniority, on condition of their retiring after having held the militia appointment for five years—such period to count as full-pay army service.

This measure would, of course, involve compensation to the present militia surgeons, but it would be one of much public benefit, as giving to militia regiments a Medical staff not professionally superior to the present, but better acquainted with military Medical organisation, and consequently more efficient, especially on active service, and it would induce many surgeons-major to retire.

4. Let special services be specially rewarded, but not by promotion to the detriment of other officers who would have acted as well under similar circumstances. Combatant officers are rewarded for distinguished service by the bestowal of brevet rank, which involves no injustice to others; and Medical officers might be allowed to reckon so many years' service for retirement, or to receive a money reward proportionate to the value or merit of the special services, with equal advantage to themselves and without hardship to their fellows.

5. If one Medical officer must be attached to a regiment, which I think undesirable, let it be the surgeon instead of the surgeon-major.

6. Let the surgeon-major of twenty years' full-pay service be senior of his relative rank according to the date of his commission, and so give the Medical Department a status equal to that of the Control and Chaplains' Departments, from which it is at present excluded.

Nothing, I am told, gave rise to greater discontent than this disqualifying clause "*junior of the rank*" in the Medical Warrant of 1858, and as it is now generally admitted that it originated in a misconception, there seems to be no reason why it should be so pertinaciously adhered to. It was feared that inconvenience might be occasioned by the surgeon-major being senior to the commanding officer or to the administrative Medical officer under whom he might be serving, and hence the restriction; but the fallacy of this objection has been exposed over and over again. The commanding officer is supreme, and entitled to the first consideration in all things, *whatever his rank may be*; whilst the administrative Medical officer, holding a higher Departmental commission, must be superior in the Department, so that no greater anomaly would be presented by a junior departmental officer taking precedence of him *outside the Department* than is presented by a junior regimental officer with brevet rank taking precedence of, and commanding, his commanding officer *outside the regiment*. If this exclusive condition applied to all the Civil Departments it would still be most objectionable, but it would be less invidious than it is at present.

7. Let relative rank regulate the allowance of forage and carry with it all precedence and advantages attaching to the military rank with which it corresponds, as provided by Royal Warrant of 3rd February, 1866, now cancelled.

8. Let Medical officers be relieved from all non-professional duties. They ought to be held responsible that their

hospitals are properly provided with equipment and transport according to the authorised scale; their requisitions for supplies in excess of regulation should be authoritative, but, of course, at their own proper risk; and the whole hospital establishment should be under their orders, but they should have nothing to do with the care or custody of a single article of hospital equipment—that is the duty of a hospital steward, it does not legitimately pertain to the Medical officer, even if he could perform it satisfactorily. There is no need to maintain an expensive Purveyor's Department for this duty. Many sergeants on pension, or civilians in the same station in life, would undertake it for a moderate salary, and find security for its being honestly performed.

It appears to me that the re-imposition of such duties is a retrograde movement, and one which the Profession cannot regard with INDIFFERENCE.

"SCARLET RUNNERS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On Easter Sunday as I was just stepping out to church I was accosted by a man with a scarlet runner issued by the relieving officer of the district, requiring me to attend a man seven Irish miles from my residence. As is usual with fellows presenting red tickets, he told me I had *better* attend to it at once. I quietly replied that I should do so on my return from prayer. He answered that the case was urgent, and that *he* would take care that I should postpone my attendance at church. I next inquired how long the patient was ill. He said five days. The previous day I had to attend a dispensary within half a mile of the house of this patient. I attempted to argue with him for not calling on me on the previous day at the dispensary. He cut my arguments very short by popping the red instrument of the Local Government Board under my very nose, saying, "Here are your instructions, and you had better attend to them;" adding, "Can you read?" Giving up the idea of attending divine service, I proceeded on my journey, and ascertained on the way that the patient was a pensioner with £20 per annum, as well as a care-taker to a gentleman of independent means. On examination I found very little the matter with him but a slight cold, which prevented him from leaving the bed, and as he could not draw his pension without applying personally, he wanted me to give a certificate saying that he could not leave the house. In case I did so it would be sent him by post. This I declined to do unless he paid me the modest sum of 5s., which he flatly refused, saying he would write to the Commissioners on the matter, as he knew by the instructions of the regimental paymaster that I was obliged to sign certificates. Now I ask you, am I obliged to sign such certificates by the Poor-law Regulations? If so, it should be specified on the ticket, otherwise a dispensary Medical officer may bring the wrath of the Custom House deities on himself. I have remarked that, since instructions as to presenting red tickets were printed on the backs of them, fellows armed with them are much more impertinent than they were previous to the alteration. In fact, the document as it stands at present is almost a licence to be insolent. It would be complete had the Commissioners added—"The party armed with this is at liberty to search the doctor's premises if he has any doubts that the Medical officer is at home."

DISPENSARY HACK.

P.S.—Can the relieving officer issue red runners without first visiting the patient, in case he does not know his circumstances previously?

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Medical News.

Royal College of Surgeons of England.—The following members have been elected Fellows of this college, viz.:—William Smith, Mosely Street, Manchester, diploma of membership dated April, 1838; George Bowring, Oxford Road, Manchester, March, 1841; and Septimus William Rayne, Newcastle-upon-Tyne, March, 1839.

A testimonial is being raised in Birmingham to Mr. Sampson Gamgee, for his efforts in establishing the Hospital Sunday for that town.

The anniversary festival of the Victoria Park Consumption Hospital is announced for April 29th, at the London Tavern; Philip Twells, Esq., in the Chair. **The annual dinner of St. Mary's Hospital will take place at Willis's Rooms on May 14th; the Marquis of Lorne in the Chair.**

An increase of yellow fever at Monte Video is reported by the last River Plate Mail. The health of Buenos Ayres is at present good.

Mr. Furneaux Jordan and Mr. Lawson Tait have been appointed Honorary Consulting Surgeons to the West Bromwich District Hospital.

University of Aberdeen.—Last Wednesday, Professor Huxley, who was recently elected Lord Rector of this University when contending for the office with the Marquis of Huntly, took his chair as Lord Rector for the first time at a meeting of the University Court.

The following gentlemen have been doing duty at the Royal College of Surgeons in preparing the fresh dissections upon which the candidates have been examined for the primary *vivâ voce* examination during the present week, viz.:—Mr. A. Felix Stephens, St. Bartholomew's Hospital; Mr. George Brown, Charing Cross Hospital; Mr. W. H. Bennett, St. George's Hospital; Mr. Clifford Drew, London Hospital; Mr. John Perkins, St. Mary's Hospital; and Mr. Carline, King's College Hospital.—*Students' Journal.*

Mr. Tegetmeier lectured lately at the Social Science Rooms on "Modern Dress in relation to Health and Taste."

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former direction, they are held responsible.

DR. MORGAN.—The Lettsomian Lectures, delivered by Mr. Henry Lee, will only be published in the forthcoming volume of the St. George's Hospital Reports.

DR. G., Essex.—To obtain the M.D. of Brussels it is only necessary to present recognised English diplomas, and to undergo the examinations, which extend over three or four days. The fees are about twenty guineas.

SERVICE IN INDIA.—A valued Correspondent, writing under date of March 28th, remarks:—"India is a very horrible country. This is supposed to be one of the favourite stations, yet from April to October life is simply misery; heat, rain, ague, fever, cholera; even the dogs are obliged to go to the Hills, but doctors must remain here and go out when wanted into the blazing sun. The doctors, however, as a class, are uncommonly smart, and would take the shine out of many a trumpetted London celebrity. But they are either too busy, or have no inclination to write. Moreover, the Indian Medical papers only encourage Indian service men; always snubbing the British service."

METHYLENE ETHER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to Mr. Lawson Tait's letter in your issue of the 16th inst. That gentleman's distress appears due rather to the bias of your remarks founded upon a few cases reported by me relative to the use of methylene ether, than to the narration of the cases themselves. Indeed, it is obvious Mr. Tait has not read my short paper, otherwise he would not have credited me with "having made some mistake either in the method of administration or in giving the wrong stuff," I may add, that the opinion I hold in regard to the ether is shared by my colleagues at the Eye Infirmary, Drs. T. A. Stephenson and C. Bell Taylor.

I am, yours truly,

J. O. Brookhouse, M.D., F.R.C.S.Eng.

Nottingham, April 18th, 1878.

Dr. Beard, New York.—Lecture "On the Decline of the Moral Faculties in Old Age," received.

Student.—The person named is, unfortunately for the honour of the Profession, duly qualified. We are not at all surprised to hear of the practices to which you draw our attention; we could believe almost anything emanating from that quarter.

Dr. H. E. S. could not do better than carefully study Inspector-General Gordon's new work "On Hygiene and Military Surgery," before going on foreign service.

Dundee Royal Infirmary.—We are desired to state that the salary attached to the Resident Medical Assistantship is £50 per annum, and is therefore not an honorary appointment, as erroneously advertised in our "Vacancies" last week.

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VACANCIES.

Broadmoor Lunatic Asylum. Assistant Medical Officer, at an increasing salary of £175 per annum, with residence, &c. Apply to the Medical Superintendent. (See advt.)

West Riding Lunatic Asylum. Clinical Assistant to the Medical Officers. Board and residence in return for services. Applications to be addressed to Dr. Crichton Browne.

Seaman's Hospital, Greenwich. Visiting Physician.

Bristol Hospital for Sick Children. Resident House-Surgeon. Salary £100 per annum.

North London Consumption Hosp. Physician. Honorary. (See advt.)

St. Giles' Union, London. Dispenser. Salary £80 per annum.

Halifax Union, Yorkshire. Medical Officer of Health. Salary £600 per annum. Address the Clerk of the Union, Halifax.

Owen's College, Manchester. Professorship of Physiology in the Medical Department. Communications to be addressed to J. G. Greenwood, Esq.

Malton Union, Yorkshire. Medical Officer. Salary £70 per annum, with extra fees. Applications to Mr. Samuel Walker.

Royal Infirmary, Liverpool. Medical Superintendent. Salary £200 per annum, with board and residence. Applications to E. Gibbon, Esq.

Carmarthen Infirmary. House-Surgeon. Salary £100 per annum, with residence, &c. Applications to be addressed to the Secretary.

Limerick District Lunatic Asylum. Resident Medical Superintendent. Applicants for the appointment must address the Under Secretary to the Lord Lieutenant, Dublin Castle. (See advt.)

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APPOINTMENTS.

Ellis, H. W. T., L.R.C.P.Ed., Medical Officer of Health for the Urban Sanitary District of Crowle and Eastoft, Lincolnshire.

Forder, T., M.R.C.S.E., Medical Officer for the A Division of the Winchester District of the New Winchester Union.

Gardner, R. H., M.B., C.M., Resident Medical Officer to Queen Charlotte's Lying-in Hospital.

Griffiths, F. T., M.D., Medical Officer of Health for the Sheffield Urban Sanitary District.

Haviland, Mr. A., Medical Officer of Health for the County of Northampton.

Hill, A., M.D., Public Analyst for Warwickshire.

Knox, J., M.D., Medical Officer of Health for the South Division of the Bakewell Rural and Urban Sanitary Districts, combined.

Lloyd, W., M.B., Physician to the Carmarthenshire Infirmary.

Mackintosh, A., M.D., Medical Officer of Health for the Chesterfield Rural, and Dronfield Urban, Sanitary Districts, combined.

Mahomed, F. H. H. A., M.R.C.S.E., Resident Medical Officer to the London Fever Hospital.

Lay, H., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Aston Manor Urban Sanitary District.

Meadows, C. F. W., M.R.C.S.E., Medical Officer for District No. 4 of the Woodbridge Union, Suffolk.

urie, Dr. J., F.L.S., late Prosector to the Zoological Society, has been elected Professor of Anatomy in the Veterinary College, Edinburgh.

arsons, J., M.R.C.S.E., Medical Officer of Health for the Frome Rural and Urban Sanitary Districts, combined.

eacock, J. B., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Northallerton Rural Sanitary District.

owlands, J. D., M.R.C.S., Surgeon to the Carmarthen Infirmary.

obey, A. L., M.R.C.S., House-Surgeon to the West London Hospital.

tephens, T., M.R.C.S.E., Medical Officer of Health for the North Shields District of the Tynemouth Union.

tevenson, Dr., Professor of Chemistry at Guy's Hospital, a Public Analyst for the Shoreditch District.

owers, J. H., M.R.C.S.E., Resident Ophthalmic House-Surgeon to St. Bartholomew's Hospital.

utton, Dr., a Public Analyst for the Shoreditch District.

immins, Dr. J. A., a Physician to the Carmarthen Infirmary.

ruman, Dr. E. B., Analyst to the Borough of Nottingham, has been appointed Public Analyst to the County of Nottingham.

urner, G., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Portsmouth Urban Sanitary District.

ane, W. J., M.R.C.S.E., Medical Officer for the Morecambe District of the Lancaster Union.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, April 23.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1¼ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1¼ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, April 24.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, April 25.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, April 26.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, April 28.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, April 29.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Gardiner—Little.—On the 15th of April, at Ardenlee, Helensburgh, John Gardiner, M.D., C.M., Glasgow, to Annie, daughter of Robert Little, Esq.

Johnson—Todd.—On the 16th of April, at St. Andrew's, London, the Rev. A. H. Johnson, Fellow of All Souls' Coll., Oxford, to Bertha Jane, daughter of the late R. B. Todd, M.D., F.R.S.

Power—Madden.—On the 18th of April, at Dulwich, F. D. Power, M.R.C.S., of Cleator, Cumberland, to Julia Charlotte, daughter of Charles Madden, Esq., of Bonn, Surgeon Bengal Army retired list.

Stiles—Russell.—On the 15th of April, at the Parish church, Lee, Kent, W. C. Stiles, Esq., of Bristol, to Frances Harriette, daughter of the late C. Russell, Esq., M.D., of Enniskerry, Ireland.

Walker—Stoddart.—On the 15th of April, at St. George's, Tufnel Park, William Newman Walker, M.R.C.S.E., to Jemima Jane, daughter of the late James Stoddart, Esq.

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Deaths.

Cane.—On the 5th of April, at Mullinavatt, Co. Kilkenny, Susan Joseph, infant daughter of Dr. Norris Cane, aged 5 months.

Charles.—On the 11th of April, Thomas Charles, F.R.C.S.E., of Aberystwith.

Croft.—On the 7th of April, Charles Percy Croft, M.D., of Newark-on-Trent, aged 67.

Jackson.—On the 5th of April, at Park Crescent, Oxford (of apoplexy) Richard Smart Jackson, M.R.C.S.E., late of Beeralston, near Tavistock.

Jones.—On the 20th of April, Henry Bence Jones, F.R.S., Secretary to the Royal Institution.

Maturin.—On the 1st of April, at Gartan Glebe, Letterkenny, William Hay Maturin, L.K.Q.C.P.I., Medical Officer, Church-hill Dispensary, aged 29.

Morgan.—On the 6th of April, at Caerphilly, Glamorganshire, John Rees Morgan, L.R.C.P.L., M.R.C.S.E., aged 27.

Nicol.—On the 13th of April, at Plympton, Patrick Nicol, M.D., late Senior Physician to the Bradford Infirmary and Fever Hospital aged 25.

Parkes.—On the 17th of April, at Bitterne, Southampton, Mary Jane, the beloved wife of Dr. E. A. Parkes, F.R.S., Professor of Hygiene in the Army Medical School, Netley.

Roe.—On the 13th of April, George Hamilton Roe, M.D., of Great Cumberland Place, Hyde Park, aged 77.

Rose.—On the 31st of March, at San Remo, Dr. F. H. Rose, British Vice Consul, aged 85.

Williamson.—On the 31st of March, at Bruntsfield Place, Edinburgh, James Williamson, M.D., of Burntisland, Fifeshire.

Young.—On the 23rd of April, at Clifton, S. A. G. Young, H.M.'s Madras Medical Service, and late of the Hydrabad Contingent.

CHARING CROSS HOSPITAL
MEDICAL SCHOOL.

THE LECTURES OF THE SUMMER SESSION
WILL
COMMENCE on MONDAY, the 5th of May.

Materia Medica—R. Douglas Powell, M.D.
Midwifery—J. Watt Black, M.A., M.D.
Botany—Edward Dowson, M.D.
Forensic Medicine—G. Vivian Poore, M.D.
Practical Chemistry—C. W. Heaton, F.C.S.
Pathology —T. Henry Green, M.D.
Psychological Medicine—W. J. Hunt, M.D.
Skin Diseases—E. Sparks, M.B.
Comparative Anatomy—A. H. Garrod, M.A.
A. J. POLLOCK, M.D., Dean.

UNIVERSITY COLLEGE, LONDON. — FACULTY OF MEDICINE.—The SUMMER SESSION will BEGIN on THURSDAY, May 1st. Prospectuses containing full information respecting the Classes in the College, Clinical Instruction at the Hospital, Scholarships, Exhibitions, &c., may be obtained at the office of the College, Gower Street, W.C.

JOHN MARSHALL, F.R.S., Dean of the Faculty.
JOHN ROBSON, B.A., Secretary to the Council.

QUEEN'S COLLEGE, BIRMINGHAM,
(INCORPORATED BY SPECIAL ACT OF PARLIAMENT.)
FACULTY OF MEDICINE.

THE SUMMER SESSION will COMMENCE on the 1st of MAY next.

The Prospectus of the Medical Department, and further information may be obtained by application to the Rev. the Warden, at the College; to Professor Foster, M.D., 16 Temple Row, Physician to the General Hospital; to Professor Furneaux Jordan, Colmore Row, Surgeon to the Queen's Hospital; or to Professor Swain, 62 Newhall Street, Hon. Sec. to the Professors.

HOSPITAL PRACTICE.—Arrangements have been made whereby all Students of the College will, in future, attend the Clinical Lectures and Practice at both the General and the Queen's Hospitals, for a common Fees, and under such regulations as may from time to time be made by the Birmingham Clinical Board. The Fees for Hospital Practice (£31 10s.) are to be paid to either Dr. Foster, 16 Temple Row, or Mr. J. St. S. Wilders, Bath Row, Birmingham, Joint Secretaries to the Birmingham Clinical Board.

COLLEGE for BLIND SONS of GENTLEMEN, WORCESTER.

VISITOR—The LORD BISHOP of WORCESTER.

The SUMMER TERM will COMMENCE, all being well, on THURSDAY, May 1. For information, apply to the Head Master, S. S. FORSTER, M.A.

CARMICHAEL SCHOOL OF MEDICINE, North Brunswick Street.—The SUMMER SESSION will COMMENCE on MONDAY, April 21st, 1873.

Practical Chemistry.—Dr. Campbell, Tuesday, Thursday, and Saturday, 12 to 1 o'clock.
Materia Medica,—Dr. Frazer, Monday, Wednesday, and Friday, 12 to 1 o'clock.
Medical Jurisprudence,—Dr. O'Reilly, Monday, Wednesday, and Friday, 1 to 2 o'clock.
Botany,—Dr. Blakeley, Tuesday, Thursday, and Saturday, 1 to 2 o'clock.

Fee for each of the above courses, £3 3s.

Carmichael Medals and Prizes will be awarded in each of the Summer Classes.

For particulars, apply to Dr. CORLEY, Registrar, 30 Lower Baggot Street, Dublin, or at the School.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on THURSDAY, MAY 1st. Prospectuses and full particulars may be obtained on application, personally or by letter, to the Treasurer or Dean of the School, at the Hospital.

PRACTICAL COURSE on DISEASES of the SKIN.—Dr. McCALL ANDERSON'S Practical Course on "Diseases of the Skin," COMMENCES in the first week of MAY, and will be continued throughout the Summer Session. For particulars apply to—

JAMES GRAHAME, Hon. Sec.

Dispensary for Skin Diseases,
63 John Street, Glasgow.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Notice is hereby Given that on TUESDAY, the 6th day of May next, at the hour of Three o'Clock p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect from among the Fellows of the College:—

Seven Examiners to examine Candidates for Fellowship and Letters Testimonial;

Three Examiners to examine Candidates for the Diploma in Midwifery;

And Three Examiners to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before TUESDAY, the 29th of April.

By Order,
10th April, 1873. JOHN BRENNEN, Registrar.

ST. THOMAS'S HOSPITAL MEDICAL COLLEGE, Albert Embankment, Westminster Bridge.—The SUMMER SESSION will COMMENCE on WEDNESDAY, May 1st. Prospectuses, and all other particulars as to the admission fees, may be obtained from Mr. WHITFIELD, the Medical Secretary, St. Thomas's Hospital, S.E.

DISTRICT LUNATIC ASYLUMS, IRELAND.—The Office of Resident Medical Superintendent of the District Lunatic Asylum, Limerick, being now vacant, Candidates for that office are requested to forward their Testimonials, with a statement of their peculiar qualifications for the appointment, to the Under Secretary, Dublin Castle, on or before the 28th inst., in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.

The Candidate who may be selected for the office in question, will have to enter on his duties forthwith.

Dublin Castle, 9th April, 1873.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progres has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

BROADMOOR CRIMINAL LUNATIC ASYLUM.

THERE is a VACANCY at this Asylum for an ASSISTANT MEDICAL OFFICER, who must be unmarried, and registered in conformity with the Medical Act, 1858 as being qualified to practice Medicine and Surgery. Salary, £175 per annum, increasing annually by £5 up to £200, with furnished apartments, coals, gas, and attendance. Application to be made by letter to the Medical Superintendent, Broadmoor, Wokingham, Berkshire.

A VACANCY HAS OCCURRED for a PHYSICIAN to the NORTH LONDON CONSUMPTION HOSPITAL, London and Hampstead, by the resignation of Dr. Prosser James.

Candidates, who must be Members or Fellows of the College of Physicians and Graduates of Medicine of a University, are requested to send their testimonials to the Secretary on or before MAY 1st.

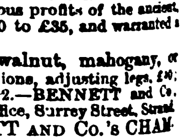
Office, 216 Tottenham Court Road, W.

BILLIARDS.—BENNETT AND CO., Surrey Street, Strand, sell more Billiard Tables than all the London makers combined, and have ruined the enormous profits of the ancient, high-priced firms. Purchasers save £20 to £35, and warranted a better table.

BILLIARD TABLES.—Full-sized walnut, mahogany, or oak, slate beds, 2in. thick, patent cushions, adjusting legs, £40; 10 ft. do., £35; 8 ft., £25; 6 ft., £12.—BENNETT and Co., makers to the Royal Family and War-office, Surrey Street, Strand.

BILLIARDS.—For SALE, BENNETT AND Co.'s CHAMPION MATCH TABLE, elegant in construction, guaranteed the finest and most perfect ever manufactured. Only used for the matches. Price, 55 guineas, with ten years' warranty.—Surrey Street, Strand.

SALMON'S OBSTETRIC BINDER, for immediate use after delivery, 6s. 6d.

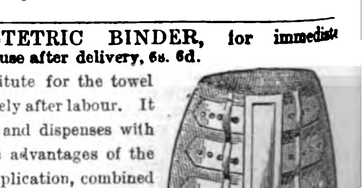


The Binder is a substitute for the towel generally used immediately after labour. It is made of strong linen, and dispenses with the usual pinning. The advantages of the binder are facility of application, combined with comfort and greater efficiency.

Measurement required, ordinary size of the waist

HENRY R. SALMON, 87 Wimpole Street, Cavendish Square, London, W.
(Corner of Wigmore Street

DINNEFORD'S FLUID MAGNESIA.



Perfect in purity and strength.

"The Fluid Magnesia I obtained from you corresponds precisely with that of the 'British Pharmacopœia,' 1867, and is what the preparation should be."—Professor Redwood. Sold in Gallon and Half-Gallon Jars for the use of the Profession *only* by all Wholesale Druggists, and by the Manufacturers, DINNEFORD & CO. Pharmaceutical Chemists, 172 New Bond street, London.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

LUNATIC ASYLUM ADMINISTRATION IN IRELAND.

We published fully last week the correspondence in which the Lord Lieutenant called for Dr. Fitzgerald's resignation, and that gentleman's communication to the Board of Governors.

After the evidence which transpired at the prosecution of the warder, McConnell, for the murder of the lunatic, Danford, it was obvious that the lunatic asylums office of Dublin Castle could not longer put a tolerable face on the matter, and, accordingly, by the removal of Dr. Fitzgerald they have endeavoured to rehabilitate their character for administrative incorruptibility.

We cannot see that by the sacrifice of Dr. Fitzgerald they have in the remotest degree condoned their persistent neglect of that surveillance which it was their duty to exercise. The removal of Dr. Fitzgerald is, in truth, a confession that under the view of the inspectors he has been guilty, not to-day, but year after year, of neglect and maladministration such as to make him unfit to govern any asylum, and the public cannot fail to remember that, through all these years, the visitations which pass by the official name of inspections failed to detect or even discover such proceedings.

In those years corruption and malversation reigned in the asylum—aye, and was known and talked of outside its walls—patients died from unexplained causes, and were huddled into hidden graves; and yet the authorities who were paid for the detection of such proceedings, saw nothing. By their bye-laws and regulations they had built up a barrier against any external *espionage* but their own, and, as we now know, their own was a mere sham incapable of observing any of the flagrant malpractices which have culminated in the recent disgraceful *exposé*.

Nay, more; let it not be forgotten that when at last the inspected and approved system of administration had ended in the cruel murder of a poor lunatic, and honest men could no longer keep silence, the influence of the Castle was stretched to the utmost to discourage enquiry and choke the incredible revelations which afterwards saw the light.

There is but one deduction from the whole sequence of events possible, and that is that as regards surveillance of the doings within asylum walls, the existing system is farcically unreliable, and the public can feel no confidence whatever in it, as a check on abuses within these institutions.

We firmly believe that the great majority of the district asylums of Ireland would forfeit no public confidence if the fullest light were let in upon their proceedings, yet the Limerick exposure has proved that any or all of them might be the scenes of the grossest abuses of administration without the legal guardians of their management knowing anything about the matter.

CAVAN QUARTER SESSIONS.

PHILIP DOWD *v.* DR. LOUGH.

The action in this case was brought to recover damages laid at 40*l.* for an alleged assault, false arrest and imprisonment. The plaintiff is a farmer residing in the parish of Lavey, and the defendant is the Dispensary Doctor of Ballyjamesduff.

Philip Dowd examined by Mr. Sherrie:—I hold a farm of eleven or twelve acres. I remember the 14th of November last. I was returning from Oldcastle after seeing two of my daughters off to America. I had a small boy with me and two young lads named M'Kernan. The boy's foot was hurt with the wheel of the cart. I brought the boy to Dr. Lough, and he said the foot was broken. He said he would do something in it for me. He tied the boy's foot up with sticks, and gave me a bottle of medicine into which he put a glass of whiskey. He (the doctor) then told me to put the boy on the cart, and when I was starting he called me back and said that a Doctor's time was very precious, and that I had better pay him his fee before I left. I said I could not pay him then, but that I would send it to him the next day. He said I should not go until I paid him. I thought I had some money about me, but got through a hole in my pocket and down into the lining of my vest. I could not find it at the time. I told him I knew a woman in the town who would lend me the money, and that I would go and ask it from her. He told me to send one of the boys to the woman but that I could not go myself. I sent a boy, but the woman was not at home. Dr. Lough caught me by the coat and pulled me into the hall. He locked the door. He told me to sit down on the chair in the hall, as I could not go until the money was paid. I was kept sitting there for two hours and a half. During my sitting there I said I would not be three minutes out until I would get the money; and in rising up to go he caught me by the collar and threw me back on the chair in the hall. After being two hours and a half there he took my name and address and let me out. When I got out to another house I found the money in the lining of my vest, and I went back and paid him the 5s. I told him I would seek the law for the way he treated me.

Dr. Lough was next examined by Mr. Armstrong. He denied having acted in the manner described by the plaintiff. He never pushed nor assaulted him, nor did he lock him in as stated.

The jury found for the defendant, and the case was dismissed on its merits.

Dr. Devanny has been elected apothecary to the Sligo Dispensary, at a salary of 100*l.*, having received 14 votes as against 11 recorded for Dr. Nixon.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 12th April,* 1873; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 12TH APRIL, 1873.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	22	183	134	18	42	...	...	...	2	2	4	3	5	4	37
BELFAST . . .	20,687	182,214	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CORK . . .	13,816	90,851	18	37	31	4	11	1	1	...	...	1	...	2	...	...	12
LIMERICK . . .	8,509	44,547	27	22	23	3	2	...	1	...	...	...	...	...	...	...	15
LONDONDERRY . .	21,865	30,893	12	13	7	...	2	...	...	...	...	1	...	...	...	...	...
WATERFORD . .	17,209	30,838	25	9	15	1	...	...	...	5	...	...	4	...	...	...	7
GALWAY . . .	21,358	19,713	29	7	11	1	5	...	...	...	...	...	...	...	...	...	5
SLIGO . . .	30,835	17,175	30	6	10	3	4	...	...	...	...	...	...	...	...	...	...

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IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Ballymena.. ..	**Ahoghill ..**	**£90**	**—**	**620**	**344**	**14,359**	**9,959**	**May 5**	**Nth. Coun. Rail.**
Thomastown ..	**Knocktopher ..**	**£95**	**£5 4 0**	**494**	**171**	**28,357**	**5,448**	**„ 8**	**Waterf. and Kilk. R.**

CASTLEDERG.

ELECTION OF MEDICAL OFFICER.

AT a meeting, held on Friday the 4th inst., for the purpose of electing a Medical Officer for the Castlederg workhouse, Fever Hospital, and Dispensary district, in the room of the late Dr. Motherell, five candidates presented themselves, viz., Drs. Leary, Kennedy, Keys, Duncan, and Flood. Upon a poll being taken, Dr. Leary was elected by a very large majority. During the evening tar barrels were burned in front of Dr. Leary's residence, and great manifestations of rejoicing were exhibited by an immense crowd of people on the occasion of his promotion to the charge of the Union Hospital and Dispensary district. Dr. Leary has practised successfully in this locality for many years, and has rendered himself popular with all classes and denominations by his unremitting and efficient attention to the sick poor.

PRESENTATION TO DR. PALMER, OF WATERFORD.

Last week Dr. Palmer was made the recipient of a well-chosen testimonial from the members of the Independent Order of Odd Fellows. It consisted of a most exquisitely wrought gold ring. The presentation was accompanied by an address.

On the following evening, at the Town Hall, Dr. Palmer was made the recipient of another handsome presentation, in the shape of a gold watch and a purse of 150 sovs. About 200 friends of Dr. Palmer were present at the presentation, for which that gentleman thanked them in eloquent terms.

BIRTHS.

April 14, at Burdett Avenue, Sandycove, the wife of Henry Eccles Evans, Esq., L.R.C.S.I., of a son.

TOOMEVARA DISPENSARY.

A MEETING of the committee was held for the purpose of appointing a Medical Officer instead of Dr. R. F. Cashel, whose resignation had been accepted some short time ago.

The Hon. Secretary informed the meeting that the vacant situation had been advertised in the local papers and the *General Advertiser*. One of the stipulations of the advertisement was that the candidate should consent to reside in the village of Toomevara. He (the Hon. Secretary) perceived that there was but one application, it was from Dr. M'Mahon, of Roscrea, and that gentleman was accordingly elected. A discussion ensued as to whether the Medical Officer—notwithstanding the notification in the advertisement—should be allowed to live out of his district. He agreed to reside for the present in Toomevara, and applied for leave of absence in order to arrange the transfer of his family to that place. This was acceded to, with the generous observation, "that we will not pay for a doctor in your stead during that time."

Dr. Cashel treated his friends to lunch, while Dr. M'Mahon entertained his friends and some of his supporters at Mr. James O'Meara's, the Rev. Wr. O'Leary, P.P., presiding.

NEWCASTLE (LIMERICK) BOARD OF GUARDIANS.

MR. HOLMES :—I gave notice that I would on this day move for an increase of Dr. Ambrose's salary, but as a resolution was proposed on this day week in my absence, charging the Dispensary Committee of Ardagh with certain violations of their duty as such, I do not wish to proceed with any question until the inquiry with reference to these charges has taken place. I therefore wish to withdraw my notice of motion until the investigation is over.

Mr. Irwin :—In accordance with my notice of motion, I now beg to propose that the salary of Dr. Madigan, Dispensary Doctor of Feoghena, be increased from 100*l.* to 120*l.* a year.

Mr. Harnett rose to propose an amendment. He said the ratepayers were under heavy expenses already, and were paying as much as they could afford.

Mr. O'Connell :—We have in the Newcastle District fourteen doctors, and when these situations turn up from time to time an advance of salary is never sought for, but all influence is brought to bear in order to be elected to the vacancy ; and now in the name of common sense I ask what right has Dr. Madigan to ask for an increase of salary after a few months' service.

Mr. Holmes :—Are we to refuse a slight increase in our Medical Officer's salary ?—gentlemen who have never hesitated in going into the most pestilential regions in your ser-service. Where are the three medical men that lately resided in Abbeyfeale? Gone into the dust, and from what cause ? Simply in not hesitating to enter the most pestilential regions in the discharge of their duty. Under these circumstances I warrant Dr. Madigan is justly entitled to the proposed increase of his present salary.

A poll was then taken, when there voted for Mr. Irwin's proposition four ; against, twenty ; one guardian declining to vote.

Mr. Harnett proposed the following resolution :—That this Board do not entertain the sanction of an increase in any Medical Officer's salary until such officer first resign his position." Mr. Barnett made a few remarks to show that the cost of living was not increased on any medical gentleman, and concluded by saying that while there were more inmates in Listowel Union, the rates there were not half as high as they were at Newcastle.

The Chairman was of opinion that he would vote in favour of the resolution, as it would prevent parties in future from seeking for an increase of salary. Should there be any officer who may think his salary inadequate let him resign, and the Board would see whether they could get another at the same figure.

A division was then taken, 21 voting in favour of the resolution and three against it.

ATHY DISPENSARY.

THE committee of the above dispensary met for the purpose of electing a Medical Officer in the place of the late Dr. Clayton, deceased.

There was only one candidate before the committee, namely, Dr. E. Ferris, who was unanimously elected.

THOMASTOWN UNION.

AT a meeting of the Board of Guardians of the Thomastown Union, Colonel the Right Hon. W. F. Tighe moved that the full superannuation allowance be granted to Dr. J. W. Thompson, who was for thirty-three years Medical Officer of the Inistiogne district. This motion was seconded by Sir James Langridge, Bart. An amendment was moved that a smaller amount of superannuation be granted, but Colonel Tighe's motion was carried by 21 to 4, thus showing the high estimation in which Dr. Thompson is held.

CASTLEBAR UNION.

A LETTER from Dr. Kisby to the Local Government applying for an increase of salary was read, grounding his claim on absence of private practice, increased cost of living, largeness of district, &c.

The reply of the Local Government was, that they awaited the action of guardians in such cases.

Chairman—Has any gentleman a remark to make ?

Mr. Walsh — The salaries were increased some time since.

Father MacHale wrote to complain that Dr. Kisby refused to attend a second time on a ticket issued by him.

The doctor said it was a second disease, and therefore required a second ticket.

Mr. O'Donel—Then if a man has a severe cold and a doctor gets a ticket to attend him, if that cold turns to fever, must there be a second ticket ?

Dr. Kisby—Certainly not.

Matter referred to Dispensary Committee.

THE LATE DR. CLAYTON, OF ATHY.

THE regret with which our readers learned last week of the sudden death by accident of Dr. Clayton, of Athy, will be enhanced by the knowledge that that melancholy event has left Dr. Clayton's widow and eight children wholly unprovided for. Those who were acquainted with the character of Dr. Clayton are well aware that such a misfortune has been earned by no lack of industry or domestic providence on his part, and it is known that he had not been forgetful of the obligation to provide, if it were possible, for his family by insurance, for which, sad to say, he was found ineligible.

An influential body of the gentlemen of the locality in which he practised, including all his professional brethren, has taken in hand the collection of a sum which it is earnestly to be hoped will prove adequate to save his widow and children from want.

With a perfect appreciation on our minds of the narrow means and many urgent demands on their resources, which trammel the benevolence of most members of our profession, we nevertheless claim the utmost assistance which it is possible to render to this labour of love. It will afford us sincere satisfaction to take charge of any subscriptions with which we may be entrusted, and acknowledge them in our columns.

TO THE EDITOR.

Dear Sir,—Will you kindly inform me through the Medical Press if you are aware of any cases in which, after the "cancelling" of tickets by the Dispensary Committee, the Medical attendant recovered his fees in a court of justice. Also if a Dispensary Medical officer is obliged to attend at once a red ticket presented at any time of the day or night, even though it be not marked "*urgent.*" My committee have an old bye-law requiring the presentation of ticket before ten o'clock in the morning, in order to secure Medical attendance on same day. Have the Commissioners introduced any regulation recently which would render this clause of the committee bye-laws inoperative?

Yours faithfully,

M.D., Q. U. I.

Theoretically the cancelling of a ticket places the Medical Officer in a position to sue, but we are not aware of a successful issue in such a case. As far as the supply of medicines is concerned, no action on the part of the Medical Officer will lie, because the medicines are the property of the guardians. For attendance and Medical services we rather think the only difficulty in establishing a case would be that of showing that the recipient of the services was not a fit subject for poor-law relief as a "poor person." Though the cancelling of the ticket is *primâ facie* evidence, it does not bind the judge or jury as to their interpretation of the word "poor." There is no new regulation as as to attendance on red tickets. The *ipsissima verba* of the regulation now in force are as follows:—"He shall duly and punctually attend, either at the Dispensary during the appointed hours for attendance thereat, or at the house of the party on whose behalf application is made, or elsewhere, as the case may require, and supply all requisite Medical and surgical advice and assistance to every poor person in the district or division of a district under his charge, whom he shall be required to attend as Medical Officer by a ticket, signed by a member of the Committee of Management of the Dispensary District, or by a relieving officer or warden, acting for any Electoral Division included in such District; and shall continue his attendance until such attendance is no longer required, or until the ticket be cancelled." The custom of the district or the rule inculcated by the Committee wlll have moral force, but we conceive the Medical Officer must attend at any hour or place to which he may be summoned by red ticket, whether marked "urgent" or not.—Ed. M. P. & C.

DEATHS.

At Gartan Glebe, the residence of his father, the Rev. H. Maturin, on the 1st April, William Hay Maturin, Esq., M.D., Medical Officer of the Church Hill Dispensary district, in the thirtieth year of his age, beloved in life for his many amiable qualities, and deeply regretted in his death by every family in the entire district. In him the poor hrve lost a kind friend, and the sick a skilful and attentive physician, and well may they mourn his loss, saying—"We shall never see his like again,"

April 5, in Dublin, Dr. Thomas Ryan, late of Tipperary, aged eighty years.

Dr. Hamilton Roe died on the 13th inst. He was born at Wexford, in Ireland, in 1796. He commenced his professional studies at the Royal College of Surgeons, Ireland, in 1815. He afterwards repaired to Edinburgh, where he took his M.A. degree in 1821. Dr. Roe was for many years physician to the Westminster Hospital, and to the Consumption Hsspital, Brompton. He was elected a Fellow of the Royal College of Physicians of London in 1823, and was for some time a member of the Council of the College. He was also a Doctor of Medicine of Trinity College, Dublin, and of Oxford, and the author of a treatise on "Whooping-cough."

VITAL STATISTICS OF DUBLIN AND THE SUBURBAN DISTRICTS.

The deaths registered in the Dublin Registration District during the week represent an annual mortality of 22 in every 1,000 of the population of 1871. In London the death rate was 22, in Glasgow 30, and in Edinburgh 25.

In the Dublin District the births registered during the week amounted to 183, and the deaths to 134; the average numbers births, 165, and deaths, 176.

Fever caused 4 deaths, viz.—typhus 1, typhoid 2, and simple continued fever 1.

Three deaths resulted from croup, 3 from diarrhœa, 2 from diphtheria, 2 from whooping-cough, and 1 from quinsy.

Nine children died from convulsions.

Bronchitis caused 25 deaths, and pneumonia 3.

Four deaths were referred to apoplexy, and 7 to paralysis.

Eight deaths were caused by heart disease, 2 by liver disease, 1 by Bright's disease, 1 by cystitis, and 2 by kidney disease unspecified.

Phthisis proved fatal in 14 instances, scrofula in 2, mesenteric disease in 1, and hydrocephalus in 1.

Three deaths resulted from cancer.

Four accidental deaths and 1 case of homicide were registered.

Thirty-five of the persons whose deaths were registered during the week were under five years of age, and 42 were aged sixty years and upwards.

Proposed Sale of a Workhouse to the Government.—At the last meeting of the guardians of the Clonmel Union, the vice-chairman brought forward a notice of motion, to the effect, "that in view of Clonmel having been formed into one of the new depot centres, the guardians should offer for sale to the Government the workhouse and its adjacent farm of forty-one statute acres of land, for the purpose of being converted into a military barracks and camping ground." He reviewed the circumstances in which the union stood with reference to the workhouse building, which had cost a sum of 15,000*l.*, of which 2,600*l.* had been cleared off. The remainder still hung as a heavy debt round the necks of the ratepayers, bearing interest at the rate of five per cent. Since the debt first accrued due they had paid in interest alone 12,000*l.*, and it was for the guardians to determine whether they would now seize the present favourable opportunity to wipe off that debt by selling the premises to the Government or any other purchaser. It had been built to accommodate 2,500 persons, and for many years past it had not been quarter filled. A resolution fully embodying the suggestion of the vice-chairman was passed.

TEA *v.* BRANDY.

The question of replacing brandy by an allowance of tea is occupying the serious attention of the Russian military authorities. According to the *Viedomosti*, of St. Petersburg, the Minister of War has submitted the question to the deliberation of "Specialists," who, better than any one else, can appreciate the utility and the results produced by brandy and tea. The general opinion in military circles is strongly in favour of the use of tea; but it appears to be doubted whether it can take the place of brandy without causing too great an excess in the budget set down for the maintenance of the troops. It results from calculations made by Dr. Steinberg that an annual ration of tea and sugar would cost 322 roubles 15 copecks for every hundred soldiers, while a ration of brandy costs only 30 roubles 60 copecks; the difference being 282 roubles 55 copecks. The pound of tea estimated at four francs; and the Russian army numbers, as we have recently been told, about 1,500,000 men on a peace footing; it is, therefore, highly probable that the military authorities will take some time to consider the advisability of adopting such a costly change.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1873.

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CLINICAL REMARKS ON BELLADONNA IN THE TREATMENT OF IRITIS.

By Jabez Hogg,

Surgeon to the Royal Westminster Ophthalmic Hospital, &c.

Whether from a difference in the methods of observing, from constitutional causes, or a greater want of precision and knowledge of the action of remedies, I am unable to say, but there is no denying that a great divergence of opinion exists upon the value of drugs, and the part they play in the cure of disease. We are certainly very ignorant of the nature of the changes brought about in the animal economy by a host of therapeutic agents in use, and of the opposing effects said to be due to temperament, chemical action, organization, idiosyncrasy, &c., and I am almost inclined to believe, with regard to drugs, that "what is one man's physic is another man's poison."

Most assuredly the chief among our difficulties is the want of a better knowledge of the nature and action of remedies in the animal economy, and from this cause alone we are led into committing the grave error of treating diseases empirically by blind routine; or we form erroneous and exaggerated notions of their value upon insufficient data. The latter view I have recently had occasion to bring prominently to the notice of the Profession in remarks, published in the pages of the Medical Press and Circular, on the employment of Strychnia.

In the present instance I observe, with some surprise, that a difference of opinion seems to prevail among ophthalmic surgeons on the value of belladonna, or its alkaloid, in the treatment of iritis. Very lately my attention was called to a protest, dictated by the eminent surgeon Sichel, against what he terms "the abuse and indiscriminate use of atropine." I must confess that I know of no abuse of the drug; nor am I aware of "a blind routine in its use for a whole crowd of affections, for which it is neither necessary nor useful," I cannot even say it is "an abuse of a remedy," when I find certain practitioners affecting to treat iritis with belladonna alone, discarding all other remedies. This probably deserves to be called "blind routine," scarcely that, and in England few venture to abandon the use of other and more potent drugs; and I can call to mind but one writer on ophthalmic medicine in this country who appears to think belladonna may be abused in the treatment of iritis; and this surgeon, while admitting its remedial action in certain stages of the disease, protests against its use during the active condition. His words are—"Invaluable, indispensable as atropine is, in our examinations of morbid states of the eye, I do not regard it as of any service in acute iritis, for an inflamed iris loses its power of motion" (a), &c. But is not this jumping to a conclusion on false premises? for those who see a large number of cases of iritis, know of a certainty that the iris does not lose its contractile power for some time, not until the early stage of the attack has resisted the action of remedies; and then by reason of the destruction of the muscular fibres of the iris, sight is threatened by lymph effused throughout the pupillary space.

In my opinion it is in the early or acute stage of the disease, and when certain well-known symptoms are present—as sclerotic and ciliary injection, extreme tenderness of the eyeball, circumorbital pain, lacrymation with intolerance of light, and dimness of sight, slight change in the colour of iris, with an increased vascularity which impedes its motion, so that the pupil can be seen to contract and dilate slowly on the withdrawal or admission of light—that a free application of belladonna or atropine is of the utmost value and importance. The late Dr. Mackenzie thought highly of this remedy in the treatment of iritis. Belladonna, he writes, "ought to be employed in every case, and in all stages of the disease." The late eminent Von Graëfe, speaking of the treatment of this affection, says, "Although I can easily understand that some practitioners are not successful in the mydiatic treatment of acute iritis, because they proceed without discrimination, still, I cannot understand how they can yet consider it irrational. In inflammation of a muscular tissue, what indication is more urgent than to keep it quiescent, at the same time relaxing its most irritable and most threatened parts, in the present case, the pupillary margin? Is there a method more likely to induce re-absorption of an exudation than to deprive it of its source of nourishment? and does not the diminution of intra-ocular pressure facilitate the choroidal circulation, and afford an especial safeguard against the complication with choroiditis so much to be dreaded?"

(a) Dixon's "Study of Diseases of the Eye.'

This is good, practical reasoning, for beside the danger to the iris by the formation of adhesions between the posterior capsule of the lens, posterior synechia, there is the danger of the inflammation rapidly proceeding to affect the choroid and retina. It is at the pupillary border of the iris the disease seems to commence, whence it quickly spreads to the deeper seated structures, and the danger to guard against in all attacks is an inflammation of the adhesive kind, which, if not met by active remedies, produces obliteration of the pupil by the rapid effusion of coagulable lymph. It is quite possible that the inflammatory symptoms may, after having run a certain course, abate, and wear themselves out. In such instances the attack may be attended with only a small amount of pain and inconvenience; this has led to a belief in the minds of some practitioners that they may discard such remedies as mercury, iodide of potassium, &c., in the treatment of iritis, but if such a course be pursued, contraction of the pupil—*artresia-iridis*—will most assuredly be followed by total loss of sight.

Every care must be taken to preserve the iris intact, and prevent damage to its muscular fibres from the inflammatory effusion of lymph, which is at times thrown out in the course of a few hours, and without much pain; this can only be done by treating the case actively from the first; and by making a free use of mydriatics. We can scarcely expect to place the iris at rest, and out of harm's way without belladonna, or the instillation of a solution of atropine; and this gives time for other remedies to act. Should the eye prove at all intolerant of atropine, and which it sometimes is, either from the loaded state of the vessels of the iris, or from a slight conjunctivitis, a local abstraction of blood will be needed before its use is persisted in. This will be best affected by the application of a leech—just below the lachrymal tubercle—and far enough away from the angle of the eye to avoid chemosis. When the leech falls off the bleeding should be arrested by pressure, and in a short time it will be seen that the eye tolerates the solution of atropine or belladonna, and the pupil expands under its influence. As during the night the disease often makes great progress, and as whilst asleep there is a natural closure of the pupil, which must in some measure favour permanent contraction, it is as important that the belladonna should be freely applied to the brow at bed-time, as that the instillation of atropine should be persisted in morning and mid-day.

As the extract of the pharmacopœia is generally too hard for use as an external application, I order it to be mixed with a few drops of glycerine, and applied on oiled silk—this prevents it from drying up; when dry it no longer produces mydriasis. Solutions of atropine will occasionally set up a good deal of conjunctival irritation, and cannot be proceeded with on this account; but this often depends upon the character of the solution employed—it may be too strong (2 to 4 grs. to ℥j. of water is of sufficient strength), or the solution may be made with *spirit*, as ordered in the liquor-atropia of the "British Pharmacopœia." This is clearly a mistake, as the spirit invariably produces inflammation, or irritation and pain. The chief difficulty appears to be from want of care in the preparation of the commercial salt, and which almost always contains a certain quantity of *free acid*. The alkaloid must be *perfectly neutral*, and dissolved in distilled water. Dr. Mackenzie pointed out an occasional effect of belladonna, which he thought might afford grounds for objecting to its use in the acute stage of iritis, namely, its action on the proper substance of the iris, causing it to contract, and at the same time leaving the *uvea* attached to the capsule of the lens. This is a rare and very occasional effect, and one I have never seen, and therefore venture to think in no way detracts from the great value of the drug; it is one less likely to occur when the case is treated in the ordinary way, that is with mercury or iodide of potash, as well as atropine.

The advantage of the mydiatic treatment is not confined to one stage of the disease; it is equally useful in general iritis; constitutional or specific, as well as in the secondary form of the disease, even that affecting strumous children; and when it occurs as an extension of the inflammation from some other texture—keratitis. In connection also with injuries of the cornea and iris; or in a purely sympathetic character, as when the opposite eye has been injured.

◆

CASE OF EPILEPTIFORM CONVULSIONS OC-CURRING IN A GIRL AGED THIRTEEN. RECOVERY.

By Henry Clements Nixon, L.R.C.S.I.; L.R.C.P.E.

Although the following case occurred in my practice in the year 1871, I deferred sending it until I was satisfied as to whether the attacks would be repeated. As I cannot find in any of the books of reference in my possession mention of a similar case due to the same cause, I consider it only right to give it publicity.

Miss Frances H., a young lady æt. 13, well deve commenced to menstruate in April, 1871, and continue do so regularly. The latter end of May her face and ne swelled and had a puffy look, and her eyes became pr tuberant. She complained of some headache, and felt if something was runing about in her head. Her frie deferred consulting me until the morning of June when I was sent for at six a.m. On my arrival I fou her suffering from the most frightful epileptiform co vulsions I ever witnessed, identical in appearance to th met with during labour.

I heard from her sister, who slept with her, that awakening she found her lying insensible beside her, that the fits had commenced only a short time before coming.

She was suffering from most violent spasms, the returning every four or five minutes with the most contortions of her body, the arms being jerked ab and her legs having to be held down. Swelling lividity of the face, pulsating carotids, eyes starting their sockets at first, but turning up under the twi lids towards termination of fits; pupils dilated; th crooked, the mouth being twisted upwards to right frothing at the lips finishing the attack. The teeth so firmly clenched that they could not be separated. breathing slow and laboured, there being the usual no accompanying it. The pulse also increased in streng and frequency, and complete unconsciousness in the tervals.

I had her raised in the bed, her frightened friends moved, and the windows opened. I could not ascerta if her bowels were free or not previously. I therefo gave her a bolus of calomel and jalap, applied sinapis to the inside of the thighs and abdomen, cold lotions head, and took 24 ozs. of blood from her arm, which sened the strength and frequency of her pulse, but not the same effect in controlling the fits. As I ge rally found bleeding successful in such cases occurr during labour, I formed a very unfavourable progno but having attended a married sister of hers some ti previously in her confinement, during which the sa form of convulsions occurred, and in which the treatment failed, and chloroform was successful, I co menced using it, keeping her under its influence for hour, applying it fresh as soon as there was any twitchin of the eye-lids, diagnosing a returning attack. From the first application she had only five fits, each lessened in length of time, increased interval, and force, and she gradually sunk into a deep sleep without stertor, from which she awoke five hours afterwards perfectly conscious as to all occurrences happening up to period of attack. I ascertained from her that her bowels had been constipated. I ordered her an enema and left. On my evening visit I found that there had been an enormous evacuation, leading me to conjecture that reflex action from an overloaded intestine on the uterus near the menstrual period was the cause of the fits. She also passed a very unusual quantity of urine—albuminous, I expect, but I had not an opportunity of testing it, as it had been removed. She recovered perfectly, being up next day, and down stairs the following. Never has had the slightest tendency to a repetition.

A peculiarity in connection is, that her mother, I learn, had convulsions before her sister and she were born.

Shinrone, King's County.

◆

TWO CASES OF POISONING BY THE FUMES OF CHARCOAL (*a*).

By John Hawtrey Benson, M.B., L.K.Q C.P.,

Physician to the City of Dublin Hospital.

Two lads, University students, æt. 18 years each, slept in the ame bedroom, but in different beds. The room was very mall, and the fireplace had been stopped, consequently the entilation was most defective. While going to bed one night charcoal stove was brought into their room, but the servant eglected to remove it again. Next morning the inmates of he house were unable to arouse either of the lads out of hat they took to be sleep. On my arrival he found at one of the lads had already been aroused, but was still eavy and confused, and was quite unable to appreciate what d happened. Pulse 104, small and feeble; temperature ·8; slight headache. Presently slight vomiting, after which regained full consciousness. He remained in bed all that y, and by the next day he was nearly well, though some- hat weak.

Case II.—But the condition of the second lad was far more rious. He was found profusely comatose; face livid and ated; respiration laboured and stertorous; eyes congested; pils at one time contracted, at another dilated; slight thing at the mouth; teeth firmly clenched; some rigidity the limbs; pulse 140, quite regular, and of fair strength; perature 103; respiration 36; some increase of the area r right side of heart, with very visible jugular pulse; ggish peripheral circulation; no dulness on percussion at k or base of lungs, but very numerous dry *râles* all r. On finding the patient in this condition I threw up h windows, opened the door, and drew the bed into middle of the floor. I then applied sinapisms, passed induced electric current through Graefe's apparatus, ween the phrenic nerve and the diaphragm, and sent for colleague, Dr. Purser. At his suggestion he administered ld effusion of water at a temperature of about 38°

ne o'clock P.M.—Pulse 132; temperature 102·6; respira- 36; very profuse sweat.

t 3.30 saw the patient again, with Dr. Hudson in con- ation. The latter advised to have the patient blood- ed at the clavicle.

t 9.30 P.M. the patient was still deeply comatose; pulse ; temperature 102; respiration 24. A pint of fluid was oved by catheter. With a view to obtain some direct ence as to the condition of cerebral circulation, Dr. er made an ophthalmoscopic examination of the fundus he eye, and found it in a state of extreme venous con- on. Next morning, between 6 and 7 o'clock, the patient regained consciousness—about 30 or 31 hours after he began to inhale the poison.

Second Day.—At 10.30 he was found perfectly intelligent; muscular prostration extreme; unable to turn in bed, or to expel urine; pulse 104; tongue dry and brown.

Evening.—Pulse 120; temperature 102·4; bronchial *râles* have nearly disappeared; slight tendency to congestion.

Third Day.—Good night; slight delirium; pains in feet and calves of legs; no appetite; tongue dry and brown; *sordes* on lips and teeth; thirst; pulse 88; temp. 99·4; prostration still extreme.

Evening.—Pulse 90; temp. 99·6.
Fourth Day.—Pulse 88; temp. 98·7.
Fifth ,, ,, 80; ,, 99·2.
Sixth ,, ,, 78; ,, 99.
Seventh ,, ,, 76; ,, 97.
Eighth ,, ,, 72; ,, 98·4.

And it was not until the ninth day that his strength admitted of his getting up. In the narrative of these cases Dr. Benson drew attention to some of the more prominent symptoms—namely, the high fever; extreme muscular prostration; profuse sweating; muscular and neuralgic pains, &c.; and especially the remarkable persistency of all these. He then contrasted the mode of duration of the two gases formed during the combustion of charcoal—namely, carbonic oxide and carbonic acid; and showed how, according to the results of modern investigation, the former produced more deleterious and more prolonged effects than the latter, by reason of its forming a definite chemical compound with the hæmoglobulin called carbonic oxide hæmoglobulin. He also discussed the chemical properties of the latter, and showed how its spectrum differed from that of oxyhæmoglobulin and reduced hæmoglobulins.

◆

ON PULMONARY HŒMORRHAGE AS A CAUSE OF PHTHISIS (*a*).

By J. Magee Finny, M.B., L.K.Q.C.P.

All the cases were young adults, from 18 to 22 years. Previous to the hæmoptysis, which varied in amount and frequency in the cases, the patients were healthy, exhibiting no symptoms of any affection of the lungs; and in all the hæmoptysis occurred suddenly. An exciting cause seemed to exist in each, in one being undue exertion in leaping a fence, and in the others the approach of the menstrual period. For some days after the occurrence of bleeding there were no symptoms, beyond cough and expectoration of black clots, of febrile disturbance, or of pulmonary inflammation; but in all, these symptoms after a while developed themselves, high fever set in, with rapid wasting, and the patients died in 6, 8, and 26 weeks respectively, dated from the time of the bleeding. Physical examination, shortly after the onset of hæmoptysis, showed some consolidation of the alveoli of the lower lobes in all, and in one of the upper lobe also. This was due to the blood gravitating into the dependent part, or being drawn in by the inspiratory act. After a couple of days, this, in some, seemed to be partially absorbed, or got rid of, as the signs of consolidation became less marked; but, with the febrile symptoms, the signs of pneumonic solidification became distinct, and this pneumonic process, at first lobular, advanced to the engagement of the lobes, and afterwards of parts of both lungs. The steps of the development of disease were as follows:—First. The blood was effused in the bronchi, part was expectorated, and part lodged in the smaller bronchi and alveoli; Second. Irritation and inflammation were produced in these regions; Third. The inflammatory changes, being of the form termed by Niemeyer "catarrhal" pneumonia, underwent retrogressive changes, the lung tissue broke down, and cavities ensued. It is possible, and indeed probable, that tubercles of the miliary granular form were, at the same time, developed throughout the lungs. Before

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Abstract of a paper read before the Medical Society of the College ysicians of Ireland.

(*a*) Abstract of a paper read before the Medical Society of the College of Physicians of Ireland.

referring directly to the relation the consumptive process bore to the bleeding, four views, to explain the occurrence of the bleeding, were mentioned—1st. The prior existence of tubercles in the lung (Laennec); 2nd. Previously diseased condition of the blood vessels (Williams); 3rd. Pulmonary aneurism (Rokitansky and Rasmusseu); and 4th. The accidental rupture of some vessel, either pulmonary or bronchial. He (Dr Finny) considered the last to be the explanation of the bleeding in the cases detailed. The consequences of hæmorrhage on the mucous membrane were, at times, most serious, and in its relation to phthisis, as a most important factor, and one which is too often lost sight of, the scrofulous diathesis was laid stress upon. The presence or absence of this constitutional condition made all the difference as to the results of pulmonary hæmorrhage being innocuous or most serious. This condition was present in the cases detailed. The father and sister of one patient had died of consumption, and she herself had suffered as a child from a chronic abscess; and two brothers of another had been affected with pulmonary affections of a chronic character. In adopting Niemeyer's doctrine of *phthisis ab hæmoptæ*, he did so, stating that he did not agree with the view that hæmorrhage was a frequent cause, and made reference to the statements of M. Trästour on this subject. He, however, strongly maintained that the bleeding in these cases can admit relation—as cause and effect—to the consumptive process; and, in furtherance of this view, he alluded to the dangers of allowing blood—to which air has access—to remain in contact with the mucous membranes of the nares, uterus, and vagina, and quoted extracts from the writings of Paget and Gross relating to the ill-effects of such blood in producing inflammation, or by absorption, pyæmia. He claimed for the lungs a similar vulnerability, and, in conclusion, having called attention to the experiments of Burdon-Sanderson, Wilson Fox, and others, on the production of tubercle as suggesting the probable occurrence of tubercle in the lungs secondary to, and dependent on, the absorption of the blood in the process of decay, and of the products of the inflammation set up by it, he expressed his conviction that pulmonary hæmorrhage under certain conditions in either sound lungs or lungs already extensively disorganised, will produce most serious results; in the one, by setting up as a primary disease pulmonary consumption; in the other, by lighting up a first inflammatory action, rapidly advancing the lung destruction.

◆

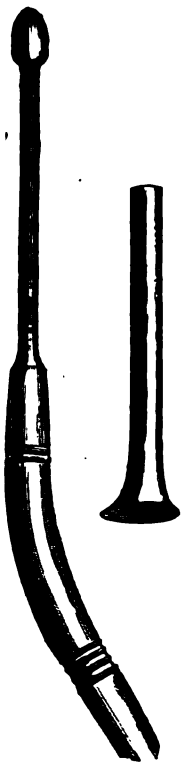
A NEW METHOD OF INTRA-UTERINE MEDICATION.

By Lombe Atthill, M.D., Dub.,

Fellow and Examiner in Midwifery, College of Physicians; Obstetric Physician to the Adelaide Hospital.

In the great majority of cases of uterine disease which come under observation, the cervical canal is found to be patulous, permitting with ease the passage of a No. 8 catheter, the lining membrane of that portion of the uterus being in an unhealthy condition throughout its entire length. In many cases the body of the uterus is also implicated. These facts explain why it is, that the cure of the so-called "ulcers" commonly observed on the lips of the os uteri, is frequently not followed by any marked alleviation of the distressing symptoms which generally attend these affections. To effect a cure in such cases the entire of the diseased surfaces must be treated, remedies have therefore to be carried up to the fundus.

The mode hitherto, in general, adopted for effecting this object has been by wrapping a thin film of cotton round the end of a probe, which when saturated with the caustic to be employed is passed up to the fundus. A method of procedure manifestly objectionable, because most of the caustic is pressed out of the cotton during its passage through the cervical canal, and what remains must be greatly weakened by admixture with the secretions with which it has come in contact. Besides, in a certain number of cases the cervical canal is perfectly healthy. When this is so, obviously the application of any caustic to its surface must be injurious, and if possible to be prevented. I have therefore had made for me by Messrs. Fannin, of Grafton Street, Dublin, a platinum canula, two inches in length, of the size of a No. 8 catheter, and furnished with a narrow disc at the upper end. To this canula is adapted a curved stilette ending in a bulb which fills the extremities of the canula accurately, as shown in the wood-cut. The stilette is fitted to a boxwood handle eight inches in length.



The canula fixed on the stilette may be passed into the uterus, just as a sound ordinarily is, and the index finger of the left hand being kept in contact with the disc, so as to prevent its slipping out of the cervical canal, the stilette is withdrawn. A Ferguson's speculum is then introduced, and a long uterine probe with a little cotton rolled round it, dipped into the agent selected, is passed through the canula into the uterus. The probe and canula can be withdrawn together. In many cases the speculum can be introduced first, and the canula inserted through it.

This simple method enables you to carry your caustic to any portion of the interior of the uterus you may decide on treating without its being weakened by coming into contact with any other part, and at the same time to protect from its action any portion of the cervical canal you may deem it wise to avoid.

I have derived the most satisfactory results from this method of treatment, and have succeeded in effecting a cure by means of it in cases in which I had failed to do any good by applications made in the old way.

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

PARALYSIS OF THE VOCAL CORDS.

The following is a full account of the remainder of Prof. Gerhardt's paper, the former part of which we analysed in our last:—

This shows us why lunar caustic has been so successful for laryngeal applications. Last year Ollivier proposed to cure paralysis of the vocal cords by external manipulation of the larynx. He said that pressure with thumb and index finger should be exercised against the superior cornua of the thyroid cartilage, at the same time letting the patient take a deep vocal inspiration, and while the pressure lasts, pronounce aloud. This has already been tried by surgeons from whom I have the written proof of its value.

Ollivier knows that in inspiration the vocal cords approach (the ventricular bands in expiration), and that it is therefore advantageous to press on the sides and inspire at the same time, if it is desired to cure their paralysis by giving them the power of movement. I treated in *this* way a young lancer for hoarseness following diphtheritis; all other means had been unsuccessful. When I compressed both sides of the larynx, at the same time *letting him* inspire in a loud singing manner, the voice returned, but was monotonous, harsh, and deep. After a few days it lasted. Then I applied Faradisation, and in a short time the patient received his voice back in all its fulness and extent. It is evident that in a long-standing paralysis of the aryt. trans. muscle, the regulating cartilage undergoes a partially outward dislocation, and that lateral pressure on the superior cornua of the thyroid cartilages replaces it, and electricity may then be successful.

Electricity may be applied to the skin or to the laryngeal mucous membrane, in a continued or interrupted current, or both together. The first attempt to reproduce the voice through electricity was made by Grapangieser, of Berlin, in the year 1800. Later Sedillot, Bamberger, Althaus, and a great many others, have produced cases cured. In these cases the electrode was always applied *to the skin* of the neck on the two sides of the larynx. An essential advance was made by Morell Mackenzie, when he applied one electrode to the skin of the neck in front of the larynx by means of a neck band, and the other directly to the mucous membrane over the paralyzed muscle by means of a metallic sound. Now, we discriminate between it and the direct cutaneous Faradisation. Ziemssen has the credit of having applied it more precisely to a given muscle. The so-called hysterical and essential cases of paralysis are the most proper for electrical treatment; they are fairly cured by Faradisation. By hysterical paralysis we understand those numerous, changing nervous disturbances appearing in persons without being materially established, and where electricity is crowned with complete success. By essential we understand those paralyses whose explanation is neither accessible to our conception or understanding, and must at last be sought for in the fine molecular changes of the nervous centres. In many of these cases electricity succeeds immediately, and in others only by degrees; while in certain cases it is unsuccessful, but still of interest for scientific inquiry. If we remark only a weak tone under the influence of electricity it is still sufficient to show that the muscle is capable of contracting. In a paralysis of a year's duraion it suffices sometimes to give the patient a lively physical emotion to cause the voice to return instantly.

It may be of interest here to remember the statement of Phillipean, who said that a paralysis following inflammaion of the throat was incurable by electricity. Two cases f aphonia came to me that were cured by electricity after he tonsils had been removed. Yes; I can say even more n regard to the tonsil, *e.g.*, that an irritation here often ures paralysis through reflex action. I extracted a tuftormed adenoma from the anterior border of the arch of e gums, and thereby cured paralytic aphonia, which had egun with a sensation of a foreign body in the throat, nd frequent cramps. The patient was 20 years of age. ence, a group of paralyses may be referred to reflex action, d the seat of their trouble may be said to lie in the nsils. These paralyses are cerebral, because the brain the end of the reflex journey. Other parts as intimately der the nervous system as the throat may give rise to ese paralyses. The numerous cases where impressions use paralysis belong to this category. These paralyses y be partial—that is, only a particular part of the vocal main may be lost. Thus, some cough with a good ne, and others (according to Bruns) can sing loudly any ng within a certain scale yet speak in a whisper. Many es of aphonia in hysterical subjects appear to proceed m a cerebral influence, in consequence of a reflex action sing in the genital organs. These cases are not so arly explained as those described by Landry, where voice was regained in certain aphonic cases so soon as anteflected uterus was replaced in position. The easy ability of diphtheritic paralyses of the vocal cords seems show that they are induced differently (through troubles leading to the periphery) from most diphtheritic paralyses that are excited by reflex action from the throat. The entire meaning of electro-therapeutics does not consist merely in bringing about a single contraction of a laryngeal muscle, but at the same time in making the cerebral apparatus act on the superior laryngeal and the upper nerves of the larynx. In conclusion, I will bring forward certain forms where local electric action furnishes us favourable results. Many young people come for treatment, because when their voice should begin to change to a hoarser one it becomes very high, and even falsetto. Most of these have suffered greatly with croup in childhood. Examination shows that one vocal cord is less moveable than the other, and does not come to the centre, and that it also has a slightly concave border. Press the two electrodes against the sides of the larynx, and sometimes even at the first sitting the voice comes deep and pure. Then the patient should speak very little, and in a chest voice. This, with two weeks methodical speaking, always effects a cure. Goître is a second form. We sometimes find in such cases two special kinds of voice; it is either little in extent, or deep and weak. Here the change in the windpipe is the only explanation of the vocal disturbance. This may be felt with the finger. We hear a whizzing sound during respiration. Others have a high, thin voice of good extent, often falsetto; these are naturally due to pressure on the laryngeal recurrent nerve. In the last we find the constant disturbance essentially increased by a bronchial catarrh.

A small increase in the size of the thyroid cartilage through a collection of blood in coughing is sufficient to show that there is pressure on the recurrent. By means of iodine we can somewhat diminish tumours of the thyroid cartilage, then Faradisation of the vocal cords or the recurrent restores the voice. Less seldom we find such hoarseness or aphonia in phthisis where the trouble is caused by pressure on one or both recurrents. Even here if the phthisis is arrested, electricity benefits the patient. If all other methods fail we can still try to effect a cure by a subcutaneous injection of strychnia, as proposed by Lewin.

The Medical Press

RETROSPECT

OF

MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. V.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of MEDICAL PRESS AND CIRCULAR.

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PHYSIOLOGY.

PHYSIOLOGICAL CHEMISTRY.

PICOT.—" On the Antifermentable Properties of Silicate of Soda." *Acad. des Sci.*, Jan. 13.

BLOOD AND CIRCULATION.

BERT.—" Researches on the Quantity of Gas contained in the Blood." *Soc. de Biol.*, Jan. 25.

Grehant, M. N.—"Quantitative Determination of the Oxide of Carbon combined with the Hæmoglobin; Mode of Elimination of the Oxide of Carbon." *Acad. des Sci.*, Jan. 27.

Ranvier.—"On the Mode of Formation of Fibrine in Blood drawn from the Vessels." *Soc. de Biol.*, Feb. 1.

Vulpian.—"Researches on the Small Colourless Corpuscles which are found in the Blood." *Soc. de Biol.*, Feb. 1.

Tillaux.—"On the Injection of Atmospheric Air into the Arterial System." *Soc. de Biol.*, Jan. 25.

RESPIRATION.

Estor and St. Pierre.—"New Experiments on Respiratory Combustions; Oxidation of Sugar in the Arterial System." *Acad. des Sci.*, Jan. 6.

NUTRITION.

Power, Henry.—"The Influence of the Nerves on Nutrition." *Practitioner*, Feb. This paper is interesting. not only from a physiological point of view, but also as bearing on the question whether it is possible artificially to modify the nutrition of diseased organs by acting on the nervous system. Mr. Power argues against the view that there exist "special centres and nerves, apart from the vaso-motor system, having for their function the maintenance of the nutrition of the several organs and tissues of the body, and which, when irritated, increase the nutrition, and when paralysed diminish it. He concludes that, "whilst we must admit that the nervous centres possess a powerful influence over the nutrition of the various organs and tissues of the body, the evidence we at present possess tends to show that such influence is not exerted directly in modifying the molecular changes, or what we may call the physical operations of nutrition, but indirectly, either by regulating the supply of blood, or still more remotely, by influencing the functions of each organ."

INNERVATION.

Tamin-Despalles, O.—"Alimentation of the Brain and Nerves." Paris, 1873.

Vulpian.—"On the Anastomoses of the Lingual Nerve with the Tympanic Cord." *Soc. de Biol.*, Jan. 18.

M'Kendrick, John G.—"On the Necessary Conditions of Sensations as illustrated by the Sense of Hearing." *Edin. Med. Journ.*, Feb.

Gayon, M. W.—"On the Spontaneous Alteration of Eggs." *Acad. des Sci.*, Jan. 27.

MEDICINE.

FEVERS.

Beaumetz. — "Carbazotate of Ammonia." *Soc. de Ther.*, Jan. 7. This salt was used with varying results in the treatment of intermittent fever; sometimes with incontestable success, sometimes with evident non-success.

Muron, A.—"Intestinal Punction in Typhoid Fever." *Cour. Med.*, Jan. 4 and 11.

Peter.—"Treatment of Typhoid Fever." *Jl. de Med.*, No. 10, 1872.

Ringer, Sydney.—"A Case of Rheumatic Fever with High Temperature Successfully Treated with Cold Baths." *Practitioner*, Feb. This case shows that the temperature falls some time after removal from the bath; that pericarditis does not contra-indicate the treatment; and that when it increases the pericarditis and produces double pneumonia, yet the patient may recover.

Blacher.—"The Phlegmonous Erysipelas of Paupers—Necessity of Incision." *Cour. Med.*, Jan. 4.

DISEASES OF THE NERVOUS SYSTEM.

Buzzard, Thomas.—"Cases Illustrating the Employment of Central Galvanisation in Various Sensory Disturbances." *Practitioner*, Feb.

Ireland, W. W.—"The Sensory and Mental Deficiencies of Idiots." *Ed. Med. Jl.*, Feb.

Isaac and Demeules.—"Considerations on Cerebral Scrofula." *Marseille Med.*, Jan. 20.

Lepine, R.—"On a Peculiarity Relative to the Rotation of the Head and to the Conjugate Deviation of the Eyes in Certain Cases of Apoplexy." *Soc. de Biol.*, Jan. 18.

DISEASES OF THE LIVER.

Sistach.—"Abscess of the Liver Treated by Puncture and Iodine Injections." *Gaz. Med. de Paris*, Feb. 8.

SURGERY.

CONSTITUTIONAL EFFECTS OF LOCAL INJURY.

Bard, Cephas L. — "Traumatic Tetanus Treated Successfully by the Bromide of Potassium." *Western Lancet*, July, 1872. Thirty grains of the salt were given every hour until four doses had been given, when the quantity and frequency of administration were lessened. Amelioration in the symptoms at once occurred. The whole quantity of bromide taken amounted to three ounces. It caused no bad effects, and the patient recovered slowly but gradually.

PROCESSES OF LOCAL DISEASE.

Laurent, G.—"Contribution to the History of Surgical Erysipelas." *Bordeaux Med.*, Jan. 26.

Heulhard.—"Spontaneous Gangrene." *Abeille Med.*, Jan. 6.

EXTERNAL INJURIES.

Legouest.—"Diagnosis of Lead in Gunshot Wounds." *Jl. de Med.*, No. 10, 1872. M. Legouest recommends as a simple and always accessible instrument the stem of a clay tobacco-pipe. This is readily streaked with lead; if the streaked part be dipped into vinegar, acetate of lead is formed, which, when touched with solution of iodide of potassium, gives the characteristic yellow colour of iodide of lead.

DISEASES AND INJURIES OF THE EYE.

Grandclement.—"New Method to Establish the Diagnosis of Intra-Ocular Affections without the Aid of any Instrument." *Lyon Med.*, Jan. 5 and 19.

Del Castillo.—"New Method for the Extraction of Cataract." *Chron Aftalmologica*, Jan. 12.

AFFECTIONS OF THE FACE, NOSE, PALATE, &c.

Baudrimont, E.—"On the Naso-Pharyngeal Polypus and the Nasal Method." *Gaz. Med. Bordeaux*, Jan. 5.

Allen, Harrison.—"Treatment of Diseases of the Pharynx." *Phil. Med. Times*, No. 45, 1872.

HERNIA.

Egea.—"Radical Cure of Hernia." Professor Egea, thinking that failure in many cases was due to incomplete invagination, has devised a simple expedient for perfecting invagination. See *Practitioner*, Feb.

AFFECTIONS OF THE URINARY ORGANS.

Teevan, W. F.—Results of twelve cases of stricture which had come under his care during the past year and which had been previously operated upon by himself or others. *Lancet*, Feb. 8. In two of these cases the stricture had been twice split with bad result; in five the stricture had been once split, also with bad result; one case was treated by perinæal section, with good result; one case was treated by the Boutonnière operation, with good result; one was treated by puncture of the bladder above the pubes, with good result; one by puncture of bladder *per rectum*, with bad result, and one by internal urethrotomy also with bad result. Several of the cases were subsequently treated advantageously by gradual dilatation.

AFFECTIONS OF THE GENITAL ORGANS.

Annandale, Thomas.—"Note of an Unusual Form of Hæmatocele." *Edin. Med. Journ.*, Feb. The wall of the sac exhibited calcareous degeneration; there was a secondary cyst communicating with the hæmatocele of the tunica vaginalis, and probably formed by rupture of the latter after the manner of a false aneurism.

Cadell.—"Advantages of Circumcision from a Surgical Point of View." *Med. Chir. Soc. Edin.*, Nov. 20, 187 In infancy this operation is advisable when a long prepuce induces local and constitutional disturbance; in boyhood it is advisable when a long prepuce is an exciting cause of masturbation; in adult life it is advantageous as promoting cleanliness; and even in old age it is justifiable, for a congenital phymosis is an exciting cause of cancer in the penis.

Gouley.—"Treatment of Urethral Fever." *New York Med. Record*, No. 162. Dr. Gouley always adopts a preparatory treatment before attempting mechanical treatment, except, of course, in emergent cases. After free catharsis he orders rest for a day or two, a hot hip-bath at night, a diluent drink three or four times daily, ten minims of tincture of iron three times a day, and five grains of quinine every night. He has in consequence of this treatment but few cases of urethral fever.

MIDWIFERY.

Cairns, Thomas.—"On Zymotic Diseases in Relation to Obstetrics." *Obstet. Soc. Edin.*, Dec. 11, 1872. The paper deals with the question as to whether parturient cases are liable to be affected by the poison of the respective zymotic diseases as conveyed to them by Medical attendants. Dr. Cairns holds that a Medical man need not hesitate attending an obstetric case while attending another patient suffering from any infectious disease. He, however, inculcates the following precautions:—Pouring water over the hands, not wearing gloves, feeding the patient well, and eschewing purgatives.

Cuthbert, C.—"Case of Uræmic Convulsions before Delivery, with Complications." *Obstet. Soc. Edin.*, Dec. 11, 1872. The arch of the pubis in this case was abnormally narrow, necessitating the use of the perforator, by which means, and while the patient was under the influence of chloroform, delivery was ultimately effected, although with difficulty. Acetate of potash was subsequently administered, with the effect, the author contends, of diminishing the albuminuria.

Dujardin-Beaumetz.—"On the Effects of Chloral-Hydrate administered in Puerperal Convulsions and During Labour." *Soc. de Thér.*, Jan. 8. This is a paper well worth reading. Not only does the author claim for chloral great power in diminishing the pains of labour, but he asserts that it augments the energy of the uterine contractions.

Duncan, J. Matthews.—"Case of Pregnancy and Labour Complicated with Diabetes Mellitus." *Edin. Med. Journ.*, Feb.

Johnston, George.—"Fourth Annual Clinical Report of the Rotunda Lying-in Hospital." *Dub. Obstet. Soc.*, Jan. 11. It is impossible in the brief space at our command to do more than draw the attention of obstetricians to this most valuable report. Thirty-five cases are recorded in which the forceps was used *before the os uteri was fully dilated*, and there is no doubt that this procedure under certain circumstances and in judicious hands is justifiable. In 131 cases in which chloroform was used, there was no hæmorrhage, ergot having been given to prevent it.

DISEASES OF WOMEN.

Knaggs, Samuel T.—"Ovariotomy." *Dub. Med. Jl.*, Feb. This is an able detail of a successful operation. In his observations Mr. Knaggs attributes the success of his operation to the fact that it was conducted throughout with the intention of extracting the tumour through the smallest possible incision. The author claims for the short ncision the following advantages: the shock of operation s lessened, the risk of peritonitis is decreased, there is less isk of the intestines protruding, and the wound heals more rapidly.

Lorey, G.—"On the Employment of Medicated Bougies n the Treatment of Blenorrhagia, especially of Chronic Blenorrhagia." *Tribune Med.*, Jan. 5.

MEDICAL JURISPRUDENCE.

Bell, J.—"Case of Suicide by Cut-Throat." *Med.-Chir. Soc. Edin.*, Nov, 20, 1872. The man completely divided the larynx just at the cricoid cartilage; the œsophagus was wounded, and the left carotid artery exposed but not divided. The patient died of intra-lobular pneumonia at the end of about a week.

Hicquet.—"Medico-Legal Account of a Case of Poisoning by Alum." *Ann. d'Hyg. Pub. et Méd.-Lég.*, Jan.

Poulet, V.—"On the Diagnosis of Poisoning by Phosphorus by Means of a Sign Furnished by the Urine." *France Méd.*, Jan. 4.

Penard, Louis.—"On Spontaneous Delivery after Death." *Ann. d'Hyg. Pub. et Méd.-Lég.*, Jan.

Tardieu, M. A.—"Etude Médico-Légale sur la Folie." ("Medico-Legal Study on Insanity.") Paris, 1872.

MATERIA MEDICA AND THERAPEUTICS.

Bordier, A.—"On the Elimination of Medicines." *Bull. Gén. de Thér.*, Jan. 30.

Boussingault.—"Alimentary Substances Preserved by the Action of Cold." *Acad. des Sci.*, Jan. 27.

Davaine.—"Observations on Septicæmia in Man." *Acad. de Méd.*, Jan. 28.

Laborde.—"On the Physiological Action of Some of the Alkaloids of Opium." *Soc. de Biol.*, Jan. 25.

Mayencon and Bergeret.—"Clinical Means of Recognising Mercury in the Excretions, and Especially in the Urine—The Elimination and Physiological Action of Mercury." *Jl. de l'Anat. et de Physiol.*, Jan. and Feb.

Schwalbe.—"On the Parenchymatous and Sub-Cutaneous Injection of Alcohol and of Agents of the Same Class." *Virchow's Archiv.*, 56. The beneficial effects of injections of an alcoholic solution of ergotine in aneurisms and varices are pointed out. Alcohol of itself heals by irritating the wall of the aneurism or of the vein.

Silver, D. R.—"On Ergot in Headache." *Phil. Med. and Surg. Rep.*, Oct. 19, 1873. Dr. Silver has found it most beneficial in those forms of headache in which there is hyperæmia of the brain.

Wernich, A.—"The Effects of Ergotine." *Virchow's Archiv.*, 56.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, April 7th, 1873.

Dr. S. O. Habershon, President, in the Chair.

Mr. Gant related

THREE CASES OF DOUBLE AMPUTATION,

the notes of which had been taken by Dr. MacKellar, house-surgeon to the Royal Free Hospital. W. S., æt. 15, was run over by a locomotive on April 20th, 1872, and sustained extensive compound comminuted fractures of the right arm and left leg. The flap operation was performed on both limbs, and with the exception of severe hæmorrhage which occurred during the following night and which was arrested by ligatures, torsion, and pressure, the boy did well, and left the hospital on the 10th June. The lad had been supplied with artificial limbs and walked up to the President's table without the aid of a stick. He was at the present time employed in the office of the railway and able to do the ordinary work.

The second case was that of a boy whose legs had been crushed by the wheels of a passing train on the 9th of August. Amputation at the middle third of the right thigh and supra-condyloid amputation of the left were performed; in the latter case the patella was left in the flap, a small portion of the right femur was necrosed and came away, the boy was discharged well after a residence of ten weeks. Mr. Gant showed this little fellow who looked well and hearty, and shuffled along the floor in a sitting position in much the same manner as children do before they learn to walk.

The third case was that of O. L., æt. 10. On the 27th of last February he was run over by a tramway omnibus and the whole of the right leg was so much crushed that Mr. Gant was obliged to perform supra-condyloid amputation after

Grettis' method. The left foot was severely crushed and it was feared that rupture of the anterior tibial had taken place. An attempt was made to save the limb, but sloughing took place and a similar operation as in the last case was performed, but the child died. In bringing forward these cases the author remarked on two practical points of interest: 1st. That it was better to amputate an inch or two above the bruised skin, as blood was extravasated higher up in the deeper skin than in the subcutaneous tissues. 2nd. In amputation of the arm it was of great importance to have the deltoid muscle intact, for then the stump could be moved by that muscle as well as by the pectoral and latissimus dorsi. Mr. Gant also thought there was less risk of osteo-myelitis when the amputation was performed through the condyles, than when the section was made through the shaft of the bone.

Mr. Davy congratulated Mr. Gant on the success of his work and took occasion to point out the good done by the Surgical Society in furnishing such useful artificial limbs as those shown.

Mr. Henry Smith showed a case of

TRANSPLANTATION OF THE SKIN.

The patient, a woman, æt. about 30, had sustained in October last a very severe burn of the arm and forearm. When she came under his charge the arm was useless, the elbow being bent at an acute angle and kept there by a firm thick cicatrix, this he cut through and then bodily dissected it back in its whole length, he then took a piece of skin two and a quarter inches wide and twelve inches long from the patient's side, and twisting the nutrient pedicle of skin to allow of its being placed on the arm, it was stitched in this position and the arm bandaged to the side. In three weeks the principal part had united. The arm now bid fair to be a useful one as there was no fear of contraction, the patient being able to extend it fully.

Mr. Erasmus Wilson said he was much pleased at such a result, and thought skin-grafting would have given good results. He would suggest that the granulations seen in these cases should be covered with some non-irritating ointment.

Mr. Bryant said his practice on removing a piece of skin for grafting was not to cut through the entire thickness but just down to the basement membrane, if the epithelium only was taken the operation failed.

Mr. Gant's plan was to dissect off a piece of skin just deep enough for the cut surface to present an areolar appearance, and having placed this on the granulating surface he covered it with lint and left it for three days undisturbed, on removing the lint an opaque spot would be seen and careful examination would disclose a number of small vessels supplying it; and he remarked on the rapidity with which these spots coalesced when their edges approached each other.

Mr. Royes Bell was of opinion that some length of time should be allowed to elapse before determining the relative value between skin grafting and transplantation, and

Mr. Adams pointed out that different modes of treatment might be adopted in the same case at different parts. He mentioned the treatment he had described to this Society some years ago. It consisted in punching a hole through the cicatrix and then gradually dilating it.

Dr. Fayrer, C.S.I., then read a paper on

EUROPEAN CHILD-LIFE IN BENGAL.

The author pointed out how rapidly the infant European population was increasing in India, and contrasted the mode of life in that country 25 years back with what it is now. The death-rate per 1,000 among the troops was 17·83, and among the officers 12·49. The question had been often asked, Can the Anglo-Saxon colonise India? *i.e.*, Can the race unsupported and unrecruited from home continue to reproduce itself and exist there? Could he in short, do in India what he has done in America and Australia, people the country and displace or replace the antocthones and his older Arian brethren who have become acclimatised during an occupation of many centuries? Dr. Fayrer was of opinion that the data for framing a precise reply to this question did not exist, but his own firm conviction was, that it could not be done, and he felt convinced that had India been colonisable by the European, the position we now held there would be very different to what it is. The European who becomes an item in the fixed population, and who leads an ordinary temperate and correct life, has expectations of living, perhaps little below those he might have had in England. About the year 1815 an asylum was founded in Calcutta for children whose parents were Europeans, and it is from the reports of this Society numbering about 129 individuals, varying in age from one to eighteen years that the following information is gathered. It was observed that the stimulating effects of an almost tropical climate asserted their influence, and as a rule, the girl of sixteen or seventeen years was two or three years in advance of a girl of that age in an European climate. As regards the age at which the catamenia appeared, and which having appeared, generally were regular and without trouble, the earliest age was twelve years and two months, the latest sixteen years and four months. In connection, though perhaps remotely with this subject, Dr. Fayrer noted the rare occurrence among the girls (two or three cases only of bucnemia happening in twelve years) of a swelling of the lower extremities evidently nearly allied to the elephantoid growth seen in the limbs of the natives of Bengal. It is manifestly a steady enlargement of one leg mostly about the ankle and leg, but extending sometimes slightly up the thigh itself; if there be any change in the condition, it occurs at the menstrual period when the limb is sometimes larger than at other times. The swelling is firm, not œdematous, and very like elephantiasis, except that it is not attended with either pain or excitement in the part, but is a very slow steady growth. One of the finest girls in the school is affected by it, medicine does not seem to affect it, and bandaging only produces temporary improvement. These children appear to have a great immuuity from diseases peculiar to the country as well as others of a severe kind, thus, no cases of cholera, diphtheria, scarlatina, croup, pleurisy, pneumonia, ophthalmia, phthisis, dengue, or malarious cachexia have been known among them for many years previous also to the author's observation. The death-rate is about double that in England as the following table will show:—

	Years.	England.	India.	
Under	5	67·58	148·10	per 1,000
From	5 to 10	8·80	17·73	,,
,,	10 to 15	4·98	11·51	,,

The author quotes Miss Nightingale's true saying, "Children are, as it is well known, the very touchstone, the live tests of sanitary conditions, and but too often the dying and dead tests of insanitary." The author concluded by saying that it was satisfactory to know that by care and proper training an European child may live, grow, and even thrive in the plains of Bengal.

Prof. Erasmus Wilson, **Dr. Tilt**, and **Mr. Jabez Hog** made some remarks, and thanking Dr. Fayrer for his paper, the meeting adjourned.

DUBLIN PATHOLOGICAL SOCIETY.

Mr. F. T. Porter exhibited

A SPECIMEN OF CONGENITAL MALFORMATION OF THE LEFT ELBOW-JOINT,

which had been removed, in the dissecting room, from a female subject, æt. about 40. The external condyle of the humerus was considerably elongated, the capitulum being absent. The radius was tilted forward. The ulna was thrown slightly backwards. Mr. Porter at first looked on the specimen as one of dislocation of the ulna of old standing, but on comparing it with others (kindly shown by Dr. Smith), he came to a different conclusion. The subject of congenital malformation of joints was of considerable interest to students, and even to practitioners, as serious mistakes might arise by treating such affections as ordinary dislocations.

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DUBLIN OBSTETRICAL SOCIETY.

At the last meeting of the Obstetrical Society of Dublin, Dr. **Atthill**, Vice-President, in the Chair,

The **Chairman** exhibited

A LARGE FIBROUS POLYPUS,

which he had removed on the 9th inst., from a patient [illegible] Adelaide Hospital. The woman was about 48 [illegible] and married, but she never had been pregnant. [illegible] excellent health till about two years ago, when [illegible] the catamenia to become much more profuse than formerly; then the periods became prolonged, and for months past had never been free from hæmorrhage. On examination a tumour could be felt projecting into the vagina; anteriorly and to the right side it could be traced up to the os uteri, to which it was attached by what appeared to be a troad base, the fingers passed up posteriorly could not reach the pedicle. A steel wire, attached to a long écraseur, was passed over the posterior surface of the tumour and carried up as high as possible. The resistance presented by the tumour was, however, so great that the wire broke; a second wire carried up as before succeeded no better; while a third attempt made with a very strong wire terminated in the breaking of the écraseur. Dr. Atthill then proceeded to detach the tumour by means of a pair of curved scissors, and, after experiencing great difficulty, succeeded in doing so. Considerable hæmorrhage followed, to restrain which the actual cautery was applied. Subsequently a pledget of lint saturated with a solution of the perchloride of iron in glycerine was placed in contact with the bleeding surface, and the vagina plugged with cotton wadding. The patient is progressing favourably. The remarkable feature in the case was that this polypus had two attachments, the one high up in the uterus, beyond the reach of the hand, the other which could be felt to lips of the uterus; between the two there was an interval of about half an inch. Dr. Atthill believed the latter must have been the result of adhesive inflammation. During the operation the patient was etherised by Dr. Morgan, and was kept under its influence for one hour and twenty minutes.

Dr. McClintock read a communication on

THE EXCESSIVE VOMITING OF PREGNANCY,

under which title he included all cases where this symptom of the gravid state is so severe and persistent as to threaten the life of the patient. He advocated a resort to the induction of abortion in all these cases, if Medical treatment be found unavailing, and the life of the patient endangered. A highly illustrative case was related, where the author recently had recourse to induction—apparently under hopeless circumstances—and saved the patient from inevitable destruction. He took a brief clinical retrospect of the subject, and a list was given of 36 cases where abortion had been purposely brought on to rescue the patients from the fatal effects of this excessive vomiting. In 27 of these cases the vomiting was arrested and the patients perfectly recovered; whilst in 9 instances, although the vomiting was stopped, still ultimate recovery did not take place, partly in consequence of the operation having been too long delayed, and partly from the intervention of some complication (*e.g.*, diarrhœa, hæmorrhage, puerperal fever, biliary calculus, &c.) not fairly ascribable to the operation itself. The author cited 50 cases (from various authentic sources) where death had actually taken place from the persistence and uncontrollable severity of the sickness. With reference to the ætiology of the symptom, he briefly adverted to each of the theories that had been put forward to account for its production, and showed their inapplicability to the great majority of cases; and he completely refuted the notion (so strongly cherished by Dr. Graily Hewitt) that some displacement of the gravid uterus was the cause of the vomiting in every instance. He was at pains to distinguish between the vomiting that occurred *in* pregnancy (from some concurrent disease), and the true vomiting *of* pregnancy; and whilst enforcing extreme caution in the former class of cases, before any recourse be had to artificial abortion, still he thought that this alternative measure might be justifiable in some cases of this description, and referred to instances in his table, in support of the opinion.

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MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, DUBLIN.

The usual monthly meeting of this Society was held on Wednesday, April 9th, 1873, at the College of Physicians, Kildare Street, Dr. Stokes in the Chair.

THE LATE DR. EAMES.

Dr. Atthill said that before they proceeded with the business of the evening, he wished permission, as one of his oldest and most intimate friends, to ask the Society to express its sense of the great loss which it had sustained by the death of their late Honorary Secretary, Dr. Henry Eames. He had been beloved by all—certainly by all who had any intimacy with him—from his frank, genial character, from his kindness of heart, and from the anxiety he ever evinced to make happy those who came in contact with him. He had been but a short time a member of that Society, and a very junior man in his profession; but during that short time he became known to them all. At a very early period in his career he became their honorary secretary, and during the three or four years he occupied that position, he had discharged his duties with the greatest efficiency, and the Society was never in a more flourishing condition than during his connection with it. He (Dr. Atthill) would not further occupy the time of the Society, but would move the following resolution:—"That this Society desires to express its sense of the great loss it has sustained by the premature death of Dr. Henry Eames, who for four years filled the office of honorary secretary of this Society, and to convey to the widow and family its sincere sympathy with them in this their sad bereavement."

Dr. Wharton seconded the resolution, and said that there was not a gentleman more worthy of the high opinion of his professional brethren than Dr. Eames, with whom he had been long acquainted, and whose untimely end he deeply regretted, in common with the rest of his professional brethren.

The Chairman said it was hardly necessary for him to observe how much he concurred with everything that had been said by the previous speakers. He had been long acquainted with Dr. Eames, and always admired his gentlemanly, cordial bearing. It was hardly necessary for him (the Chairman) to put the resolution, for he might assume that it was passed with heartfelt sorrow.

Dr. Hawtrey Benson read a paper on

TWO CASES OF POISONING BY THE FUMES OF CHARCOAL,

which will be found at page 375.

Dr. Henry Kennedy said he thought the paper read by Dr. Benson was a perfect model in its details of the subject. He recollected one case, when he was an apprentice, which had been brought in from a lime kiln. A man, whom he believed was at the time in a state of intoxication, fell asleep close to the lime kiln. The case was, however, different from those described by Dr. Benson, in this respect—that there was a very severe burn in addition. The greater part of one side of his head was burned. When brought in he was entirely comatose, and it was very remarkable the immense quantity of *sordes* around the lips forming quite a moustache.

The Chairman said the cases had been admirably presented to the Society. In the course of some further observations, he referred to instances where cold effusions had been efficacious in preventing sunstroke.

Dr. Benson said that some weeks after the recovery of the young man he had referred to, he called at his (Dr. Benson's) house, and was suffering from a copious crop of boils.

Dr. Finny read a paper on

PULMONARY HÆMORRHAGE A CAUSE OF PHTHISIS,

which will be found at page 375.

On the motion of Dr. M'Swiney, seconded by Dr. Grimshaw, the discussion on Dr. Finny's paper was adjourned.

Now that, owing to Sir William Thomson's letter on the excessive drinking habits of Englishmen, attention is specially drawn to the subject of amelioration, it may be well to note that Professor Phipson considers that coffee may be employed successfully in the work of reforming the drunkard. By experiments recently made in France, it has been found that this beverage is a most potent auxiliary in the crusade against alcohol. Persons addicted to drinking have been cured by finding a good cup of tea or coffee always within their reach. If a few sips of good tea or coffee are administered whenever the craving for liquor comes on, they will prove sufficiently powerful to extinguish it for a length of time. The practice must be persevered in, and the habit of drunkenness can thus be entirely overcome. Professor Phipson thinks these successful experiments were carried out by Dr. Lallemand. He calls attention to the important lessons that may be crawn from them. They proved that theine (caffeine), the active principle of tea and coffee, is stimulating without being intoxicating, and that when the stimulating action is set tp the craving for intoxication passes away.—*Chemists' and Druggists' Advocate.*

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 30, 1873.

THE CROONIAN LECTURES.

I.

THIS year the Croonian Lecturer at the Royal College of Physicians of London was Dr. C. B. Radcliffe, who selected as his subject "Mind, Brain, and Spinal Cord." The first lecture was devoted entirely to mind, and embodied a very able argument against the materialistic views that prevail in certain quarters. Dr. Radcliffe deserves thanks for the courage and skill with which he combated the doctrine that reduces man to a mere animal. It is difficult to condense into a small compass the argument he advanced, but we shall proceed to give an outline of his views.

Dr. Radcliffe expresses himself as unable by such theories alone to explain the phenomena of mind. If he reflects upon the workings of *memory* he finds himself regarding them from a spiritualistic rather than materialistic point of view; nor can he avoid the conclusion that mind must have its foundation, not in matter, but in spirit. That there is something imperishable in memory seems clear from the case quoted by Coleridge, and it may be added, from others equally well authenticated. A young woman of four or five and twenty, who could neither read nor write, was seized with nervous fever. She continued, in her illness, incessantly talking Latin, Greek, and Hebrew in very pompous tones, and with distinct enunciation. After many inquiries it was found that as a child she had been taken care of by an uncle, a clergyman, and very old; that it had been his custom for years to walk up and down a passage in his house into which the kitchen door opened, and read to himself with a loud voice out of his favourite works, these consisting of the Rabbinical writings and those of the Greek and Latin fathers. He observes that this case furnishes a proof and instance that *reliques* of sensation may exist for an indefinite time in a latent state, and makes it probable that thoughts are in themselves imperishable. Then, he observes, "memory becomes altogether unintelligible unless it be supposed that the mind of which it is a faculty has its foundation, not in perishing and ever perishing brain, but in *something*, perhaps a *spirit*, of which imperishability may be an attribute." He asks, how is the knowledge of identity retained? There is no need that the records of memory should be copied in the ganglionic brain cells. All that is required is that they should remain where originally written down, as it is as easy for *mind* with its ubiquity to find them in one place as another. How, he asks, can a record which is indelible be written upon a tablet which is no more constant than a drop of water at any given point in an overflowing stream? The fact that a thing outside the body once seen is recognised as having been seen leads him to conclude that the mind, of which memory is a faculty, may range beyond the body, may be ubiquitous. The visible body, according to him, "is certainly a transitory phenomenon, the matter of which is ever changing, never abiding. Something abiding there is, no doubt, or the visible body could not continue in existence; but that *something* cannot be that which meets the eye." Alluding to the *positive philosophy*, he observes that, according to it, "every thing divine, every thing metaphysical is repudiated; no attempt is made to look into the essence of things, or to deal with ultimate causes." "Beyond matter and material force," "the positivist philosophy knows nothing, or if a step further is taken, it is from force to matter rather than from matter to force." As to *vital* manifestations, these, Dr. Radcliffe observes, are, according to such philosophers, no more than physical actions, the mind nothing more than cerebration. He cannot doubt that "in the embryonic life of the higher animals there is a process of development at work by which the embryo before arriving at maturity passes through certain stages which seem to shadow forth certain permanent stages of being lower down in the scale of life." But it does not follow that these semblances are realities. The *Bacteria*, simplest of all living units, may be developed "possibly from inorganic elements" into monads or into the lowest forms of vegetable life; but then, instead of passing into higher forms of being, they presently break up into their original bacterial limits.

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HEALTH OF LONDON AND OTHER LARGE TOWNS.

THE annual summary of the Registrar-General was issued last week, and gives some important facts respecting the great cities of the world, which are every year growing greater. Vienna and Berlin have lately increased rapidly. Paris, for reasons too obvious and deplorable, has remained nearly stationary since the war; but the population amounted at the last Census to 1,851,792, and the capital of France, after violation by a mob in the face of her enemies and of her own citizens, is, as respects population, still the queen of continental cities. Rome is to be no longer a city of ruins for poets to sigh over, but the living capital of the Italian nation, in sisterly union with Florence, Naples, Turin, Milan, and Venice. In no land, however, are the cities greater than in the English Empire. The cities of India are flourishing. The United States are emulating the land of their origin. But England maintains its ascendancy; and her capital is the greates the world ever saw. Babylon, Thebes, Rome were never so populous as London, which has now within its widest boundary upwards of *four million* souls; and had in the middle of 1872, within the limits of the weekly tables, 3,311,298.

It is evident we read in the summary that the population of its capital must bear some proportion to the population of the empire, and to the population of the States with which it is in relation. Thus the population of Berlin exceeds the population of St. Petersburgh; for though Russia covers a larger area, and has more people than Germany, they are in less intimate relation. And Paris is more populous than the German cities because it has long been the capital of a united nation, in intimate connection with its provinces and with the surrounding States of Europe. While London is the metropolis of a great Empire, with which, as well as with the other States of Europe, America, and Asia, it is kept in intimate connection by means of the mercantile marine, the navy, and the telegraphs. It is the treasury of the wealth and of the mind of a large portion of the world.

If we carefully consider the condensed record presented us by the records of the Registrar-General's office, we shall find our metropolis one of which the whole empire may well feel proud, and most readers will subscribe to the following statement:—

> Cities are the radiating centres of civilization. And in English cities many economical as well as social advantages are enjoyed; these advantages, too, have undergone no diminution in recent years, otherwise the increase could not have gone on, without their inhabitants exhibiting signs of deterioration, of which no trace exists in the returns. But there is a limit to the growth of every city, as there is a limit to the growth of organic forms; though the extension is neither so definite in space nor in time as it is in species, inasmuch as the growth of cities depends upon the multiplication of co-existing or successive individuals, subject to death indeed, but endowed with surplus powers of reproduction. Some of the canons of the law of limitation are self-evident: a city, for instance, is limited by its water-supply, by its supply of food, by its supply of fuel, by its security from enemies within or without, by its powers of purchasing various requirements, by the attractions it offers in competition with the attractions of other places, and the prices at which these attractions can be purchased. London, in the midst of other centres, attracts and repels various kinds of population in various degrees, and its resident population at a given moment is the result of the equilibrium established at that moment between the various conflicting forces.
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> The estimated increase of population in the year 1872 was 44,839; and the registered births exceeded the deaths by 46,307 in Registration London.
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> One cause of the limitation of cities in past ages obtained less attention than it deserves; it is the necessity of removing the daily waste to the atmosphere outside, to the soil or to the sea. The smoke of fires, the dust of workshops, the breath of living things, and all their excretions, are noxious in various degrees. London, with impure wells and without sewers, was a city of plagues up to the seventeenth century, and was called in the eighteenth century one of the graves of the nation. The removal of impurities is now carried out to some extent, with the best effect; but difficulties increase, and new engineering agencies have to be brought into the field. The demand, in truth, for new methods of saving and invigorating life is as urgent as the demand for new implements of human destruction.

There is, physically, a limit to the number of people that can live on a given space; in crowds they are in each other's way, and in crowded homes poison each other. The limit varies. London, unlike Venice, has no practical limit of area. As far as houses are concerned, by adopting the system of vertical superposition in stories, so prevalent in the continent and even in some towns of Scotland, the cubical dwelling space on the same area may be augmented; but happily that system has not hitherto prevailed in England. Lofty houses, throwing dark, damp shadows on the streets, each with a common staircase, by which impurities are distributed to many families, however grand to look at, can scarcely fail to be unhealthy to live in.

We notice that the population in England is set down as less than one person to an acre of ground; in twenty of the great towns of the United Kingdom the population to an acre is 29, in London within the limits of the weekly tables it is 42. But the population is very unevenly distributed over the London area of 78,080 acres.

The London area is so far from covered that if the whole area except the river had a uniform density of 150 persons to an acre, the population would amount to 11,304,300. That such a limit will ever be touched is not probable, as the difficulties of healthy habitation increase with the numbers. Such difficulties are for a time evaded by the residence of householders in the suburbs during the night, and of their families there during day and night.

In the reigns of Elizabeth and James I. an attempt was made to prevent the growth of the capital; but it was in vain, and London grew to its present dimensions in spite of all discouragements, and in spite of the exclusion of nearly the whole of its population from the advantages of municipal institutions.

Other things being equal, the insalubrity of a place increases with the density of its population; and the fevers generated in crowded dwellings have a tendency to spread among the whole of the population.

At present, on 668 acres in the centre, under the Lord Mayor, the old municipal form of government remains, but 3,266,987 persons on 78,208 acres are living under the Local Management Act, with a paid chairman; and outside this region 618,654 people, increasing rapidly every day in numbers, are spread over 366,097 acres of land, without sewers, except in a few places, but covered by the Metropolitan Police administration.

If the whole of the people amounting in 1871 to 3,885,641 on a circle with a radius of 15 miles can be administered for police purposes from Scotland Yard, can they not, we are asked, be "associated together in one community for the purpose of local government, with the City for the central point of its administration?"

In the greatest London, *i.e.*, the Metropolitan Police District, including all the parishes partly or wholly within a circle of 15 miles (=14·9 miles) round Charing Cross, the mean density of population in 1872 was 9 to an acre; and the annual rate of mortality was 20·8 per 1,000. In the 10 years 1861-70 the annual rate was 23·6, in 1871 it was 23·7. The outer ring includes 11 entire districts, with parts of 5 districts; or 44 entire sub-districts; where the mean density of population is expressed by 1·8 persons to an acre, and the mortality was at the rate of 17·5 in 1872, against 19·3 in the ten years 1861-70, and 19·0 in 1871.

The mortality of the Registration London, at the rate of 24·3 per 1,000 during the 10 years, was one-fourth part higher than the mortality in the outer ring; the difference in the annual deaths was 5 deaths in 1,000 living. In

1872 the advantages remained in favour of the outside districts, where the population has more air to live in, but the difference in the two rates declined from 5 to 4 in 1,000.

The rates of mortality in the several districts varied from 15 to 29 per 1,000 for the ten years 1861-70, so far as the mortality can be now determined. The deaths in the large hospitals being omitted, the mortality in the other districts is somewhat understated.

In the smaller London, *i.e.*, the London of the Registrar-General's weekly tables, 1872—a year of mild temperature, and great rain-fall, the mortality, which was 21 on an average, varied from week to week; represented by a curve, the mortality had two maxima (26) in the cold second week of January, (27) in the hot first week of August; and two minima, the first (17) in the last week of June, and the second (17) in the third week of Sept.

Thus the winter and summer diseases prevail most, respectively in the coldest and hottest weather; and then their decline reduces the mortality to a minimum. This law prevailed in the whole of the town populations, but with considerable variation in particular towns.

Diarrhœa was the prevalent fatal zymotic disease in London, and raised the summer mortality; whooping-cough 3,249, small-pox 1,781, measles 1,680, and fever 1,340, were the other most fatal diseases of the same class.

In continuation of a previous series, the Registrar-General has published a table of the deaths by fevers, week by week, for 33 years, with a view to show what may be the influence of the seasons on these diseases. The influence is not great; the weekly mean number of deaths by fever is 43; and it ranged from 38 in the middle of the year, or the end of June, to 49 and 50 in December.

In 1872 the deaths returned were by *typhus* 175, *typhia* 824, and simple continued fever 341, including probably a few cases of typhinia. Typhus has declined rapidly since 1869, enteric fever (*typhia*) slowly.

Little London, *i.e.*, London within the Tables, can now be followed through the 33 years 1840-1872; and by means of the Censuses and the death-returns its annual rates of mortality are shown in its five great divisions. The mortality during the whole period is at the rate of 24·3 per 1,000; in the West Districts, 22·8; in the North Districts, 22·9; in the South Districts, 24·7; in the Central Districts, 25·3; in the East Districts, 26·1. The mortality in the five corresponding groups of districts in 1872 was at the rate of, West, 19·5; North, 21·1; South, 20·7; Central, 23·4; East, 23·5. The density of population in the five groups, expressed in persons to an acre, was West 52, North 56, South 21, Central 150, and East 107.

While the population has gone on increasing, and has grown denser in the parts formerly open, the mortality on the whole, has not increased; on the contrary, it has decreased; for if, to get rid of fluctuations, we compare the mortality of 1840-9 with that of 1860-9, there is a decrease from 25·2 to 24·3 in the rate, or nearly of 1 per 1,000. Taking the five regions, this improvement is found in the West; in the North and the East there is a slight deterioration; in the dense Central region the mortality increased; while in South London the mortality fell from 26·6 to 23·2, or 3·4 in the 20 years of interval. This is decisive evidence of the salutary effects of the drainage of South London, which was formerly a marsh; and of the substitution of a better water for the impure waters drawn from the Thames, at points where its stream was polluted by London sewage. The improvement of South London dates from 1856.

In the year 1872 the annual rate of mortality fell to 21·4 per 1,000; this contrasts favourably not only with 1849 and 1854, when the annual rates were, owing to cholera, 30·1 and 29·4, but with every year except 1850, after the cholera had swept off the feeble, when the rate was 21·0.

The mortality of the 20 great cities and towns in the aggregate is above the London standard; for it only fell in 1872 to 24·3, which was the rate in London during the twelve years 1860-71. The deaths in 1872 were in excess by 53,886—more than 1,000 a week—of the healthy standard; at the rate of 17 to 1,000 inhabitants, the deaths would have been 125,682; whereas 179,568 deaths were registered in the year. These cities are about to appoint health officers; will they carry out their recommendations, backed as they are by the experience of the navy and army, as well as by the whole series of national civil returns, showing how invariably sweet air, pure water, cleanliness, and hygienic measures of every kind are attended by health and strength, and their absence by death, disease, and disability? Let us hope so.

A word about the fifty large town districts. The mortality of these, 24·8 in the year 1871, was at the rate of 23·8 in 1872; higher, in the aggregate, than the mortality of London, but somewhat lower than the mortality of the great cities.

The rates of Preston 27·9, Walsall 28·9, Northampton 29·7, Bolton 30·0, and Dudley 32·3, cannot fail to awaken the attention of their respective authorities, with Cheltenham 17·6, and Hastings 17·8, almost at half.

Notes on Current Topics.

The late Baron Liebig.

THIS great chemist died on the 18th inst. at Munich of inflammation of the lungs. He was aged 69 years and 11 months at the time of his death. He was born at Darmstadt on May 12th, 1803, and studied in the Gymnasium of that city. He had early displayed a partiality for science, particularly chemistry. At the age of 15 he was placed in a pharmaceutical establishment at Pappenheim. Hence he proceeded to the University of Bonn and thence to Erlangen where he took his M.D. at the age of 21. Through the interest, chiefly of Baron Humboldt, he was appointed Professor Extraordinary of Chemistry at Giessen, and two years later Professor in Ordinary at that University. There he commenced his laboratory for practical chemistry which so raised the renown of the school that students resorted to it from all parts of the world.

Many great chemists were trained in this school as pupils under him. Let it suffice to mention the names of Fresenius, Hofmann, and Blyth. In 1840 he was made F.R.S. Lond., and received the Copley medal. Five years later he was made Baron by Louis II., Grand Duke of Hesse-Darmstadt. In 1852 he became Professor of Chemistry at Munich, and afterwards Superintendent of the Laboratory, having previously refused the Chair of Chemistry at Heidelberg, left vacant by the death of Gmelin. In 1854 an European subscription of £1,000 was raised for the purpose of showing the value set upon his researches. In 1861 he was elected one of the eight Foreign

Associates of the Academy of Scinces in the French Institutes. His funeral, as stated in our columns last week, took place on Sunday week last at Munich. It is intended to raise a monument there to his memory.

It remains now to speak of his works. They number between 300 and 400, of nearly 300 of which he was sole author. From 30 to 40 appeared jointly with other chemists. Many in the "Annalen der Chemie und Pharmacie," of which he was a joint editor. Some of the best known of his productions are "On Fulmunic Acid and the Fulminates," "On the Composition and Chemical Relations of Uric Acid," Organic Chemistry in its Application to Agriculture and Physiology," "Animal Chemistry, or Chemistry in its Application to Physiology and Pathology," "The Motions of the Juices in the Animal Body," "Researches on the Chemistry of Food," "Familiar Letters on Chemistry, considered in its relation to Industry, Agriculture, and Physiology." He also assisted Poggendorf in his "Dictionary of Chemistry," and Geiger in his "Manual of Pharmacy."

Aerostatic Medication.

M. L. **Loullierduche** has written a thesis on the original question of the use of aerostatics in medicine, he suggests that febrile, ascitic, or epileptic patients should have the benefit of an aerial trip for the cure of their special diseases.

As the atmospheric pressure would be relaxed, we may anticipate the gradual distension of the poor ascitic patient, whose feelings would hardly find vent in the popular refrain "up in a balloon."

The Relation of Menstruation to the Receptivity of Small-pox.

M. **Aubermeier Otto** has made observations on 100 cases of small-pox with the following results: In three-fourths of the cases menstruation commenced in the early stage of the disease and often at the period of eruption. The pains of menstruation were not so frequent or marked as usual in health, the menstruation period is hurried on by the eruption, suppression or delay is rare. In about half the cases regular menstruation was identical with the eruption, and it would appear that the physiological influence of the menstrual function modified the incubation period. When the menstruation occurs later in the disease it is usually in diminished quantity and is delayed.

Another World (*a*).

Physicians take a very high rank in Montalluyah, they are furnished with palaces and gardens; their revenue is great, they are wholly provided for by the State, since on their knowledge and efforts depend greatly the prolongation of life, the preservation of beauty, and of invaluable brain power." We doubt not that when our readers have fairly recovered their breath they will be asking in anxious chorus where this Elysium is, the thought of which is enough to fill the heart of the overworked and underpaid practitioner with rhapsody—aye! but "pity 'tis, 'tis true" 'tis in "another world;" and the author of it who led us step by step until we had well nigh lost our foothold up the giddy height, suddenly stopped, with the promise "that when I have succeeded in establishing a confidence between my readers and myself, it is more than probable that the secret itself will be revealed." Who is not ready to admit that in this world of ours there are some *very* interesting creatures who live, move and have their being about us? But if our author is a fair specimen of the inhabitants of another world, what an interesting psychological study must he be; marvellous to say the cerebral and intellectual faculties are so highly developed in the city of Montalluyah that its denizens further recognise the skill of the Medical Profession, and place its members in the first and honoured positions. What a signiffcant contrast is this to the stern line of demarcation so frequently drawn for the Profession of Mother Earth; but its keen satire is lost sight of in a book so insipid. In glancing through the work before us we scarcely know whether to be angry with our anonymous friend for wasting the descriptive and imaginative talent he undoubtedly possesses, or to laugh at the few good hits which are distributed here and there, and forget the bad parts altogether. Certainly we are puzzled to know who Hermes is, and what the object of his mission. If he be a radical reformer, tired alike of the conservatism on the one hand and the ultra-radicalism on the other, he has set about his reformation in a most unorthodox fashion, one not likely to gain many imitators. That he belongs to our ranks, we are decidedly inclined to surmise. We may not be correct. Here, however, is another specimen of his style, the best in our opinion in the whole book. After treating us to some learned disquisitions upon vivisection, microscopy, and disease germs (poor Dr. Beale what has he done that his progeny, and the clever arguments which supported it, should be claimed in Montalluyah ?) he deals a well directed blow at the fierce and intolerant opposition to which things new are treated in the profession here below, powerfully illustrating his subject by one whose intellectual capacity is so immeasurably superior to that of his contemporaries, that after his inventive genius, his suggestions and his entreaties have been scouted with derision, he is driven by a cruel opposition to a lunatic asylum, where he dies. The picture has unfortunately many analogues; but still we must positively decline to believe in the existence of a world of sensible people until editors cease to quarrel and call each other bad names; our noble Profession be duly recognised and the services of its members properly paid, and everybody have their rights, or no wrongs—real or imaginary to redress. This is our *beau-ideal* of "another world."

An Extra-Uterine Pregnancy of Thirty Years' Standing.

The February number of the *Boston Medical and Surgical Journal* contains the particulars of a remarkable case of extra-uterine pregnancy. The patient became pregnant in 1841 and died in 1871, the fœtus having been retained in the cavity of the abdomen for a period of nearly thirty years. During the early months of her pregnancy she suffered from paroxysms of pain of such intensity that her life was despaired of; during the seventh month she was conscious of an unusually active movement of the child, what she said she felt to fall backwards and to the right side; from this date she was not conscious of any motion. At the expiration of the ninth month she was seized with pains resembling, in all respects, ordinary labour pains, and accompanied by a considerable show. The discharge con

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(*a*) "Another World." By Hermes.

tinued for ten days, and the abdomen decreased in size. Menstruation subsequently came on at the regular time, and recurred at normal intervals for twelve years. Subsequently she suffered from dyspnœa and from soreness and pain in the hypogastric region. She was unable to walk much but took carriage exercise regularly; finally she died of erysipelas, aged 62.

The fœtus was found, on a *post-mortem* examination, lying in the epigastric region, to the left of the median line, slightly attached to the left ovary. No trace of placenta existed. A part of the humerus was denuded, it was the only bone not covered. A thick indistinct mass took the place of the left hand, and a similar mass that of the right foot.

Ligature of the Arteria Innominata at Mercer's Hospital, Dublin.

MR. O'GRADY performed successfully this unusual and interesting capital operation on a patient in this hospital the week before last. The procedure was adopted for the cure of a very large subclavio-axillary aneurism, the patient being a man of about 60 years of age. The parts were much displaced, and the subclavian artery being inseparably enveloped by large veins and numerous arteries, could not be reached. There was a low bifurcation of the innominata, which necessitated the removal of the internal third of the clavicle, which permitted a ligature to be passed with much difficulty round the great trunk. It was, moreover, deemed advisable, owing to the special circumstances of the case, to tie the common carotid near its origin.

The patient rallied well, and passed through the day of the operation favourably, there being no chest or head symptoms, though occasional severe paroxysms of pain in the elbow continued after the operation. When visited at 1 a.m., fifteen hours after the operation, he had had some rest, felt well and cheerful, and was in a promising condition. Some hours later it was observed by the attending nurse that his respiration during sleep had become altered.

Symptoms of serous apoplexy were developed, and after another attempt at rally he gradually sank.

Only a local examination of the parts could be obtained. The innominata was found to be unnaturally short, and was securely ligated below the bifurcation, as was also the common carotid immediately above it. Notwithstanding the depth of the artery, nothing was included in the noose with it. The recurrent laryngeal nerve ran immediately external to it, and neither the pleura nor any important structure was wounded, while the aneurismal tumour was very much reduced in size.

It was subsequently ascertained that the patient's sister had died of apoplexy.

The Council of the Royal College of Surgeons in Ireland.

As the month of June approaches, in the first week of which the election of the Council of the College is fixed by its Charter, much interest is felt in the competition for seats on that body which is likely to ensue. There are certain questions of administration in which the Fellows are largely interested, and in none more than the system of rotatory vacation of their offices, which was last year urged upon the Councillors of the College at its report meeting.

We are authorised to state that Dr. Mapother, Dr. Hamilton Labatt, and Dr. Jacob, intend to seek the suffrages of the Fellows. Each of these gentlemen, as our readers are aware, have already served the College for several years, and their efficiency as Councillors, their experience in collegiate administration, and professional rank as surgeons, is within the knowledge of the Fellows.

Dr. Jacob, it will be remembered, retired from the Council last year in compliance with the Charter requirement, that he should resign his seat before presenting himself for election to the Professorship of Ophthalmic Surgery, and he now seeks to be restored to the position from which he was thus necessitated to retire.

Dangers of Enamelled Saucepans.

M. MARTIN has drawn attention to the dangers of enamel in culinary ware. He found, when dissolving citrate of magnesia in an enamelled capsule, that the citric acid had exposed the metal, by destroying the enamel itself. Fearing there was some accident, he made another preparation in a china capsule, and subsequently found that the enamel in the first case was nearly altogether composed of carbonate of lead. As the law forbids the use of leaden measures for wine, it should certainly interfere in rectifying so serious a danger as is continually presented by the method of enamelling ordinary culinary articles.

Abortion Mongers.

SUCH is the impunity with which this practice is carried on in Stamboul, that a pharmacien absolutely has for his sign the representation of a fœtus complete. A practitioner accused of this crime advocated in his defence the fact that he himself had invented an instrument for procuring abortion easily and satisfactorily.

Fluid Adhesive Plaster.

A VERY useful form has been suggested by M. Enz, as follows:—

Damara Resin	560 parts.
Oil of Sweet Almonds . .	140 „
Castor Oil.	70 „
Glycerine	30 „
Aniline Red . .	A little as desired.
Alcoholic Ether. .	225 to 240 „

The four first are to be dissolved by heat in a copper capsule. The aniline colour is to be then added, and the ether. An emulsion like syrup is formed, and can be spread on any substance which has been first coated with starch or isinglass. A capital varnished plaster.

Royston Cottage Hospital.

THE report of the surgeon, Mr. Balding, F.R.C.S., states that the working of this hospital since the admission of the first patient in June, 1870, has been in every respect satisfactory, that the institution appears to have fully answered the purpose for which it was designed.

Of the eighty-five cases treated, five terminated fatally, the mortality being at the rate of 5·88 per cent., which will bear favourable comparison with that of other hospitals, either metropolitan or provincial; it should, however, be explained that though the majority of the cases were of a very similar character to those usually admitted into the larger hospitals, yet the percentage of the cases which were hopeless at the time of admission was, no doubt, somewhat less, and this fact should be fairly considered in connection with the low death rate here recorded.

The eighty-five cases may be divided into three groups as follows :—

1st. Those which were in a hopeless, or highly dangerous condition, at the time of admission.

2nd. Those which, though severe and attended by some danger, presented on the whole a somewhat favourable aspect.

3rd. Those which were in almost every respect favourable, and which scarcely at any time appeared actually to endanger life.

1st—11 2nd—46 3rd—28 Total, 85.

Nineteen were cases of accident admitted immediately as being of an urgent character.

The "capital operations" performed have been eight. Of these, two (male adults) were cases of amputation, for injuries to leg and arm respectively from steam thrashing machines ; both were of a most formidable character, and strongly point to the necessity for the most dangerous parts of these agricultural machines to be better protected than they usually are—one of these patients recovered, the other died.

The Subtilty of Septicæmia.

M. Vulpian, at the late meeting of the *Académie de Médicine*, has shown some startling proofs of the septicæmic infection. In one series he inoculated a rabbit with blood from a patient suffering from pulmonary gangrene. The blood of this rabbit was subsequently inoculated on other rabbits in decreasing quantities, from the fiftieth to a billionth part of a drop ; the results being effective and confirmative of those of M. Davaine already recorded, who has shown the extreme communicability of septicæmia.

The bitter taste of quassia, colocynth, quinine, &c., can be avoided, to a very great extent, by first masticating a little liquorice root ; though a simple, it is said to be a very effective means.

A splendid French quarterly of 500 pages, published by Victor Masson, and edited by Dr. Hayem, has just appeared. The new work is entitled "Le Revue des Sciences Medicales en France et à l'Etranger," and seems likely to be the most complete quarterly retrospect of Medical literature in Europe.

A meeting of the Fellows of the Royal College of Surgeons in Ireland will be held on Tuesday, the 6th of May, at three o'clock p.m., pursuant to the provisions of the Supplemental Charter, to witness the election of—Seven Examiners to examine Candidates for Fellowship and Letters Testimonial ; three Examiners to examine Candidates for the Diploma in Midwifery ; and three Examiners to examine Students as to their proficiency in General Education.

The following interesting formula for a somnambulistic *medium* has been found between two broken retorts under the lower jaw of a donkey, in the laboratory of a necromantic practitioner at Charenton :—

"A virgin passed maturity, teeth bony, face and hair any colour, with faded dress, boots run down at heel, dingid hat, and a deep and growling voice.

"Education to be sound, and to be sufficient to decipher names and addresses, and to correctly add up in addition.

"In anatomy, physiology, pathology, and therapeutics, to know that the lung is at one side of the belly and the liver at the other, that the breast bone is separate from the stomach, that the humors and the nerves go to the head by leaving the feet, that the femur is part of the arm, and the blade bone at the knee, that fractures are cured in twenty-four hours by a purge and some magnetic passes, pains by a decoction of hay and magnetic passes, the bile by carrots and magnetic passes, dislocations of the bladder, sterility, and the pains of love by a gherkin and magnetic passes, always to be given by a somnambulist seated on a ricketty chair with three feet. She must sleep but little."

Foreign Medical Literature.

NORMAL RESPIRATORY SOUNDS PERCEIVED BY AUSCULTATION DURING LIFE.

Crepitation.

Lectures by M. Cornil, of Paris.

(Translated by Dr. C. R. Drysdale, Physician to the North London Consumption Hospital).

In the *Mouvement Médical*, 12th April, 1873, Dr. Cornil thus speaks : "It is always during inspiration, and especially at the end of inspiration, that is produced that frothy sound analogous to the bruit which frothing beer makes when bubbles burst in a glass. We may appreciate this sound by touching or pressing the lungs between the fingers after death ; then, in fact, we flatten the alveoli by pressing with the finger, whilst the neighbouring parts receive more air, and become dilated, as they do in inspiration; pressure acts, to a certain extent, like a bellows.

When we place between two lobes a foreign body which keeps up a constant pressure, such as a piece of wood, or place a ligature over the free portion of a lobe, the bruit of crepitation is strengthened at the level of the compression exercised by the foreign body. Thus, there is a bruit which is not produced in the normal conditions of respiration, when the lung is covered by the ribs, and which is heard when the organ made naked is alternately blown up and compressed. This source of vesicular crepitation did not escape the observation of Barth and Roger ("Traité d'Auscultation," 1870), who have remarked upon it, without attaching importance to it, or explaining it. This bruit has its seat in the pulmonary infundibula, *i.e.*, in the little cavities where, on the one hand the ultimate ramifications of the bronchial tubes end, and into which the alveoli open. It is produced when the air penetrates suddenly into these cavities which were formerly closed up.

Thus, the bruit is not obtained in the ordinary conditions of respiration during life, nor after death as long as we auscultate, whilst artificial respiration is kept up, whilst the costal wall remains intact. Then, in fact, the infundibula and alveoli always contain a certain quantity of reserve air, and these little cavities are never effaced. When, on the contrary, we remove the costal wall, the elastic retractility of the lung proceeding to its maximum, the vesicles are effaced so as no longer to contain any air ; at the moment when we blow up the lung again with the bellows, the entry of air into the infundibula, and the opening out of its walls, produce a slight dry sound, which, added to all the little adjacent sounds, produces the foaming sound characteristic of that crepitation. The way in which this crepitation is obtained in the naked lung all plead in favour of these two conditions of its production; the previous complete effacement of the infundibula, and, then, their rapid opening up.

As to the question to find out the intimate cause of the phenomenon, if it be due to the vibration of the air entering into the infundibular cavity, or to a dry vibration of the wall which is suddenly opened out, it is impossible to settle this point. When we auscultate the lung with the stethoscope placed over the naked lung, we efface the surface of the organ under the hard edge of the instrument. When the air enters, the effaced parts open up, and crepitating râles come to the ear, especially if we take care to yield to the expansion of the lung, and lean as little as possible on it with the stethoscope. A ligature or a foreign body are agents of compressions which act just like the stethoscope.

When the lung has sunk down again, and we again blow into it, the ear, placed some centimetres distant, hears very little of the crepitation; but, if we throw in air afresh, before the lung has become quite effaced, the bruit ceases to be perceived. If the lung made naked, becomes dry on the surface in any point, we shall hear these crepitations if we inflate the lung; this bruit does not take place in the dried parts, but in the neighbouring infundibula. Beau, who had noticed crepitation in similar cases, had asked himself whether the crepitating râle of pneumonia did not depend on the rubbing of the pulmonary vesicles dried by inflammation. This opinion is not maintained by analysis, for no one ever saw the alveoli dried by inflammation in pneumonia. They are, on the contrary, in contact with semi-liquid exudation.

Vesicular crepitation is not observed in the ordinary conditions of respiration; but there are two physiological conditions where it is clearly produced. Valleix has insisted on the pretty-frequently observed fact, that, when anyone has remained long motionless, lying on the back asleep, if we make him set up and listen to the first inspiration, a fine crepitation is heard, which ceases in the respirations which ensue. What has then taken place? The feebleness of respiration, a function which is at its minimum in nocturnal repose, the weight of the lung on the dorsal decubitus, and the immobility of the posterior wall of the chest have produced the effacement of a group of infundibula in the superficies of that region. The first inspiration which distends these when the chest dilates from a deep inspiration, is accompanied by a bruit of crepitation, which is sensible to auscultation, because it takes place in contact with the chest wall.

Again, a newly-born child, which has not yet breathed, possesses lungs quite effaced and empty of air; and M. Parrot, who has made some good remarks on crepitating râles, thought that we might find in these cases sounds resembling those just alluded to. I have assured myself of this fact in the lying-in department of *Cliniques* Hospital; and, in fact, the inspirations of the newly-born infant give at the very first, puffs of crepitating râles. The cause of this is the same, and is again the air penetrating into the cavities of the collapsed lung; then again, the phenomena are transmitted directly to the ear because they go on at the surface of the lungs. . . . . ."

In short, gentlemen, it results from researches made by M. Grancher and myself, that the normal lung laid bare presents when artificial respiration is practised, a bruit of vesicular crepitation, a quite special bruit, analogous to the fine crepitating râle of pneumonia, a bruit which we may reproduce, the chest walls remaining intact, by injecting into the lungs or into the pleura a solidifiable mass such for example, as suet.

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Correspondence.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to thank you for inserting in your last issue the "communicated article" on the Contagious Diseases Acts; it is evidence at least that whatever may be your own feeling in reference to this question, you are not like your contemporaries the *Lancet*, and *British Medical Journal*, afraid to discuss the subject.

I replied myself to Mr. Timothy Holmes, and as a Lock Hospital Surgeon of many years' experience called attention to their time-honoured motto "Audi alteram partem," and claimed a hearing in the *Lancet*, but my views were not in accordance with those of the magnates of that journal, and consequently, in common with many other important communications emanating from scientific and other opponents of the Acts, deliberately suppressed.

In fact, Sir, these infamous measures will not bear the light, a truth of which your contemporaries (as well as the leading organs of the lay press who are doing their best to force them on the public), show a very lively appreciation.

The Editor of "Audi alteram partem" was jubilant in a recent Medical annotation at the highly moral effects of the forcible introspections to which women are subject at Plymouth, but when Messrs. Cooper and Williams, of the Rescue Society, and Mr. Herford, of Manchester, (an eminent statistician) showed clearly that the facts were false, the reasoning fallacious, and the manipulation of figures dishonest, their communication was withheld. It clearly would not do to let the readers of the *Lancet* learn the truth.

The Attorney-General's remark is also commented on with much satisfaction, in another annotation on reading, which I asked a friend to communicate with Mr. Cooper, of the Rescu e Society, in order to ascertain if there were any truth in his *ad captandum* assertion as to the diminution of young prostitutes in garrison towns, which was made in the House, and subsequently paraded before the public by the *Lancet* and lay journals. Mr. Cooper replies there is no ground whatever for the assertion which has been refuted over and over again, and is entirely contradicted by the Government's own judicial statistics. "There were no very young girls prostitutes in the districts subjected to the acts, it was only Anniss, of Plymouth, that affirmed that there were, and his statements have been refuted over and over again." "At Portsmouth the Inspector said there were a few young girls, and they were there now; in no other district has the question beeen referred to." Now, whenever the *Lancet* is informed of facts like these in answer to such annotations as the one referred to, the information is suppressed. It is bad enough to see the Editors of newspapers under the influence of a baneful superstition ready to barter away the constitutional and most sacred personal rights of British subjects, for a trumpery, delusive, sanitary benefit, but it appears to me utterly unpardonable for the conductors of a scientific journal to withold the truth from their readers.

You remark, Sir, that Mr. Holmes implies that every woman who has a discharge and is known to indulge in promiscuous intercourse is a fit subject for the acts in question, and must be placed under surveillance and periodical examinations, but you do not appreciate the enormity of the proposition which you say has partially taken Dr. Taylor's breath away.

Mr. Holmes' statement amounts to this. It is impossible, as Mr. Henry Lee remarked, to diagnose diseases of venereal origin, from affections to which respectable women are subject, but this is of no consequence, as no woman is brought under the Acts who is not *proved* to be a prostitute either by her own admission or before a magistrate.

This is the statement, the audacity of which, emanating as it does from a Royal Commissioner, is simply appalling. Now the truth is, Sir, that no woman brought under these acts is *proved* to be a prostitute, numbers are no more common prostitutes than is Mr. Holmes himself an habitual criminal, and not one, whether a prostitute or not, is either accused of crime or suspected of any legal offence whatever, and yet "they are told to climb up into a high wooden arm chair," turned upside down and forcibly introspected once a fortnight, solely to see whether they are fit for fornication, utterly ruined by registration as common prostitutes, an eternal brand of infamy which can never be effaced, and though perfectly free from disease of any kind whatever, subjected once a fortnight to this disgusting process in company with the vilest characters; and this is done to women who are simply suspected of incontinence by policemen, spies paid to accuse and in virtue of their office disguised at the Government expense like swell mobsmen, kept women and the faithful mistresses of soldiers who are not allowed to marry. Girls who work all day in shops, labourers' wives, milliners and dressmakers, and domestic servants and women, who, as we are informed by parliamentary evidence, offered to take their oaths that they were modest women, are all driven up like cattle and herded once a fortnight to undergo an ordeal that nothing human ought to submit to. Mr. Holmes says that they are all proved to be prostitutes. Is the fact that one or two disguised policemen should have succeeded by threats or cajolery in forcing a foolish frightened girl up to the examining house any proof that she is a common prostitute, or is the averment of suspicion on the part of the said spy, even before a magistrate any *proof* either?

The policeman says you will either go with me or face the bench, and if you don't come with me you'll get three months. The girl dreads the bench and trusts intuitively to the kindness of the doctor, and so the trick is done, and not more than three or four in a thousand ever see a magistrate at all. Now Mr. Holmes says if they suffer from a discharge to which the great majority of respectable women are subject they must be shut up in a hospital prison for an indefinite period. Six hundred women who were not suffering from any contagious disease whatever, were imprisoned in the Royal Albert Hospital, Devonport (*see* Evidence of House Surgeon, Mr. Wolferstan).

You say, Sir, that it is rather a strong measure to place women suffering from innocuous discharges under the surveillance of the police, and subject them to periodical examinations, but you do not appreciate the enormity of these acts.

All women, certainly all of humble station, are placed under the *surveillance* of the police, all suspected of incontinence unless they manage to escape the police, are periodically forcibly introspected although perfectly healthy, and now Mr. Holmes says, all suffering from discharges whether venereal or not must be sent to prison, a natural consequence of which is that their homes are broken up, and themselves if earning a living respectably, of course ruined and driven on to the streets.

The Lille trials show the abject, slave-like condition to which respectable women are reduced by these iniquitous measures, and the black mail and cruel oppression they give rise to.

Dr. Taylor says there are 20,000 prostitutes in London, I think 40,000 would be nearer the mark, they have all got discharges of some sort, and Mr. Holmes proposes to imprison the whole of them, while Mr. Acton assures the members of the Social Science Congress that the acts are very useful, since the *Government prostitutes* become very useful *as spies upon other women*.

I am, Sir,
Your obedient servant,
THOMAS WORTH, M.R.C.P. Lond.

Peachey Terrace, Nottingham.
April 19th, 1873.

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Literature.

GOUT, RHEUMATISM, AND RHEUMATIC GOUT (*a*).

THE object the author of this work has in view, is to ay before the Profession a practical treatise on gout and heumatism. His opinions are based upon some five undred cases which have occurred in his own practice.

Dr. Meldon is of opinion that "the predisposing cause f gout is undoubtedly the presence in the blood of uric cid and soda in some form. Nerve force I believe when in a ealthy condition, preserves these two in fluid form, eparately, in a state in which they may be eliminated by e kidneys, skin, or bowels. As soon, however, as this ervous influence is removed or lessened, these two unite nd the disease is produced."

We are not disposed to differ with Dr. Meldon's theory, n the contrary we rather incline to it, in so far that we elieve many cases of gout to arise from debility in some rm or other, but we think a theory should be supported y facts. If it be a fact it is a very important one, but it is not an explanation. Again, if we accept it as an explanation, we can only admit that it is ingenious, it requires some kind of proof before it can be adopted.

The chapters devoted to the description of gout are well and clearly written. Dr. Meldon's treatment differs in many points from other writers. He recommends strongly in plethoric habits the abstraction of three or four ounces of blood, and says, "it invigorates and serves to restore the nervous energy," he also recommends an emetic of mustard and water in the first instance.

Colchicum is given in small doses by Dr. Meldon, after the subsidence of the fever, and he believes this drug to be "a nervous stimulant acting on every organ of the body."

The observations on the employment of hydrate of chloral are practical and well worth perusing.

On the subsidence of the inflammatory symptoms, the daily use of the Turkish bath, the temperature of which should not exceed 130° is advised. Dr. Meldon considers this a very important curative aid, as from many experiments he has frequently found uric acid in the perspiration, and is convinced that it is through this channel that most of this substance is eliminated.

We cordially endorse all the remarks on the importance of keeping up a healthy action of the skin, and believe with Dr. Meldon that uric acid *is eliminated* through the skin, an opinion, as our readers are aware, quite opposed to that of Dr. Garrod who has failed in a series of experiments to detect uric acid in the sweat.

The chapter on preventive treatment is excellently written, and the rules laid down by the writer, show him to be a shrewd observer; whether in the hands of other practitioners the results obtained by the author will be met with is hard to say, as unlike most diseases, the patient in nine times out of ten proves more intractable than the disease itself. Dr. Meldon says, "I desire but to repeat my firm conviction that in every case where there is no organic disease, and where the patient possesses sufficient resolution to follow implicitly the direction of his physician, gout is perfectly curable."

Space will not admit of our doing more than saying that in the second part of the work on rheumatism the reader will find this disease discussed in the same clear, practical and intelligent matter that characterises Dr. Meldon's remarks on gout. We can strongly recommend the book to busy practitioners and feel sure that they will rise from the perusal of it, as we have done, with a feeling of indebtedness to the author for having brought together in so small a compass so much original and practical matter.

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CHAPMAN ON NEURALGIA (*a*).

THE work before us, from the pen of Dr. Chapman, presents an elaborate analysis of the symptoms of the whole group of neuralgic diseases, and an interpretation of those symptoms according to the theories of neuro-pathology to which the author has been led by observation of the effects of the particular system of treatment in connection with which his name is chiefly known to the Medical Profession. The careful study of the natural history of the disease and of the complications which it presents, evinces both careful and continued observation, and a thorough acquaintance with the literature of the subject. The facts and opinions of every writer on neuralgia, English and foreign, past and contemporaneous, are laid before the reader fairly but critically, and in a manner which renders the work a useful contribution to Medical literature, quite apart from the tenets the presentation of which is its

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(*a*) "Gout, Rheumatism, and Rheumatic Gout." By Austin Meldon, .R.C.S.I., L.K. and Q.C.P.I., &c., &c. Longmans.

(*a*) "Neuralgia and Kindred Diseases of the Nervous System; their Nature, Causes, and Treatment: also a Series of Cases exemplifying the Principles and Practice of Neuro-Dynamic Medicine." By John Chapman, M.D., M.R.C.P., M.R.C.S. London: Churchill. 1873.

special object, and which we consider it the duty of the Profession to put to the test.

It is, indeed, quite time that the remarkable generalisation long since arrived at by Dr. Chapman, and now supported by the vast array of facts and arguments contained in the volume before us, should receive the thoughtful consideration of all those engaged in the treatment of disease. His theory not only explains many morbid phenomena, but suggests a rational mode of treating the diseases on which they depend. This mode has been applied in hundreds of cases with such success that Dr. Chapman is entitled to ask his brethren either to try it in their own practice or to state their reasons for not doing so, and we venture to assert that those who carefully read this volume will hesitate before they measure swords with the author. The work is an elaborate and well-sustained argument for the truth of the author's theory, and constitutes so important a contribution to rational therapeutics that we proceed to furnish our readers with a detailed account of its contents.

The first chapter is devoted to an outline of the general phenomena of neuralgia, the characters of the pain, and of the associated morbid phenomena in muscular action, sensation, and secretion. In the second chapter, the chief pathological theories which have been held concerning the nature of the affection are passed in review. Those of Fothergill, Macculloch, Pinel, Bichat, Halford, Bell, Swain, Downing, Radcliffe, and Anstie, are described, those of the two last-named writers receiving also separate consideration further on in the book. The author then presents what he believes to be the real pathology of the disease. Any true theory of neuralgia, he premises, must explain not merely the pain, but the allied phenomena which are associated with it. Tried by this test the theories passed in review all fail. Two misconceptions have interfered with a correct comprehension of the disease; the proportion of cases in which there are no symptoms appreciable by the observer at the seat of pain has been underestimated, and hence, secondly, the idea has prevailed that a neuralgia may be purely functional, "non-organic or immaterial." In Dr. Chapman's opinion not one fact exists which warrants us in believing that such a thing as a purely functional disease ever exists. The organic changes may be slight, but organic changes there must be.

The fundamental principle from which the author's explanation of neuralgia starts is the unity in nature of pain and ordinary sensation. They are due to the same functional changes in nerves, occurring in different degrees. For the greater degree of functional change he assumes that a greater amount of arterial blood is necessary. Pain is not in itself necessarily morbid, but the persistent repeated stimulation of a sensory centre may induce in that centre a state of morbid functional activity, so intense that it may persist after its cause is removed, and constitute neuralgia. The neuralgic habit thus formed may be transmitted hereditarily. This explanation will be found to apply to the complications of neuralgia met with in muscle, gland, or tissue. That the nerve centre is hyperæmic is shown by the fact that remedies which increase or diminish the hyperæmia, increase or diminish the pain. The theory is applied in detail to the various forms of neuralgic disorder. They are arranged in six groups.

The first group consists of cases which are without any complication or discoverable eccentric cause, in which organic change doubtless exists, but consists merely of hyperæmia limited to those centric nerve cells directly connected with the sensory nerve to which the pain is referred. The second comprehends cases without complication, but having a discoverable eccentric cause. The pain may be referred to this cause or not; the organic change is, as in the first group, limited to the cells related to the nerves associated with the pain. In the third group are placed cases presenting morbid phenomena of the voluntary muscular system, spasm associated with neuralgia, and in these the hyperæmia extends from the sensory centre to adjoining motor cells. Fourthly, there are cases presenting indications of a morbid state of the involuntary muscular system, such as pallor, coldness, or anæsthesia of the neuralgic area, paralysis and atrophy of the painful nerve and of other nerves, indolent ulcers, constipation of the bowels, arrest of secretion, &c. These are to be regarded as the phenomena of vaso-motor spasm due to an energetic, *i.e.*, hyperæmic, state of the vaso-motor centres. To the force emanating from those centres which produces the anæmia, Dr. Chapman applies the term "negative motor." In the fifth group are cases presenting morbid phenomena of the glandular system, lachrymation, ptyalism, bronchorrhœa, diarrhœa, unilateral sweating, &c. The latest discoveries of Pflüger and Boll concerning the innervation of glands show that the nerve cells are under the influence of cerebro-spinal nerves. To the force thus exercised Dr. Chapman proposes to give the name "positve-motor." The sixth group contains cases presenting the phenomena of local inflammation in the affected nerve or the neuralgic area. The nutrition of the tissues as well as the secretion of glands is under the influence of the nerves, and is the result of a due equilibrium between the positive and negative motor forces. The excessive action of the former is the proximate cause of the disturbance of nutrition, such excess of "positive-motor" force being the result of hyperæmia of the centre of that nerve. The disorder of nutrition may occur in a region at a distance from the nerve whose centre is the primary seat of disease, or it may occur in that nerve itself, according as the reflection from the centre is at an acute or obtuse angle from the line of incidence. In the former case, in which the inflammation is in the nerve itself, the state of the nerve is the cause of the tenderness at the points at which the nerve becomes superficial, and which have been long known as "points douloureux." A special section is devoted to the subject of the nature of the inflammation of the eye which sometimes co-exists with neuralgia. This is not regarded as being the direct result of the affection of the fifth nerve, as is usually believed, but as a reflex effect through the portio dura. The analogy between the positive-motor influence on the glands and upon the tissues, leads Dr. Chapman to the conclusion that the seventh nerve presides over the nutrition of the face as well as over the secretion of the glands. The fibres of the fifth are centripetal, and connected with vaso-motor ("negative-motor") centres which, paralysed by the section of the nerve, are unable to balance the positive motor influence of the seventh, and inflammation results.

Convulsive epileptiform neuralgia of the face is the result of hyperæmia of the centres of both the trigeminus and portio dura. The intense dragging pain described in these cases depends on the muscular spasm felt through the fifth nerve. In close analogy with this "muscular tic" are the phenomena of visceral neuralgia. The pain is due to excessive contraction of *in*voluntary muscles variously produced, and may result from irritation of some one of the following centripetal nerves, "(1) Those terminating in vaso-motor centres, and which when functioning induce reflex action on blood-vessels; (2) Those terminating in motor centres related to visceral muscles, and which, when functioning induce reflex action on these muscles; (3) Those terminating in motor centres related to voluntary muscles, and which, when functioning may or may not, according to the dominating power of the will, induce reflex action of those muscles; (4) Those terminating in motor centres presiding over secreting and nutrient processes, and which, when functioning induce reflex action of those processes; (5) Those terminating in sensory centres, and which, when functioning induce reflexation on the cerebrum, and thus the consciousness of pain." Visceral neuralgia thus does not differ in essential nature from other neuralgias. Its special characters are connected with the special arrangements of the nerve force in the sympathetic centres, and that force does not differ in nature or essential mode of action from that of the cerebro-spinal centre, with which the sympathetic system is in intimate connection and ultimate dependence.

Hence muscular and sensory affections of both nerve systems are frequently united.

The next two chapters are devoted to a detailed account of the various forms of superficial and visceral neuralgia. Among the latter angina pectoris and uterine neuralgia receive especially full treatment. The former is regarded as essentially a neuralgia, having, as one of its effects, spasm of the heart, &c., connected as a reflex effect with the organic disease which occasionally concurs, just in the same manner as spasm of voluntary muscles is related to neuralgia of the spinal nerve centres, but in a more complex degree in proportion to the greater complexity of the cardiac innervation. Impressions on various parts of the nerve centres, emotional, &c., may produce a like effect. Moreover, just as epilepsy in some cases is idiopathic, so also is angina pectoris. Organic disease, aneurism, atheroma of coronary arteries, may cause it, but only where there exists a morbid excitability of the nerve centre.

Uterine neuralgia also receives a very careful consideration, and the author's view of nerve action is ingeniously applied to the explanation of its phenomena. The symptoms of irritable uterus, dysmenorrhœa, leucorrhœa, are all resolvable into the effects of morbid excitation of the spinal centre immediately concerned with the functions of the uterine nerves. If the energy and excitement of the nutritive (positive-motor) nerve cells be predominant, the nutritive processes will be so intensified and augmented as to constitute uterine inflammation of some grade, the predominant action of the vaso-motor (negative-motor) nerves results in uterine anæmia. The proximate cause of all uterine pain is hyperæmia of the segments of the spinal cord about the junction of the dorsal and the lumbar vertebræ, where, in all these cases, the chief spinal tenderness resides. Dysmenorrhœa is explained by the simultaneous excitement of the uterine motor nerves, producing additional pain from the resulting uterine spasm, and the over-action of the vaso-motor nerves produces difficulty in secreting the menstrual fluid, and its characteristic scantiness. Leucorrhœa is really of nervous origin, and consists in the abnormal excitation of a normal process, viz., the secretion of mucus, which, whatever be its quantity, is eliminated from the gland-cells only when they are stimulated to action by spinal nerve influence. Their vigour will be proportioned to the energy conveyed to them, and if these nervous centres are hyperæmic, leucorrhœa is the necessary result of that hyperæmia.

(To be continued.)

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MR. HEADLAM'S MEDICAL BILL.

Mr. Headlam's Medical Reform Bill, the general tenor of which we sketched last week, has been laid on the table of the House of Commons and received its first reading, and although it can hardly be intended for adoption by Parliament this Session, and is, certainly, not the sort of measure to run through the Legislature unopposed, its provisions are well worthy of notice as an embodiment of the idea which, it is supposed by a certain party, may be acceptable to the Profession and Government. The Bill, though very prolix, is easily epitomised. It is in most respects identical with the measure of 1870 which was introduced by Lord Ripon in the Lords, and defeated, in Mr. Forster's hands, in the Commons in consequence of the opposition raised to one of its clauses by the Irish College of Surgeons and a demand made by the Committee of the British Medical Association.

We may, perhaps, more intelligibly convey to our readers the provisions of the Bill by the following very brief epitome of it :—

Be it enacted—

1.—That the Medical Council shall, in future, be formed of thirty persons, *i.e.*, the existing constituents, together with six persons elected by registered Medical practitioners, four for England, and one each for Scotland and Ireland.

2.—For the purposes of such election, each branch registrar shall receive, during a period of one month, the names of persons nominated as representatives by not less than twelve Medical practitioners. He shall, a fortnight before the election, issue voting papers containing the names of persons nominated, and on the return of these papers, duly signed and witnessed, shall declare the candidates who may have obtained most votes. All expenses to be defrayed by the Branch Council.

3.—For the formation of Conjoint Examinations in each division of the kingdom, the licensing bodies of each may submit a scheme for approval. If they fail to do so, the Medical Council *shall* themselves prepare a scheme, and send it to the Privy Council for approval.

4.—Such scheme shall arrange—
  a. The constitution, powers, duties, and modes of procedure of the Board of Examiners.
  b. The fees to be paid by candidates for qualification.
  c. The purposes to which those fees are to be applied—Firstly, to the expenses of the examinations ; secondly, the sustenance of libraries, museums, lectureships, or other public objects, maintained by the present licensing bodies ; and, thirdly, the residue to any public medico-educational purpose.

5.—The Medical Council itself shall make all rules as to course of study, subjects and method of conducting examinations. and for their own visitation of the examinations. (*This clause* (13) *contains the proviso which gave rise to such opposition before, by which the Medical Council would be empowered to accept, in lieu of the conjoint test, an examination in "Fundamental Medical Sciences."*) This phrase is interpreted by the Bill as meaning chemistry, botany, natural history, general pharmacy, anatomy, and physiology, and the object of this clause is to enable the certain bodies—notably the University of London—to obtain for its *alumni* the State qualification on a narrower curriculum than the students of other bodies would be compelled to answer in.

6.—The Privy Council is to have power, on a representation from the Medical Council, to dissolve any negligent or recalcitrant Examining Board.

7.—Every person passing the State examination shall be called "Licentiate in Medicine and Surgery."

8.—Registration in the official Register shall be effected as at present, except that the registration fee must be paid *before* the candidate presents himself for examination, so that it will not be possible for any practitioner, as at present, to remain unregistered.

9.—Every holder of a foreign diploma may, if he wishes, be registered if he is able to show "that such diploma represents the like degree of knowledge to that required for obtaining" the State license.

10.—The "quacks' clauses" are amended, and to them we shall refer more fully in our next.

The foregoing brief sketch of Mr. Headlam's Bill will be sufficient to convince our readers that it cannot become law without running the gauntlet of a varied and vehement opposition. Inasmuch as it aims at legalising and making compulsory the Conjoint Examination system, it will—of course—be objectionable to the Scotch corporations who have devoted themselves with unanimous ardour to obstructing such a settlement of the Medico-educational difficulty. Mr. Headlam need not, however, fear the antagonism of these bodies, for it is not probable that their objection against a principle which has been accepted in England and Ireland, and endorsed by the Government, will weigh for much.

The authors of the Bill have, however, been persuaded into a fatal mistake, in the means by which they have incorporated the principle of direct representation in it.

All parties are by no means agreed that direct representation is an unmixed good. The Government, through Mr. Forster, has distinctly condemned the principle, and the University and Corporation interest are by no means partial to the proposition.

There is, however, a unanimity of opinion almost complete that if the Medical practitioner is to have half a dozen personal representatives (which we think he ought) those representatives should find seats at the Council Board by shouldering out an equal number of the verbose incumbranches who are now in occupation. To check the loquacious incapacity of an overgrown committee by adding half-a-dozen—probably more talkative, but we hope more effective—members, is an intolerable proposition, and, in spite of the adjurations of the *British Medical Journal*, will never become law. We are surprised that Mr. Headlam should not have seen that such popular representatives would fill exactly the function for which the Crown nominees were originally created. A new Council, constructed by the substitution of direct representatives for these members, would not be a very promising conclave, but it would be better than Mr. Headlam's council of thirty.

In concluding our review of this Bill, we have only to reiterate what we have already said. If Medical education and qualification is to be submitted to equalising reform our object must be to construct for the future generation a perfectly equal standard of qualification.

If we must have no such thing as partiality or protection for any Educating Institution, Universities, Colleges, and Halls must all meet, without favour, on the one platform and pass through the one door. If Government thinks it necessary to fix a minimum standard of Medical knowledge, it cannot, surely, accept a less degree from any favoured body or admit the students of that body on cheaper terms, and if Mr. Headlam persists in making specially easy terms for the London University, all licensing bodies, and all lovers of fair play should unite in opposing such an attempt.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted members on the 24th inst :—

Allchin, William Henry, M.B. Lond., Westminster Hospital, S.W.
Carter, Charles Henry, M.D. Lond. 8 Old Cavendish Street, W.
Hall, Francis de Havilland, M.D. Lond., Evelina Hospital, Southwark Bridge Road, S.E.
Leach, Henry, Seamen's Hospital, Greenwich, S.E.
Port, Henry, M.D. Erlangen, 10 Finsbury Place North, E.C.
Seaton, Edward, M.D. Lond., Nottingham.
Williams, John, M.D. Lond., 28 Harley Street, W.

The following gentlemen were admitted as Licentiates on the 24th inst. :

Adams, John, St. Bartholomew's Hospital, E.C.
Birch, Edward Arnold, Moss Lane East, Manchester.
Campbell, James, Chigwell Row, Essex.
Crozier, John Beattie, 73 Southampton Row, W.C.
Hall, James Thomas, Chorlton-on-Medlock, Manchester.
Jordan, Frederick William, 14 Plymouth Grove, Manchester.
Lacy, Charles Sethward de Lacy, 63 Coleshill Street, S.W.
Morgan, John, Chilcompton Bath.
Morley, John Lacy, 4 Duke Street, Adelphi, W.C.

Royal College of Surgeons of England.—The following gentlemen, having passed the necessary examinations for the diploma, were duly admitted Members of the College on Tuesday, Wednesday, and Thursday last :—

Ashby, Henry, Croydon.
Baines, Egerton C. A., Lincoln.
Bark, Ernest O., Leicester.
Bennett, William E., Stoke, Devonport.
Bevers, Edmund A., L.S.A., Oxford.
Bindley, Cecil Alexander, Brighouse, Yorks.
Birch, Edward Arnold, Manchester.
Birch, Robert, L.S.A., Litchfield.
Blake, Samuel H. Blake, Birmingham.
Bomford, Gerald, L.A.S., London.
Bowkett, William D., L.S.A., Poplar, Middlesex.
Brumwell, James P., L.C.C.P. Ed., Kendal.
Burchell, Edmound, Leeds.
Cheesewright. John F., L.R.C.P. Ed., Sturminster, Newton.
Collins, Henry Beale, L.S.A., Bessborough Street.
Cane, Leonard, Queen's Square, Bloomsbury.
Dickinson, William W., L.S.A., Uffculme, Devon.
Donkin, Horatio Bryan, Blackheath.
Duke, Maurice Smelt, L.S.A., Clapham Road.
Evans, Thomas, L.S.A., Trinity Square, S.E.
Fowler, Bream W., St. Helena.
Garrard, William Arthur, Ticknall, Derby.
Greensill, Edward S., Great Witley.
Hardy, M. W., London.
Hetley, Henry, Norwood, Surrey.
Homan, George W., Surbiton.
Harvey, Charles William, Sydenham.
Haig, Percy de Haga, Golston Road, N. W.
Johnson, Tom George, Brigg, Lincolnshire.
Jordan, Frederick William, Manchester.
Jones, Robert William, L.R.C.P. Ed., St. Thomas's Hospital, S. E.
Lingard, Alfred, Derby.
Mercer, Adolphus R. C., Walton.
Milner, Edward, Norwood.
Murphy, George, Carlisle.
Morris, Edward John, Wells Street, Grays Inn Road.
Newnham, Lewis J., Uckfield, Sussex.
Paradise, Thomas D., L.S.A., Stamford.
Perkins, Henry A., M.B. Ed., Faversham.
Pinching, Charles W., L.S.A., Gravesend.
Pocock, Frederick E., Bow, Middlesex.
Pughe, Rhinaltt F., Liverpool.
Pletts, John Mendham, Ryde, Isle of Wight.
Rât, Joseph Numa, Newcastle, Staffordshire.
Raye, Thomas Matthew, Dublin.
Rayne, Charles A., Kendal Westmorland.
Rogers, Hildyard, Grimston, Yorks.
Savory, Arthur H., Wendover, Bucks.
Scott, Thomas Bodley, Brighton.
Shapley, Henry T., L.R.C.P. Ed., Torquay.
Snagg, Richard, L.R.C.P. Ed., St. Vincent, West Indies.
Stevenson, Edward S., Cape of Good Hope.
Stockwell, George T., Nottingham.
Taylor, Robert F. S., Staleybridge.
Tordaff, Hardy T., Bradford, Yorks.
Tooze, Francis Goswell Randolph, University Street, W. C.
Welford, George Edward, M.B. Aberdeen, Sunderland.
Wood, John Edward, London.
Wood, William J. H., L.R.C.S. & L.R.C.P. Ed., Boston.

Of the sixty-two candidates examined on Tuesday, Wednesday, and Thursday ten failed to satisfy the Court of Examiners, and were referred to their professional studies for six weeks.

University of Aberdeen.—At the late Medical Graduation term, the following Candidates, after the usual examination, received the following Degrees :—

The Degrce of M.D.

Roper, George, M.R.C.S., Aylsham, Norfolk.

At the same time,

Goodhart, James Frederic, M.B., C.M., London.
Lawrence, Nathaniel, M.B., C.M., Longside.
Raitt, Thomas, M.B., C.M., Accrington.
Shepherd, James, M.B., C.M., Aberdeen.
Waldo, Henry, M.B., C.M., London.
Walker, Alfred, M.B., London.
Whitelaw, William, M.B., C.M., Cupar-Fife, received promotion to the Degree of M.D.

College of Physicians, Ireland.—At examinations recently held the following gentlemen obtained the licences in Medicine and Midwifery :—*Medicine.*—Edward Maurice Day, James Howard, George Wm. Joseph, William Geo. Lemuel Law, Henry Lowndes, Archibald M'Kinlay, James Emerson Reynolds. *Midwifery.*—Edward Maurice Day, William George Lemuel Law, Henry Lowndes, William Mac Dowell, Archibald M'Kinlay,

Chester County Lunatic Asylum.—According to the Annual Report of this asylum now before us, the treatment pursued at this asylum has been demonstrated in most favourable results. The health of the patients has been generally good, whilst 16 per cent. more have been discharged cured during the past, than in the present year. The Institution at present contains 441 patients, and it would appear that of the deaths the males die upon an average at a much earlier age than the females, this is accounted for by the fact that so many males are carried off in the prime of life by general paralysis, frequently induced by obvious destructive habits. The report is exceedingly interesting to all who have made mental diseases their study, and we are pleased to observe the well-deserved compliment. the Commissioners in Lunacy have passed upon the Medical Superintendent, Dr. Davidson.

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NOTICES TO CORRESPONDENTS.

All communications intended for insertion must bear the name and address of the writer; not necessarily for publication, but as a voucher of good faith.

LAW RESPECTING PERIODICALS, NEWSPAPERS, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Mr. S. F. BAGNALL, Runcorn, is thanked for the information kindly tendered.

DR. N. E. R.—Another edition is in preparation; we understand the first has been recalled.

CAMB.—We have made inquiries of the publishers, and learn that the author declined to append his address to the work, as he considers it an offshoot of quackery. He expresses himself satisfied that his name and qualifications upon the title-page are quite a sufficient reference for those who desire to consult him.

ERRATA.—In our last issue, at page 361, first col., line 8, for *upper* hook read *copper* hook; and also in line 17, for *upper* read *copper*.

DR. GREENE.—Your interesting case of "Primary Cancer of Femur Simulating Gout," shall appear in an early number.

LIEBIG'S EXTRACT OF MEAT.—We are requested to state that the lamented death of Baron Liebig will in no way affect the manufacture of the Liebig Company's Extract of Meat. The control and analysis will in future be carried out with the same knowledge, care, and attention by his delegate, Professor Max von Pettenkofer and Hermann von Liebig, son of Baron Liebig, he having acted hitherto as special assistant to his father.

COMMUNICATIONS, with Enclosures, &c., have been received from—Dr. Pantaleoni, Rome. Dr. G. M. Beard, New York. Dr. Bell Taylor, Nottingham. Mr. T. Lowther Mathews, Chorlton-on-Medlock. Dr. Julius Pollock, Charing-cross Hospital. Mr. Ashton Warner, Children's Hospital. Dr. Spackman, Harpenden. Mr. Halden, Liverpool. Dr. A. Vans Best, Aberdeen. Dr. Douglas, Wymondham. Dr. Mitchell, London. Dr. C. Kidd, London. Dr. Gordon, C.B., Dover. Mr. Ashurst, London. Mr. Lewis. Dr. Kiernan, Buckfastleigh. Mr. Brookhouse, Nottingham Eye Infirmary. Dr. Sinclair, Dundee Royal Infirmary. Mr. Worth, Nottingham. Mr. Lawson Tait, Birmingham. The Secretary of the Royal Institution of Great Britain. Dr. Mapother, Dublin. Mr. T. W. S. Pullin, Sidmouth. Mr. Cason, Hulme. Dr. Alexander Harvey, Aberdeen. Dr. G. Y. Hunter, Calcutta. Dr. Wilson, Glasgow. The Registrar-General. Mr. Heather Bigg. Dr. Miller, Wrentham. Dr. Beverley Robinson, New York. Mr. Tichborne, Dublin. Mr. Hyslop, Stretton. Dr. Handsel Griffiths, Dublin. Dr. Bagnall, Runcorn. Mr. Arthur Forbes, Glasgow. Mr. Whiteway, Newton Abbot. Dr. Moore, Neath. Mr. Swingbourne, London. The Registrar Royal College of Physicians. Mr. Rivington, London. Mr. Jabez Hogg, London. Mr. Plimsoll. Dr. Croft. Dr. Lane. Dr. Davidson. Mr. Rogers, London. Dr. Andrew Clark, London. Mr. Alfred Haviland, &c., &c.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual of the Pharmaceutical Preparations. By Dr. W. Handsel Griffiths. London: Baillière, Tindall, and Cox.

The Causes and Treatment of Deafness. By James Keene, F.R.C.S. London: Robert Hardwicke.

Manual for Medical Officers of Health. By Dr. Edward Smith, F.R.S. London: Knight and Co.

Horses, their Rational Treatment (abridged edition). London: Baillière, Tindall, and Cox.

Syllabus of Materia Medica. By Drs. Harvey and Davidson. London: H. K. Lewis.

Experiments in Electro-Therapeutics. By Drs. Beard and Rockwell.

Health in India. By G. Y. Hunter, Surgeon Bombay Army. Calcutta and London: Thacker and Co.

Medical Hints. Same author and publishers.

Report of the Metropolitan Board of Works for 1872.

Nature. La France Médicale. Allgemeine Medizinische Zeitung. The Clinic. The Students' Journal. Medical Record. L'Union Médicale. Canada Lancet. Canada Medical Journal. Canada Medical Record La Indepencia Médica El Paliellon Médico.

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MEETINGS OF THE LONDON SOCIETIES.

The following Meetings and Lectures are announced for the present week:—

On Thursday, at the Harveian Society of London.—7½ p.m. Special Council Meeting.—8 p.m. Ordinary Meeting; casual communications; and renewed discussion on Mr. Lawrence's paper "On Infantile Diarrhœa."

On Friday, at the Royal Institution.—9 p.m. Professor Reynolds, "On Alcohols from Flints."

On Saturday, at the Royal Institution.—3 p.m. Professor Odling, "On Ozone."

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VACANCIES.

Broadmoor Lunatic Asylum. Assistant Medical Officer, at an increasing salary of £175 per annum, with residence, &c. Apply to the Medical Superintendent. (See advt.)

North London Consumption Hosp. Physician. Honorary. (See advt.)

Carmarthen Infirmary. House-Surgeon. Salary £100 per annum, with residence, &c. Applications to be addressed to the Secretary.

Lochmaben Parish, Dumfries. Medical Officer to the Board. Salary £50, exclusive of fees.

North Riding Infirmary, Middlesbro. House-Surgeon. Applications to be lodged with the Secretary by the 15th of May.

Hackney Union. Medical Officer. Salary £80, exclusive of fees. Applicants must address Mr. Goodwin, at the Union offices, Homerton.

Cork District Lunatic Asylum. Resident Medical Superintendent. Applications to be addressed to the Under-Secretary to the Lord-Lieutenant, Dublin Castle. (See advt.)

Lisnaskea Union. Maguiresbridge Dispensary District. Salary £80 per annum, exclusive of fees. (See advt.)

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APPOINTMENTS.

COWELL, G., F.R.C.S.E., Surgeon to the Westminster Hospital.

DEVILLE, T., M.D., Medical Officer of Health for the Harrogate High and Low Urban Sanitary District.

DOMENICHETTI, R., M.D., Public Analyst for the Borough of Louth, Lincolnshire.

FENTEM, P. S., M.D., Medical Officer of Health for the North Division of the Bakewell Rural and Urban Sanitary Districts, combined.

FERRIS, E., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Athy Dispensary District of the Athy Union, co. Kildare.

GAYLOR, E., L.R.C.P.Ed., L.F.P. & S. Glasg., a Medical Officer of Health for the Belper Rural Sanitary District.

HOLT. BARNARD, F.R.C.S., has been elected Consulting Surgeon to the Westminster Hospital, on resigning the senior surgeoncy.

HUGHES, W. R., L.K.Q.C.P.I., L.R.C.S.I., Senior House-Surgeon to the Royal Southern Hospital, Liverpool.

MURDOCK, P. A., M.B., C.M., House-Surgeon to the Chichester Infirmary and Dispensary.

SANSOM, A. E., M.D., M.R.C.P., Consulting Physician to the Islington and North London Provident Dispensary.

SMITH, T., M.R.C.S.E., Medical Officer and Public Vaccinator for District No. 4 of the East Grinstead Union, and District No. 5 of the Horsham Union.

THOMPSON, P., L.R.C.P.Ed., M.R.C.S.E., a Junior Resident Medical Officer to the Royal Free Hospital.

WILLIAMS, W., M.D., M.R.C.P.L., M.R.C.S.E., Junior House-Surgeon to the Royal Southern Hospital, Liverpool.

WORTHINGTON, T. B., M.B., C.M., a Junior Resident Medical Officer to the Royal Free Hospital.

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Marriages.

CHOLMELEY—GORE.—On the 24th inst., at Ryton, Durham, W. Cholmeley, M.D., of London, to Louisa Maria, daughter of the late Lieut.-Col. Ross Gore, C.B.

MASON—STEPHENSON.—On the 24th inst., at St. Pancras Church, F. Mason, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital, to Jane, daughter of B. Stephenson, Esq., of Tavistock Square.

PEACOCK—TOMLINSON.—On the 23rd inst., at St. Michael's, Coventry, Edwin Peacock, M.R.C.S., of Nuneaton, to Ann, daughter of Henry Tomlinson, Esq.

STYLES—LIVETT.—On the 22nd inst., at St. Cuthbert's, Wells, R. H. P. Styles, Esq., to Ann Eliza, daughter of H. W. Livett, M.D., J.P., of Wells.

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Deaths.

HARRISON.—On the 23rd of April, W. A. Harrison, F.R.C.S.E., of Keppel Street, aged 72.

MOLESWORTH.—On the 17th of April, T. E. Molesworth, M.D., Surgeon R.N., of Porchester, aged 59.

CHARING CROSS HOSPITAL
MEDICAL SCHOOL.

THE LECTURES OF THE SUMMER SESSION
WILL
COMMENCE on MONDAY, the 5th of May.

Materia Medica—R. Douglas Powell, M.D.
Midwifery—J. Watt Black, M.A., M.D.
Botany—Edward Dowson, M.D.
Forensic Medicine—G. Vivian Poore, M.D.
Practical Chemistry—C. W. Heaton, F.C.S.
Pathology—T. Henry Green, M.D.
Psychological Medicine—W. J. Hunt, M.D.
Skin Diseases—E. Sparks, M.B.
Comparative Anatomy—A. H. Garrod, M.A.
A. J. POLLOCK, M.D., Dean.

UNIVERSITY COLLEGE, LONDON. — FACULTY OF MEDICINE.—The SUMMER SESSION will BEGIN on THURSDAY, May 1st. Prospectuses containing full information respecting the Classes in the College, Clinical Instruction at the Hospital, Scholarships, Exhibitions, &c., may be obtained at the office of the College, Gower Street, W.C.

JOHN MARSHALL, F.R.S., Dean of the Faculty.
JOHN ROBSON, B.A., Secretary to the Council.

COLLEGE for BLIND SONS of GENTLEMEN, WORCESTER.

VISITOR—The LORD BISHOP of WORCESTER.

The SUMMER TERM will COMMENCE, all being well, on THURSDAY, May 1. For information, apply to the Head Master, S. S. FORSTER, M.A.

CARMICHAEL SCHOOL OF MEDICINE, North Brunswick Street.—The SUMMER SESSION will COMMENCE on MONDAY, April 21st, 1873.

Practical Chemistry.—Dr. Campbell, Tuesday, Thursday, and Saturday, 12 to 1 o'clock.
Materia Medica,—Dr. Frazer, Monday, Wednesday, and Friday, 12 to 1 o'clock.
Medical Jurisprudence,—Dr. O'Reilly, Monday, Wednesday, and Friday, 1 to 2 o'clock.
Botany,—Dr. Blakeley, Tuesday, Thursday, and Saturday, 1 to 2 o'clock.

Fee for each of the above courses, £3 3s.

Carmichael Medals and Prizes will be awarded in each of the Summer Classes.

For particulars, apply to Dr. CORLEY, Registrar, 30 Lower Baggot Street, Dublin, or at the School.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—The SUMMER SESSION commences on THURSDAY, MAY 1st. Prospectuses and full particulars may be obtained on application, personally or by letter, to the Treasurer or Dean of the School, at the Hospital.

PRACTICAL COURSE on DISEASES of the SKIN.—Dr. McCALL ANDERSON'S Practical Course on "Diseases of the Skin," COMMENCES in the first week of MAY, and will be continued throughout the Summer Session. For particulars apply to—

JAMES GRAHAME, Hon. Sec.
Dispensary for Skin Diseases,
63 John Street, Glasgow.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Notice is hereby Given that on TUESDAY, the 6th day of May next, at the hour of Three o'Clock p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect from among the Fellows of the College:—

Seven Examiners to examine Candidates for Fellowship and Letters Testimonial;

Three Examiners to examine Candidates for the Diploma in Midwifery;

And Three Examiners to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their applications with the Registrar, at the College, on or before TUESDAY, the 29th of April.

By Order,
10th April, 1873. JOHN BRENNEN, Registrar.

ST. THOMAS'S HOSPITAL MEDICAL COLLEGE, Albert Embankment, Westminster Bridge.—The SUMMER SESSION will COMMENCE on WEDNESDAY, May 1st. Prospectuses, and all other particulars as to the admission fees, may be obtained from Mr. WHITFIELD, the Medical Secretary, St. Thomas's Hospital, S.E.

ANDERSON'S UNIVERSITY, GLASGOW.—Dr. J. G. WILSON, Physician to the Glasgow Maternity Hospital, &c., will COMMENCE his Course of Lectures on MIDWIFERY, on TUESDAY, the 6th May, at 3 p.m.

Further information may be obtained at Anderson's University.

TO SURGEONS.—The PRACTICE of a deceased Surgeon in an increasing Market Town. Also Drugs.—Apply H. J. WHITEWAY, Solicitor, Newton Abbot, Devon.

FOR SALE.—A SPINAL PERAMBULATOR,—The above is London built, almost new, and is provided with a movable hood. The length is four feet, and it is light enough for a child to push. Can be seen at KILLINGER and PARR'S, Coach Factory, Westland Row, Dublin.

LISNASKEA UNION.

MAGUIRESBRIDGE DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

THE Committee of Management of the above District will, at their Meeting, to be held in the Committee Room, Maguiresbridge, on WEDNESDAY, the 7th of May, 1873, at the hour of ONE o'clock in the afternoon, proceed to ELECT a properly qualified MEDICAL OFFICER for the District, at a Salary of Eighty Pounds per annum, exclusive of Vaccination and Registration Fees.

Application, with Testimonials, &c., to be forwarded to the Honorary Secretary, Colonel EDWARD ARCHDALE, Clifton Lodge, Lisnaskea.

The personal attendance of candidate on the day of Election, will be expected.

By Order, J. O. R. HAEY,
23rd April, 1873. Clerk of Union.

DISTRICT LUNATIC ASYLUM, IRELAND.

THE Office of RESIDENT MEDICAL SUPERINTENDENT of the District Lunatic Asylum, Cork, being now VACANT, Candidates for that Office are requested to forward their testimonials, with a statement of their peculiar qualifications for the appointment to the Under Secretary, Dublin Castle, on or before the 7th proximo, in order that the same may be submitted to His Excellency the Lord Lieutenant.

Applicants must be duly qualified to practice both in Medicine and Surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their Age.

The Candidate who may be selected for the office in question will have to enter on his duties forthwith.

Dublin Castle, 21st April, 1873.

A VACANCY HAS OCCURRED for a PHYSICIAN to the NORTH LONDON CONSUMPTION HOSPITAL, London and Hampstead, by the resignation of Dr. Prosser James.

Candidates, who must be Members or Fellows of the College of Physicians and Graduates of Medicine of a University, are requested to send their testimonials to the Secretary on or before MAY 1st.

Office, 216 Tottenham Court Road, W.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

PATRON:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progress has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

The Medical Press and Circular
OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0 4 0
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One do.	5 0 0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

NEW READING CASE.

THIS CASE, which will hold a Complete Volume of the MEDICAL PRESS AND CIRCULAR, will be found to obviate the difficulty occasioned by the Postal prohibition as to stitching—as each weekly number is received, it has simply to be slipped into the case, and the leaves are effectually secured. It is not dated, and will last for successive volumes. Price 2s. 6d.

To be had of any Bookseller, or at the Offices of this paper—London: 20 King William street, Strand; and 23 Ely place, Dublin.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1873.

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A STORY OF THE WAR IN AFFGHANISTAN.

1839 TO 1842.

BY C. A. GORDON, M.D., C.B.,

Deputy Surgeon-General.

Now that affairs in Central Asia have assumed an importance approaching that accorded to them thirty-five years ago, and an army, although furtunately for us not a British one, is pressing on its weary way through the Khirgiz steppes, the occasion seems opportune to communicate some particulars in regard to what occurred to some of our own regiments during the war in which England was engaged against Affghanistan, from 1839 to 1842.

When, in 1839, the 13th Regiment began its march from Quettah towards Candahar, the misfortunes of the whites immediately began. Such was the insufficiency of supplies that the rations of the soldiers had to be at once reduced; the native bazaars were discovered to yield nothing in the shape of food, and even the natural conditions of the country and climate told severely against them. The features of the country presented a succession of arid plains surrounded by bare rocky mountains almost destitute of vegetation; and the only water obtainable was much impregnated with saline matters. Arrived at Candahar, the heat became very intense, the thermometer in the tents indicating 120° Fahr. Diarrhœa had already become so prevalent among them that almost every man in the regiment was affected with that disease; and yet it was necessary that they should advance.

Dr. Robertson has recorded the fact that when the regiment left Candahar the men "were in a sickly and wretched condition; fever being in many instances superadded to the diarrhœa with which all were more or less affected." Up to this time the men, weak as hey were, had to carry their own packs. Now, however, Dr. Robertson urged upon his military superiors the necessity of relieving them from this burthen; but, as he states, "the scarcity of baggage animals rendered it impossible to adopt his suggestion;" and so, men in a sickly and wretched condition, as they were described to be, were forced to stagger on as best they could under their respective burthens.

There were in hospital, 105 sick. It was truly melancholy to see the number of men who were obliged to fall out on the line of march from looseness and debility; and continued relapses produced confirmed organic disease. The exposure of the sick was necessarily great from so large a body of men moving on one line of road; the thermometer ranging from 60° Fahr. in the morning to 100°, or higher at noon; and many of the sick had to walk who ought to have been carried. On reaching Ghuznee, the greater part of the sick remained the whole of the succeeding night exposed on the mountain ridge, or in the valley, which tended to produce a fatal termination in several of the cases. Such a narrative needs no comment. Its force, indeed, lies quite as much in what is left unrecorded, as in what is stated. Let us now, however, see how they fared at Cabul.

"The men of the 13th Light Infantry," as we learn, "occupied barracks and a hospital in the Bala Hissar. These buildings were composed of sun-dried bricks, and were surrounded on all sides by the filthy houses of the natives. There were three such buildings, each 160 feet long, 36 feet broad, and 10 feet high. A centre wall supported the roof, which was flat, and there were two cross division walls, thereby forming six rooms. There were twenty-five doors, twenty windows, and eight fire-places. Each building of this nature would accommodate 120 men with ease, but 150 had to be put in each, so that they were somewhat crowded." "These barracks were damp, the roof leaked, the windows were boarded, as no glass could be procured, and altogether, the buildings were ill-adapted for troops." "The hospital was the last building completed. It was of the same materials as the barracks, 118 feet long by 30 feet broad: a wall divided it into two wards; a sloping roof of beams and mats was supported by seven centrel pillars; height at the centre, 10 feet; at the sides, 9 feet. Each ward had two doors, four windows, and four fire-places. The end of the building was occupied as a store-room." "It was in every way ill adapted for a hospital; surrounded on all sides by dead walls, was dark, damp, and uncomfortable. The winter had set in before it was completed, the roof leaked, the walls were wet, and the floor was composed of six feet of damp earth. Its site was in a place that had formerly been excavated, and was a sort of deposit for the filth of the inhabitants of the neighbouring houses, and, the surgeon remarks, 'it is needless to add, that such a place was altogether unfit for the accommodation of sick.'"

With regard to food, in consequence of the scarcity of provisions on entering Affghanistan, from the beginning of the month of April to the 4th of June, the soldiers' rations consisted of 12 ozs. of bread and 1½ lb. of animal food. The beef was of bad quality, being the flesh of ill-fed, over-driven animals, possessing but little nourishing qualities. The bread was also indifferent, being sandy and gritty; but in those days anything in the shape of food was valuable where there was so much starvation, misery, and suffering. From the 4th of June, at Candahar, the ration consisted of 1 lb. of bread and 1½ lb. of meat; fruit and vegetables were procurable, but the want of tea and coffee was severely felt. Roasted barley was substituted by the men for coffee and tea, and a portion of sugar was furnished to them by the canteen fund. Up to the 6th of May the soldier was allowed 2 drams of arrack daily; from that date to the 8th of July, 1 dram, and from then to the 9th of September none, in consequence of there not being any obtainable.

We read, in regard to the ordinary duties to be performed, that "by severe fatigue in dragging guns over mountain-passes and bad ground, both on the line of march and in garrison at Cabul; the night duties frequent and severe; often a scanty supply of brackish, bad water—the health of the men was much impaired. In December, 1839, the weather became very cold, the daily range of the thermometer was from 7° to 49° F.; snow fell frequently, and so continued till February, which was still colder. The severity of the climate, exposure on night duties, and the uncomfortable damp buildings told heavily on the impaired constitutions of the men, and with the facility of procuring ardent spirits of the worst description, were the causes, remote and proximate, which led to the mortality during the winter."

A series of open drains had been formed in cantonments at Cabul, which passed into a ditch on the rear face of the rampart, the water of the ditch emptying itself into the bed of the river by means of a tunnel carried under the canal. "It is therefore evident that the effective drainage of this cantonment must depend upon the level of the river, which during the melting of the snow and the spring rains was almost on a level with the lower part of the cantonment, so that it appears questionable if the cantonment is capable of perfect drainage."

The 13th Foot formed part of the force in Cabul from the 1st of April to the 4th of October, 1841. On the 23rd of April a detachment of 287 recruits reached its headquarters from Jellalabad. On the march from that place their duties had been most severe and fatiguing, they having been exposed to almost constant rain, and daily employed in dragging heavy guns over bad roads, through the defiles and strong rocky passes which intervene between Cabul and Jellalabad, exposed to great variation of temperature from the great difference of elevation. These circumstances affected the health of the troops, and on their arrival at head-quarters the recruits presented a worn-out appearance, almost all having suffered from diarrhœa. In October the regiment received orders to return to the provinces, but the breaking out of the insurrection converted the march into a series of contests from leaving Cabul to its arrival at Jellalabad on the 12th of November. During this march the men underwent great fatigue and privation, with severe duty. They were constantly exposed to the attacks of an active enemy in mountain-passes and in defiles of great strength. Neither men nor officers changed their clothes during this time, nor were there any tents pitched. As it was known the passes would have to be forced, the sick and wounded were left in Cabul, and it was expected they would afterwards join the regiment when the supposed temporary disturbance, arising from the outbreak of a band of hereditary robbers, was quelled. From the 12th of November to the 31st of March, 1842, the regiment formed part of the garrison of Jellalabad, being for the most part closely invested by the enemy. The labours of the men in rendering a dilapidated fortress capable of resisting the attacks of the Affghan force were necessarily severe and unremitting, and their duties particularly so, from the great extent of the place. When they had succeeded in a great measure in repairing the fortifications, housing themselves by building barracks, guard-rooms, and hospitals, a severe earthquake was on the 19th of February, about mid-day, experienced, which destroyed about one-third of the town, knocked down many bastions and almost the whole of the parapets. The labour had again to be renewed, and with increased energy. The spirits of the troops rose superior to their difficulties. Under such circumstances, with reduced rations, scanty clothing, constant duty, and but little rest, so beneficial were temperance and occupation, that there was very little sickness among them. Every effort was made, the surgeon states, to prevent disease by attention to the state of the town, drainage, cleanliness, knocking down screens, walls, &c.

During the time that the siege of Jellalabad continued, the ration of the men was reduced to 11 ozs. of meat; 1 lb. 6 ozs. of maize-flour. Tea and sugar could not be obtained, and burnt wheat was still used as a substitute for coffee. For five months, 11 ozs. of salt meat were issued, no other article of food being procurable; and from 12th of November till the end of the siege, no spirits were procurable for the soldiers.

Unhappily, our means of obtaining equally full particulars of the other regiments engaged in this expedition are far less than in the instance of the 13th Foot. Thus, with reference to the 9th Regiment, all that we can now learn is that while at Jellalabad the men suffered severely from the prevalence of fever and diarrhœa, brought on partly by their having to remain in position there through a period of the year in which the natives themselves, finding it dangerous to reside, withdraw to the higher ranges; and partly to their having no other water than what was very impure to use.

The reports are altogether silent in regard to the occurrences to the 31st Regiment prior to the commencement of its return march from Affghanistan for the provinces in 1842. On that occasion, the men suffered in no small degree from deficiency of carriage, especially transport for the sick. "It is surprising that in a country where hostilities have been so long carried on, this most essential branch of the military department is so very deficient and imperfect;" "it is indeed doubtful if any improvement in the mode of transport of the sick has taken place in the Indian armies from the battle of Plassy to that of Maharajpür." But deficiency of carriage was only one of several important wants to which this regiment was subjected. It began its return march from Cabul on the 12th October, 1842, and reached Ferozepore on the 19th of December of the same year. During this interval, not only were the men without tents, and their rations of very inferior quality, but they were much harassed and fatigued by the necessary duties incidental to a march under these circumstances. To these causes then, are attributed the *ninety-four* deaths that occurred among the men in this brief period of little more than two months.

Of the melancholy history of the 44th Foot on this occasion, not a scrap is now to be found. So complete was the destruction of this regiment, that only a few of the men escaped. The three Medical officers, namely, Drs. Harcourt, Balfour, and Primrose, were among the numbers who perished, and the small remnant of men, scarcely numbering a dozen, and all more or less mutilated in their limbs, were attached to the *Buffs*, when that regiment marched down country from Ferozepore to garrison the fort of Allahabad, reaching the latter place in April, 1843.

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American Communications.

No. II.—CLINICAL EXPERIENCES IN PRIVATE PRACTICE.

SOME EVERY-DAY CASES; THEIR HISTORY, DIAGNOSIS, AND REMEDIAL MANAGEMENT, AND THE REASONS THEREFORE.

By Z. Collins McElroy, M.D., Zanesville, Ohio.

Case II., 8th July, 1872.—Miss M. M., æt. 16, nurse in Mr. P.'s family; good *embonpoint* for a growing girl; is seldom sick; was apparently well this morning, but about 10 o'clock was found in water closet nearly insensible, and very chilly. She was carried into the house, laid on a lounge, and a messenger sent for me to visit her; but I was not at home, and did not see her till nearly noon. She was in the deepest distress; pulse very rapid and thready; surface shrunken and cold; in pain all the time, but has paroxysms at short intervals of great severity. Temperature 103; cross-eyed. The family were greatly alarmed at her condition. They had given to her portions of brandy and paregoric, and had applied mustard poultices over the front of her person, which were still in place. While my examination was progressing she passed into a paroxysm of severe pain, such as she had had repeatedly before.

Here was a display of organic pyrotechnics, so to speak, a very interesting study to the pathologist, but a source of very great terror and alarm to all others. In the necessarily rapid consideration of the phenomena, there was but one feature which bothered me in the least, though her eyes were symmetrical in health, they were not so now. All else was simply a meaningless and purposeless display of mechanical force in very great excess. Two hours since it may have had a purpose, but it is likely most of the offending matter in her bowels has been expelled.

As the pathological condition was simply excessive physical motion in materials of structure, my duty, as a physician, was to retard it towards safer velocities.

As soon as she could swallow she had given to her ⅓ gr. sulph. morph. with half teaspoonful of chloroform in a little water. She soon became quite easy, but as she did not get altogether free from pain, in ten minutes another half teaspoonful of chloroform was given. In less than half an hour she was in apparently tranquil sleep, and slept most of the afternoon, waking up occasionally and asking for cold water. She was seen twice during the afternoon, but nothing more prescribed for her. In the evening the temperature had declined to 100°. She had no further motion from bowels, and had not passed any urine. Her mother was there to take her home at my last visit. I said to Mrs. P. that M. would not be sick long, and need not go home with the impression that she would be sick several days, for very likely she would be ready for her duties in the morning. But she was taken home that evening. Next morning Mrs. P. called to see M. at her mother's, and found her up and assisting about the house, a little weak and pale, but desirous to return to her duties. But her mother was not willing for her to do so, at least that day. She took no other medicine, and returned to her duties with Mrs. P. in three days, and has not been sick since. (Seen to-day, 29th.)

M.'s case was reported all over the city as a case of genuine Asiatic cholera, and created a good deal of alarm, very unnecessarily.

Case III., 9th July, 1872, 9 o'clock, p.m.—Mr. K. called for me to visit his daughter, 2 years old, who had had diarrhœa for several days past, but did not lose her appetite, nor cease her customary play until this evening. The mother stated to me, however, that the child had been very peevish and fretful all day. Had vomited everything she had swallowed during the day. Discharges from bowels very frequent, thin and watery; occasionally greenish; sometimes whitish or yellow, with streaks of blood at times, and smelling very offensive. She was dozing in her mother's lap. While the mother was gently unloosening the child's clothing, so that I could place the thermometer under her arm, the child roused up; was much affronted at the proceedings, and vomited. Temperature 101°.

This condition will be recognised as a case of so-called summer complaint, or cholera infantum. But in my mind it was viewed, not as a case of summer complaint, but as a departure from the normal rate of motion in the material of the child's body, both in the interests of repair and waste. Repair was certainly arrested, while waste was proceeding at a not as yet dangerous pace above natural velocity. Some of the structures of the stomach, however, had certainly lost natural forms of structure, as evidenced by changed function. Beside, the child's body was certainly loaded down with effete, or dead matter; and the vomiting and frequent discharges were in part certainly efforts of Nature, so to speak, to expel it.

With this understanding of the pathology of the case, my duty as a physician was not to arrest, or try to arrest, either, as they—vomiting and purging—were, within certain limits, salutary processes, but to guide both, promote the disintegration of tissue which had lost its dynamic or life properties, and endeavour to obtain conditions for repair to be resumed, and to have proper material for repair supplied.

To facilitate the disintegration of tissue which did not, and most likely could not by its functional decay evolve normal phenomena, or in other words, perform physiological function, and the exit of effete matter, the child is to have a granule containing one grain of calomel every hour till vomiting ceases, and discharges from bowels change in physical character.

10th July, 9 o'clock a.m.—Baby has taken eight granules: twelve are missing from box, but parents are confident four were lost. They were given in a teaspoonful of cold water. Baby is much better; has not vomited for several hours, nor have bowels moved so frequently, and all traces of blood have disappeared. She has taken some milk this morning, but prefers ice-water or ice.

She is to have three more granules at intervals of two hours between each, and soon after the third, a dessert spoonful of castor oil. She may have all the milk she will take, as well as water and ice.

Half-past five o'clock p.m.—Oil has operated, and baby much improved. Is very pleasant and playful, but looks cut down in flesh a good deal. She is to have a teaspoonful of elix. pepsine, strychnia, and bismuth, three times a day, and in addition, after each too frequent discharge from bowels.

Saw baby next afternoon. She had been steadily improving, had vomited again, not more than half hour since, but it was so evidently due to her having eaten food beyond her capacity to take care of it, that no change was made in remedial management. She has not required any other treatment since, though her bowels have been quite loose much of the time, her father informs me, but repair was fairly active all the time, so that no further treatment was deemed necessary.

In the diagnosis and remedial management of these cases, my attention, as a physician, was confined to the single factor of organic life over which I could exercise any control whatever, by any, or by all remedial agencies combined, whether properly, or improperly administered' It seems to me that including either of the other factors *i.e.*, prime factors of organic life, and there are but three of them, viz., materials, molecular forms of structure of the materials in living tissue, and physical motion in, or by materials, ascending through chemical complexity to, while in living structure, or descending to simpler chemical conditions, would be needlessly adding complexity to the physician's problems in actual practice.

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

ELECTROLYSIS IN LARYNGEAL TUMOURS.

In this country electricity has not been employed by many persons in the treatment of throat diseases, and no one, so far as I am aware, having employed this agent extensively and in such a variety of cases of these diseases as I have myself done, the results I have attained, and may yet attain, will in due timebe published; but in the meantime the reader may feel an interest in what has been done elsewhere. The following account of electrolysis in laryngeal tumours is from a series of papers by Dr. Fieber, that appeared last year in the *Allgem. Wiener Med. Zeit.*:—

The nature of electrolysis consists in this, that the body which shall be so acted upon must be much more thoroughly brought within the course of the current than is necessary in other electro-therapeutic processes. I shall return to this point in the explanation of the technicalities.

The form of the electrodes, that is those instruments by which the current is conducted into the body, is usually in electrolysis that of the needle, at least in one of the two electrodes.

I usually demonstrate in my course the action of the galvanic current on a piece of muscle; by introducing the platinum needles a foaming, fine, bubbling fluid is in a very short time formed around the negative pole; this is the sign of approaching dissolution. Usually we can assure ourselves of this by hearing a noise which is not unlike crepitant râles. At the same time the tissue becomes discoloured, and shows a yellowish gray coating. Examining the course which the needle has taken, we see that this discolouration extends the entire way as far as the needle has been in contact with the muscle. The layers of the muscle so affected resemble in their appearance by microscopic investigation that of cooked meat, and the withdrawal of water is probably the most important factor in electrolysis. The needle remains quite moveable, and can at all times be easily withdrawn from its position. The action of that needle which is connected with the positive pole, is a very different one. A grayish black spot is usually found, which extends the entire length of the needle. The needle adheres to the tissue (contrary to the negative needle) sometimes so strongly that it can only be withdrawn by the use of some degree of force.

The contrast in the behaviour of the two needles is still more striking if we substitute a steel needle for a platinum one (as I am sometimes in the habit of doing). While the needle communicating with the negative pole retains its smooth surface, and is always easily removed from its position, the one associated with the positive pole is deprived of its points, turns black, is corroded, and cannot be removed from its place without the exercise of force. The explanation of this is not very necessary. I merely say that this proceeds from the formation of an oxide of iron which unites with the acid of a salt that is found in the tissue.

I have explained in these lines the electrolysis of dead animal tissue, and have now still to add a few words on galvano-puncture in the living.

The effect in the living is in many respects similar to that in the dead animal tissue, as far as the electro-chemical events are concerned; and here we mention the clearness of the method, which appears to be independent of all living functions up to a very high degree. The vital events also play a *rôle* by no means inferior when we wish to expedite the destruction of tumours. For while the destruction brought on in the dead body by the electrolytic action does not extend beyond the spots directly exposed to the action of the current, the flowing of this stream goes much farther in the living. This we see from the fact that not only a local destruction is set up in the spot invaded by the needle, but also the nourishment of the pseudoplasm is interfered with, and this leads to mortification. To make the procedure succeed we stick the needle into the base of the tumour, and even when that is not possible the action is relatively an accelerated one; for near the needle gangrene soon begins, accompanied by a suppurative inflammation. By piercing larger tumours many times we may even obtain their death; however, as we only desire to destroy smaller growths, it is not necessary to pierce them as often, and in laryngeal tumours a single time generally suffices.

It is scarcely necessary to mention that we are speaking of electrolysis, and not of the galvano-cautery, which two things are still strangely mistaken even at the present day. In the galvano-cautery an electro-thermal action heats the piece of platinum to whiteness, and this heated metal destroys any part of a tissue with which it is brought in contact. The action and the foundation principle are therefore most simple, and entirely analogous to the application of the hot iron; a circumstance especially to be considered if it is a question of danger in laryngeal operations by the galvano-caustic. Electrolysis, on the contrary, is a process based on regular and pure chemical principles; in its nature it corresponds with those events which we observe in other chemical agents, whether they belong to alkalis or acids. Yes, electrolysis is so far removed from the galvano-cautery that not even a rise of temperature can clearly be detected.

It is therefore the question to destroy tumours or pseudoplasms by etching, and this is done in the most judicious manner by applying, as the destructive agent, a salt that comes from the tissue itself. When we wish to develope this process in small tumours, as those in the larynx, we have the power of localising the application, with nearly absolute exactitude, by means of fine needle-like instruments, while the effect is not momentary and hasty as in the galvano-cautery, or piercing, cutting, and other instruments. This may therefore be recognised as entirely free from danger, even in the hands of the least skilled, and I think that I have materially enriched laryngo-therapeutics by having added the electrolytic instrument for technical operations.

It is scarcely worth while saying that the electrolytic process in human bodies cannot take place before certain local and ordinary phenomena of reaction, if the operation is made on a tumour of considerable size. We see this in the electrolytic destruction of carcinoma and other pseudoplasms on the surface or in the easily entered orifices of the body giving rise to those lively symptoms which we observe in the higher grades of inflammatory action.

If the question is the electrolytic removal of such small tumours as we meet with in the laryngeal cavity, then naturally these appearances entirely escape us, as I have hitherto always remarked.

Often, in the removal by electrolysis of large tumours, I have marked a very trifling reaction of the collective organism; and I remember one case of a cancer of the tongue where a tumour as large as a nut was removed from the floor of the mouth in two sittings, without other than purely local reactions, which soon passed away. In the seizure of laryngeal tumours I have not once detected a local reaction worth noticing, although I have succeeded in removing large ones.

I will now discuss the galvanic battery selected for electrolysis. Within the last few years, as you are aware, the number of elements has been greatly augmented, and it is by no means indifferent which galvanic battery is used when you wish to remove tumours of relatively great circumferences. With smaller tumours, such as are most often met with in the larynx, any good battery will be sufficient.

I have used up to the present time for laryngoscopic purposes the series of Siemens-Halske, without wishing to place it before all others. It is a modification of the elements of Daniell, the well-known combination of copper and zinc. It differs from the original chain of Daniell in regard to the fluid constituents. While in the Daniell series, a solution of the sulphate of copper and dilute sulphuric acid are applied as the electro-motor fluid, we need for Siemens-Halske's a concentrated solution of the sulphate of magnesia. The disposition of the fixed elements is another, whereby we still cannot approach near. Whoever already possesses the series in question, is not necessitated to use other elements for the electrolysis of the small tumours that we are accustomed to see in the larynx. And whoever wishes to procure a battery for electrolytic purposes alone seldom would select the sulphate of magnesia elements. The Grénnet series, which exerts a very strong influence for a short space of time, and, according to the evidence of many of my hearers from Sweden, is much used on the Scandinavian peninsula, is a combination of zinc and carbon which is plunged into a solution of the bichromate of potassa, to which is added a third part of sulphuric acid. The Stöhrer series is also a battery of zinc and carbon; the fluid elements are a concentrated solution of chromic acid, a few drops of which are allowed to trickle into the carbon bore, which should be half filled with sand, and dilute, chemically pure, English sulphuric acid. The Smee series consists of two parallel plates of zinc amalgam, between which a platinum, lead, or silver plate is placed (a modification of Grove's battery). The plates are bathed in dilute sulphuric acid. Leclanché's battery has manganese for the electro-motor at the negative pole, and zinc at the positive, with a concentrated solution of sal ammoniac. This battery is never needed for electrolytic purposes.

Lately Teuchert, in Vienna, has produced a modification of this, in which the use of common salt instead of sal ammoniac is permitted, and the constancy of the stream extolled as important. A preferable battery for electrolysis is one constructed with a zinc and platinum series by my honoured friend and colleague, Dr. Frommhold, of Pesth. He describes it more accurately in his paper—"The constant galvanic stream modified in its intensity and quantity. Dip into a glass cylinder two large zinc plates about two centimetres wide by about twenty-five long, holding between them a piece of lead well plated with platinum, and let the cylinder be filled to within three centimetres of the top with dilute English sulphuric acid. The battery contains thirty-two such elements fastened in a wooden frame, and can be raised or lowered at will without spilling the fluid."

By means of a regulator in the form of a dial you can use as many or as few elements as you wish without interrupting the current. The following are some of the facts to be observed in technical operations by means of galvanic action. You may use both poles of the battery at the same time for cauterisation, or you may employ only one. I always use the unipolar etching for laryngeal operations, ordinarily the zinc pole. The copper pole should be placed against the skin on the outside of the larynx, or given to the patient to hold in the hand. In the bipolar system both poles end in needle-formed conductors. For the larynx I have modified this, so that the conducting wires of both poles are fastened in the same instrument, enabling me to push both needles into the tumour at the same time. It is difficult to give a general rule for the number of elements to be inserted. The size and hardness of the tumour, as well as the sensibility of the patient, must guide the operator. For my part I have seldom had occasion to use as many as twenty; generally 12—15, or even 6—10 suffice. This holds good for the small tumours that we find in the larynx where a limited number of elements suffice. The duration of a single sitting in the electrolysis of the larger sized tumours is often twenty minutes or even longer.

In the removal of laryngeal tumours this time undergoes a considerable reduction. For, on the one hand, patients not very much troubled by the tumour would not allow the instrument to remain in position so long in the larynx; and, on the other hand, the treatment of small growths requires only a limited space of time. Whoever has a regulator or a water-moderator can make use of this instrument (when the needle has already been sunk into the tumour) to increase or decrease the current by degrees, and prevent any sudden closure or breaking of the same. When you see that a strong current is necessary, this method is invaluable in the avoidance of pain and distress. But, as this seldom takes place in the larynx, this instrument can conveniently be dispensed with.

(*To be continued.*)

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 22ND, 1373.

DR. C. J. B. WILLIAMS, F.R.S., President, in the Chair.

ON SOME RESULTS OF TREATMENT IN AFFECTIONS OF THE NERVOUS SYSTEM.

By CHARLES ELAM, M.D.,

Assistant-Physician to the National Hospital for the Paralysed and Epileptic.

THIS paper is almost exclusively devoted to therapeutics, and subsidiarily to prognosis. It is divided into two parts: the first relates to the treatment of certain forms of brain disease; and the second to that of epilepsy, considered more as a collection of phenomena than as any distinct pathological entity.

In the first part, three cases are related where striking and unexpected benefit resulted from treatment by the bichloride of mercury.

The first case was that of a boy, æt. 6, who, on being brought first to the hospital, presented every appearance of being affected with an advanced organic disease of the brain—most probably of tubercular origin—characterised by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months; at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, æt. 3, presenting the aspect of perfect idiocy, with general paralysis both of upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and fæces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to imitate articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favourable results.

The second part of the paper relates to the treatment and prognosis of epilepsy, and the propositions attempted to be illustrated are as follows :—

1. That during the last five or six years our relations as a profession to epilepsy have greatly changed. Formerly this disease was considered one of the most serious and intractable that we had to contend with ; whereas now, in its relation to treatment, it will compare favourably with any other forms of chronic disease.

2. That the great majority of cases receive benefit from treatment at the outset ; and that a by no means small proportion appear to be cured from the first, never having another attack after the commencement of the treatment.

3. That another large section resist treatment for some time, even months or years, after the first improvement and subsequent relapse, and yet ultimately yield to it and recover ; that is, the intervals are so prolonged that it amounts to a virtual cure, years elapsing without any attack.

4. That hereditary and congenital epilepsy, and also that resulting from injury to the head, are in many cases amenable to treatment, often with very great relief and indefinite prolongation of the intervals, and in some cases appearing to be entirely cured. One of these undoubted cases has been seven years without any return of the affection.

5. That the most intractable cases may be classified under three heads : — (*a*) Those that are both congenital and hereditary ; especially where there has been not only epilepsy but insanity amongst the ancestors ; (*b*) those where there is faulty formation of the head, as want of bilateral symmetry, or, what is worse, marked deficiency in the cerebellar region ; (*c*) those cases where the head is well proportioned, but much smaller than the natural standard, as, for instance, the occipito-frontal circumference, ranging from eighteen to nineteen inches in the adult.

These are probably the cases most rebellious of all to treatment.

Cases are related illustrative of these positions.

ON THE HISTOLOGY OF THE BLOOD OF THE INSANE.

By HENRY SUTHERLAND, M.D., M.R.C.P.,

Lecturer on Insanity at the Westminster Hospital, Physician to the St. George's, Hanover Square, Dispensary.

In this paper the results of the microscopical examination of the blood of 143 lunatics were described in detail. All the patients who were made subjects for experiment were in fair bodily health, and their blood was examined at the same interval of time after food in all cases. The inspections under the microscope were also made as nearly as possible at the same period after the blood was drawn, so that all fallacies in observation were reduced to a minimum.

It was remarked that any great augmentation of the number of white corpuscles usually indicated a low degree of vitality in the insane, and that the cerebral disorder had made some considerable progress ; also that an absence of rouleaux-forming power in the red corpuscles coincided with a similarly depressed state of health. These two conditions were followed by a speedily fatal termination in a large proportion of the cases in which they were observed. These observations applied chiefly to cases of general paralysis of the insane in the male. In ten men suffering from this disease, whose blood was found to exhibit one or other or both abnormal conditions, five died within three months from the date their blood was examined. One of these men was in a moribund condition at the time the blood was drawn, but in the other four patients there were no symptoms which indicated such a rapidly fatal termination of their cases beyond the presence of these peculiarities in their blood. These remarks, however, do not apply to the same extent to this disease in women, the prolongation of life in female general paralytics being accounted for by the fact that the disease does not run so rapid a course in females as in males, and that in most asylums the females live longer than the males, because they are more comfortably provided for on the women's than on the men's side of the hospital.

Absence of rouleaux, together with an increase in the colourless corpuscles, appear to be conditions almost peculiar to general paralysis, and were observed in 4 out of 29 (male and female) cases, or in 14 per cent. These two appearances were found to coexist in only 4 other cases out of the 143 examined, or in 3 per cent. of the whole number. Absence of rouleaux alone, and augmentation of white globules alone, were found to exist in other less fatal forms of insanity, but not to the same extent as in general paralysis.

The conclusions drawn from the examination were as follows :—That in the insane generally a leucocythæmic condition frequently exists. That any great increase in the number of white corpuscles at the expense of the red, and an absence of rouleaux from the blood of the insane, are conditions which generally indicate a very low degree of vitality. That in general paralysis, epileptic insanity, and masturbating insanity, the blood is more deteriorated, and the vitality is more lowered in the male than in the female. That in mania, melancholia, and dementia, the blood is more deteriorated and the vitality is more lowered in the female than in the male.

PRETERNATURAL CAVITIES IN THE BRAIN OF THE SANE AND THE INSANE.

By ROBERT BOYD, M.D., F.R.C.P.

(Communicated by ROBERT LEE, M.D., F.R.S.)

CEREBRAL cysts, cavities, and depression regarded as traces of the process employed by nature in arresting or curing apoplexy from effusion of blood in the brain, are worthy of investigation. In many cases, principally of the insane, these cavities, &c., terminated in partial softening of the brain, several in pulmonary, a few in cardiac and other diseases. These cavities are seldom found in early life, although cerebral apoplexy, softening, and tumours of the brain are not uncommon in infants and scrofulous children. As insanity rarely occurs before puberty, the comparison made in this paper between the sane and the insane is confined to 1,560 cases of adults, 695 in the St. Marylebone Infirmary, presumed to be sane, and 875, certified to be insane, in the Somerset County Asylum. It was found that these cysts and depressions were one-third more frequent in the insane than in the sane ; and, as usual in cerebral diseases, much more frequent in males than in females, and in the more advanced period of life, after sixty years, except in epileptics, who seldom arrive to that age.

The most numerous class was that resulting from apoplexy, to be distinguished by the permanent blood-staining from peroxide of iron, as shewn in the summary of the 68 cases in the appendix, arranged under the following heads. :—

		Apoplectic cysts.			Serous cysts.			Small cysts.			Cysts in Epileptics.			Encysted cysts		
	Age.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Infirmary cases	Under 40 years	1	0	1	1	0	1	0	0	0	1	0	1	0	1	1
	From 40 to 60	2	1	3	1	0	1	1	2	3	1	1	2	0	0	0
	60 and upwards	6	1	10	1	2	2	1	1	2	0	0	0	0	1	1
	Totals	9	5	14	3	1	4	2	3	5	2	1	3	0	2	2
Asylum cases	Under 40 years	2	0	2	2	0	2	0	0	0	3	1	4	0	0	0
	From 40 to 60	4	1	5	2	1	3	1	1	2	2	3	5	0	0	0
	60 and upwards	5	4	9	2	3	5	1	1	2	1	0	1	0	0	0
	Totals	11	5	16	6	4	10	2	2	4	6	4	10	0	0	0

Infirmary	Males	16	Asylum	Males	25
	Females	12		Females	15
	Total	28		Total	40

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 7, 1873.

CROONIAN LECTURES.—II.

IN his second lecture, Dr. Radcliffe entered upon what many will deem the more practical part of his subject. He described two conditions: 1. *Incipient insanity*; 2. A disorder half nervous, half mental, which he proposes to call *neuriasis*.

1.—In regard to insanity, Dr. Radcliffe dwelt upon the self-conceit, the misanthropy, the want of self-control or of voluntary power generally, the impulsiveness, and the prejudice, which precede and accompany in too many cases the illusions and hallucinations pointing towards an imagination disordered in the direction of the senses. He next spoke of the condition of delirious excitement, leading to acute mania, which is, perhaps, more often narrowly watched than the other equally characteristic states enumerated as symptoms of incipient insanity. With regard to all such symptoms, there are, no doubt, many variations and many combinations. Sometimes one or two of the symptoms only are present to the exclusion of the rest. If all are present—an almost inconceivable case—then these would be:—a state of intense self-conceit, without actual delusion,—a state of moroseness and misanthropy, without actual delusion,—a state marked by great mistrust and suspicion, without actual delusion,—a state of uncontrollable impulsiveness, without actual delusion,—a state of melancholy, without actual delusion,—a warped state of the intellect, without actual delusion,—irregularity of fancy, showing itself in illusions and hallucinations,—and, lastly, a tendency to delirious excitement. In actual insanity one or other of these several morbid mental conditions is always present, the change which has happened consisting only in the addition of some actual delusion, which delusion very often, to say the least, may be looked upon as the natural result of the exaggeration of the morbid mental condition most closely associated with it.

Dr. Radcliffe thus regards delusion as not an indefinite disorder of the intellect and fancy, coming on no one knows how, without warning of any kind, but a very definite disorder taking many shapes, each of them associated with some morbid mental condition from which it cannot be dissociated, and often receiving this shape, as it would seem, as a natural consequence of the mind having been allowed to go wrong in the direction of some particular, morbid, mental condition, intense self-conceit, misanthropy, melancholy, or other. Nothing, he says, is more certain than this—that by indulging in a perverse way of feeling or thinking, sooner or later, the reason and will are mastered by this feeling or thought, and that when this point is arrived at, the feelings and thoughts and actions, as a matter of course, become more or less irrational and involuntary. Arrived at this point, indeed, any delusion, any fancy, may easily take undisputed possession of the mind.

Moreover, if the mind be allowed to rest too long in any of the morbid mental conditions which are constantly associated with delusion, the will and reason are deposed, and feeling is enthroned in their stead, and this is all; for when feeling is raised above will and reason, the result of necessity is not only disorder, but delusion. Thus insanity is reduced to little more than the natural consequence of the mind having been allowed to go wrong in the direction of some perverse feeling until a point is arrived at in which the will and reason have no longer any control over it, an end in which—for all the unchecked evidences of the mere feelings are delusive—delusion in one form or another is the inevitable result.

Delusion in this view is not to be looked upon as no one knows what, coming about no one knows how, in which the physician is left in a state of uncertainty as to what ought to be done to prevent it and to cure it. But there is a definite morbid mental condition other than delusion to be dealt with. By dealing with it, delusion is to be prevented; nay, more, by dealing with it delusion is, says Dr. Radcliffe, to be counteracted and conquered. It is as much a duty to deal seriously with this morbid mental condition as it is with the actual delusion, for delusion is the natural consequence, sooner or later, of leaving it to itself. Every effort must be made to teach the patient that he is responsible for his feelings and thoughts as well as for his actions; that he can and must master them; and that if he does not try, his will and reason may soon become too powerless to prevent his feelings and thoughts and actions from becoming involuntary and irrational as in insanity.

2.—*Neuriasis.* In following up his subject by an attempt to give definiteness to the truth that is contained in common notions regarding "nervousness" and "nervous" people, we think Dr. Radcliffe has done good service, and we have no objection to the term neuriasis, by which he proposes to name a condition distinguished by both physical and mental peculiarities which may be spoken of as the symptoms of the disease. They are, a proneness to pass large quantities of pale, limpid, neutral urine under any emotion or excitement, or after it, with a frequent irresistible *besoin d'uriner*,—proneness to abdominal flatulence, *pneumatose intestinale*,—proneness to fits of laughing and crying without sufficient reason for them,—proneness to globus,—proneness to overflow of saliva,—proneness to constipation,—together with tenderness on pressure, with more or less uneasiness, or actual pain apart from pressure, in one or other part of the abdomen, or under the left nipple, or somewhere in the course of the spine,—with a marked disposition to spasm, and periodicity in one form or another; and among the mental peculiarities we have—undue self-sensitiveness,—overpowering craving for sympathy,—quick and perverse likes and dislikes,—feebleness of will, showing itself in impulsiveness and in many other different ways,—fancifulness,—imitativeness,—unbalanced spirits, the inclination being commonly towards despondency, and, lastly, a comparatively feeble sense of moral obligation.

In reference to these mental peculiarities self-sensitiveness comes first, and Dr. Radcliffe traces to this the dominant craving for sympathy which so many nervous patients exhibit. Self is never forgotten by such persons, and the good opinion of others is always desired; it is the very breath of life. If this be withheld, all is withheld that is regarded as worth having; and so day after day passes in miserable disappointment, for the good opinion of others is precisely that which of all things is most difficult to get—especially when wanted.

Another mental peculiarity in neuriasis—the complement, perhaps, of the last—is feebleness of will. "What I would not that I do, what I would that I do not," is the confession too often made and too truly made, in deeds, at least, if not in words. The mental character is marked by fickleness, impulsiveness, irresolution, want of composure, unrest, and other unmistakable signs of a radical feebleness of will—by wilfulness, it may be, for wilfulness in nine cases out of ten means the reverse of fulness of will—will over-ridden by some feeling or fancy—waywardness—an involuntary rather than a voluntary state of mind.

Another marked mental peculiarity in neuriasis, more marked, perhaps, than any of those which have been mentioned, is fancifulness. Due care is not taken in forming firm foundations in fact. Conclusions are jumped at too hastily. The dominant faculty is, not reason, but imagination, and the fancies formed are too often indistinguishable from true delusions. A pain or uneasy feeling, for example, is supposed to point to some disease, and soon the reason refuses to be convinced that the disease is not present. This is the characteristic misdirection of the imagination in the so-called hypochondriac. Along with this fancifulness, and, in a sense, a part of it, may be noticed also a marked disposition to imitativeness. There is a curious readiness to copy the thoughts, words, and acts of others—a readiness which would seem to imply a certain want of originality in character. There is the gift which, if sufficiently under control, makes the actor.

Unbalanced spirits may be also mentioned as another of the mental peculiarities of neuriasis. The mental state in this respect is the reverse of that which is called composure. The spirits, judging them by any common standard, are always higher than they ought to be, or lower—the latter more frequently than the former. In neuriasis, indeed, as in mental unsoundness proper, a disposition to melancholy would seem to be more common than a disposition to the contrary state of levity—so common as to have led many to speak of hypochondriasis as a variety of melancholia.

Finally, comparatively feeble sense of moral obligation. In not a few cases, no doubt, exception may very justly be taken to a statement like this. In not a few cases, without question, there is rather a morbid regard for truth and a tenderness of conscience by which the most trifling exaggeration or wrong-doing is made to become a positive torment. But more frequently by far there is a state of things in every way opposed to this—a state marked, if not by a habit of actual lying, by the most extraordinary disposition to exaggeration, and a moral deafness which makes it difficult to hear even the loudest calls of conscience. It is notoriously difficult to get the truth out of a so-called hysterical patient, and it really seems as if she could not help but exaggerate and misrepresent; and though not so notorious a fact, a fact it is nevertheless, that she is more apt to excuse than to condemn herself when in the wrong. And what is true in this case is, so far as Dr. Radcliffe's experience goes, not less true in the great majority of cases of neuriasis—is so true, indeed, as to leave no doubt as to the propriety of placing this feeble sense of moral obligation among the other mental peculiarities of neuriasis.

This lecture of Dr. Radcliffe's suggests thoughts of the greatest importance, not only in reference to the education of the young, but concerning the self-regulation of the conduct of the individual. If the results of indulgence in habits of exaggeration or disregard of truth be such as he described, physicians may well pay greater attention than they have even yet done to what we may call the moral causes that frequently give rise to disease.

◆

Notes on Current Topics.

Dislocation of the Lens with Complete Resorption.

Dr. Sigmund Lindner (*All. Wien. M. Z.*, 15th April, 1873) mentions the case of a young man, æt. 25, who was a patient in May, 1872, at his hospital in Lemberg, with dislocation of the lens, caused by a sack of flour striking him on the left temporal bone. The left eye exhibited notable episclerotic redness, and subjunctival extravasation of different colours. Atropia was dropt into the eye, and four leeches applied. In the course of eight days the patient returned, when the lens was clearly visible in the anterior chamber covering the pupil, and pushing back the whole edge of the pupil. The patient was kept in a dark room for some time till all inflammation had subsided, and then departed from hospital. In December, 1872, he again presented himself at the clinique, when it was found that there had taken place complete resorption of the whole lens. Patient could use his eye with the help of a + 4 glass.

Generation of Sulphuretted Hydrogen for Laboratory Operations.

In a paper read by W. Skey before the Wellington (New Zealand) Philosophical Society (*Pharm. Journ.*) the author stated that sulphuretted hydrogen was evolved from the surface of the sulphide, in the reaction of sulphides with zinc in acidified water, the zinc being oxidised and the sulphur of the sulphide hydrised. This reaction he now proposes to utilise in the generation of sulphuretted hydrogen for use in laboratory operations, by mixing well together equal proportions of fragments of galena and granulated zinc in a small apparatus of the kind generally in use for the preparation of this gas and adding dilute hydrochloric acid (1 to 20). Sulphuretted hydrogen is instantly given off, and its evolution proceeds energetically and regularly for a great length of time. A little hydrogen accompanies the sulphuretted hydrogen, which would not be objectionable in ordinary operations, together with traces of hydrochloric acid, which may be easily removed by passing it through a little carbonate of lime.

A better method is to use the zinc and the sulphide in mass, connecting them electrically by means of wires passing through the cork of the apparatus, which are only allowed contact with each other by means of proper connecting screws. The evolution of gas commences immediately upon making connection of the wires, and if care be taken to keep the zinc and sulphide from direct contact instantly ceases upon their disconnection. For this last method it is necessary to amalgamate the zinc.

The Small-pox Mortality of Ireland.

The Registrar-General gives the number of deaths from small-pox in Ireland during the year 1872 as 3,197, of whom 1,173 died during the first quarter, and 1,414 in the second. Of this total Leinster lost 1,750 lives, and Connaught only 17; while Ulster escaped with 321 deaths.

Rinderpest in China.

The report of the Indian Cattle Plague Commission states that rinderpest has been found to prevail epidemically among cattle all over Hindustan, behaving itself like the diseases epidemic among mankind, occasionally appearing and spreading, then abating and vanishing, a new outbreak succeeding the old at intervals of various duration. The evidence collected by the Commission further render it probable that this murrain was indigenous to the country. No trace of its first origin or importation could be found; but, as far as the memory of living men extended, the plague had existed as it now exists.

The *Veterinarian* of January last contains a paper on the subject of "Cattle Disease in China," by Dr. Edward Henderson, copied from the *Customs Gazette* of Shanghai, which shows that rinderpest is liable to appear now and again among cattle in China. Dr. Henderson's descriptions of the features of the disease and his *post-mortem* examinations leave no doubt as to the identity of the disease. He believes it to be as "truly endemic in China as in Russia." These observations constitute a most important addition to our knowledge of this interesting affection.

Hospital Sustentation in England.

Vast as are the demands upon the hospitals of London, it would appear not a little difficult for the expenditure on Medical Charity (if it may be truly called of that name), to keep pace with the extraordinary plethora of money which some favoured institutions are condemned to spend. Within the last week the Asylum for Idiots has received a fifth £1,000 from "N. C. K." The Seamen's Hospital Society has received another £1,000 from "E. R." Mr. Joshua Appleyard has given £1,000 to the Halifax Infirmary, as the nucleus of a fund for the maintenance of convalescent patients at such homes as may be selected. St. Mark's Hospital for Fistula has received a fourth £1,000 from "E. N." The Royal Free Hospital has received a fifth £1,000 from "D. G." The Royal Infirmary for Diseases of Women and Children has received a fourth £1,000 from "E. F. S."

It is believed that the whole of the donations credited in this enumeration to the initial letters are the gift of one and the same person, who, if that supposition be correct, has within the last couple of years contributed a much larger sum than £100,000 to the London Hospitals.

Investigation of Pelvic Disease by Palpation through the Rectum.

M. Gustave Simon de Heidelburgh recommends the use of palpation through the rectum for the investigation of intra-pelvic disease. The patient is first subjected fully to anæsthetic influence, and the fingers, well oiled, are first introduced, then the thumb, and, finally, the hand bores, or makes its way; once the sphincter is passed there is comparatively no difficulty. Should the sphincter form a difficulty, it may be divided or "nicked" in several places sufficiently to allow the passage of the hand; M. Simon declares that patients on whom he practised the latter procedure found no inconvenience from it.

Tumour of the Pons Varolii causing Remarkable Symptoms.

Dr. Feriole (*L'Union Medicale*) relates an interesting case of a young man of 26, who suffered from several remarkable symptoms—phthisis, syphilis treated by mercury and iodide of potash—he subsequently got severe paroxysmal pains in the head and paralysis of the right hand; from these he somewhat recovered, his intelligence was perfect; the left eye became somewhat fixed, and the notion of abduction was lost, and the sight became double; he gradually got stupid and had severe headache. Death by wasting ensued. A careful autopsy was made: there were tuberculous lungs and pleural adhesions, the meninges of the head were healthy. The 6th and 3rd nerves appeared healthy at their origin; by a median section of the pons varolii a tumour of the size of a cherry was discovered; it was firm when cut, yellow-white in colour, and completely without vascularity or juice, and rather resembling in structure the confluent tubercle of bone; it was seated near the roof of the 4th ventricle; the nervous substance around was congested. This appears to be another illustration of syphilitic deposit in the nervous substance; the history points to a mixture of syphilis and struma.

A Solution of Chloride of Iron.

Mr. Edward Butler says, in the *Pharm. Jour.*, if a quantity of liquor ferri alkalini, P.L. 1824, be kept until it has deposited a part of its iron as hydrated peroxide, this deposit, if filtered off, washed frequently, and added while moist to a weak solution of hydrochloric acid, about fʒj. strong acid to fʒxv. of water, and the solution filtered, presents the following peculiarities:—

It is a deep garnet red colour instead of yellow.

It has scarcely any taste, either acid or ferrous, but is very astringent.

This preparation seems to answer to the article mentioned by Mr. Squire, in his last edition of the "Companion to the Pharmacopœia," as liq. ferri chloroxidi.

Frequent Meals for Invalids.

"A little and often—like the little birds," is a direction we have frequently given to our patients respecting the manner of taking food. This method of dealing with invalids has been reduced to a system by one of the leading living physicians, and its results are almost as interesting to the public as to the Profession, for they show how much may be accomplished by an adaptation of the diet to the circumstances of the patient. One authority to whom we have referred as having carried our practice to the farthest limits is Dr. Brown-Séquard who, in the *Bull. Gén. de Thér.* (Feb., 1873) relates that he had in 1856 to treat a case of very severe dyspepsia, and employed this method which he has since made use of in many cases of dyspepsia, chlorosis, and anæmia, and nervous diseases from gastric lesions, or poverty of the blood, obtaining sometimes excellent results. In only one or two cases does he remember evil results to have been at all spoken of. The first patient he treated was a man, æt. 34, a student of science, but reduced by many causes to a very weak state of health. For eight years past he had abandoned himself to excessive study, without taking any exercise, and living almost always in bad air. He slept very little indeed, and occupied 18 or 19 hours of the 24 in writing, reading, or experiments. The diet was very spare, and to save him from requiring much nourishment he was wont to use a great deal of coffee. Gradually he fell into extreme weakness. His digestion, so excellent before thus being put to the proof, had gradually become insufficient. After every meal he complained of great water-brash, and of a sense of fulness and distension of the stomach, gaseous, and acid eructations, and when he did not vomit, the food remained so long in the stomach that on the following morning he vomited the food of the previous day.

Eventually, he was obliged to leave work and keep his bed. But he obtained no amelioration either from rest nor from the various methods of treatment made use of. Emaciation, weakness, and disturbance of digestion went on increasing, and his friends wished to take him into the country. He was so weak that he was taken to the railway station in an invalid carriage. As some days passed away without the position of the patient ameliorating, Dr. Brown-Séquard thought of changing entirely his alimentation as to the quantity of food to be taken at each meal. In place of three times daily he prescribed for him to eat sixty times and more a day; every twelve, fifteen, and twenty minutes he took two or three pieces of solid food, principally meat and bread; every thirty or forty minutes he drank a glassful of Bordeaux wine mixed with water. In the first day of the attempted treatment the digestive disturbances vanished, and in the space of eight days he could return to Paris, not to resume his work, but to prepare to go to the seaside. He continued the same mode of eating for about three weeks, and from then he diminished gradually the number of his repasts, augmenting the quantity taken, until at length from eight to ten times he only ate thrice daily, and each time a full meal. His strength, after the first eight days, returned as before his illness. From that time up till now he has led a very fatiguing life; nevertheless, he sustains it very well, and the dyspepsia only appears rarely and for a very short period.

As we have seen in this case, the method consists in administering each time a small quantity of solid or liquid food, or in drinking at intervals varying from twenty minutes to a half-hour. In this way all food may be taken but during the brief period of the experiment it is very clear that we must yield to the caprices of patients, and that only nutritive foods should constitute their alimentation; for instance, roast meat, or especially the flesh of oxen or sheep, eggs, well baked bread, milk, butter, and a small quantity of vegetables and fruit. This diet should be continued two or three weeks, after which the individual may resume gradually his usual diet of three meals a day. The food may be left to the choice of patients; but the amount of meat daily should at least be twelve ounces. The essential point is that the food be taken every ten or fifteen minutes in very small quantities (two to four mouthfuls), and the totality of solid food taken be thirty-two to forty ounces or a little less, if the patient in place of water, drink tea or milk.

Our race, like the majority of animals, is organised naturally to eat frequently and not, as we are wont, three or four times a day. According to facts observed it appears to Dr. Brown-Séquard undoubted that functional dyspepsia, from whatever cause arising, is kept up or increased by the distension of the walls of the stomach. This is a fact sufficiently well known, and physicians recommend very little fluid to be taken, and that the solids be as nourishing as possible, so as to make the volume of the stomach small, and thus to avoid a too great dilatation of the stomach. But although many patients are much alleviated by such treatment, others continue to suffer, who would, perhaps, have got well with the method just mentioned.

Experiments have proved that the quantity of solid food required for an adult is almost daily from 12 to 18 ounces of cooked meat, and 18 to 24 ounces of bread. As to the quantity of liquid allowed to the patient it was always much less than that indicated by various physiologists of America and Europe, especially Dr. Dalton and Dr. Edward Smith.

It is probable that the amelioration of dyspepsia in this method is caused by the repose of the stomach, and by the modification of the gastric juice. In anæmia and chlorosis without dyspepsia, the efficacity of this treatment consists in the rapidity of the formation of the blood from the notable increase of the food which the patients digest.

Dr. Brown-Séquard recommends this treatment in organic disease of the stomach. It was also made use of with good success in the vomiting of pregnancy, and Dr. Brown-Séquard made use of it in a case in which other remedies were unsuccessful.

Eclampsia, caused by Uræmia.

Dr. Gajasy (*All. Wien. Med. Zeit.*, April 15th, 1873) mentions the case of a child, æt. 8 months, brought up by a wet nurse, which, four days after weaning, began to exhibit the following symptoms: Bending of the head to the left side, steadfastness of the eyes, and twitching of the corners of the mouth and hands. In three days constipation set in. These fits became better for some fourteen days, but then recommenced with greater intensity than before; so that at last the fits were continuous. The breathing became more difficult, and cyanosis appeared, the eyes being lifeless and staring, and the thumbs turned in. The diagnosis was eclampsia, caused by a reflex irritation of the medulla oblongata from the peripheric nerves. Eclampsia from dentition difficulties are of the worst consequences of all forms of the disease, since after this form we may see paralysis and idiocy remain. The appearances pointed to uræmic poisoning, for the child cried out, ground its teeth, and moaned; the eyes were turned round about, and it moved its hands and feet continually about, and bloody foam exuded from the mouth, falling off to sleep on the cessation of the fits. Cold water compresses were ordered to the loins, lemonade for drink, and benzoic acid as a remedy. The parents were told to douche the head with cold water whenever an attack came on. The benzoic acid powder was given in doses of one grain every hour. As diet, the child took milk and yolks of eggs. This treatment soon succeeded in putting an end to the fits and the child recovered and became fat and strong.

Mansfield Woodhouse District Hospital.

We learn from the Report of the Committee that during the past year thirty-three cases were treated in this Hospital, and of these twenty-eight were much benefitted by the care and attention they received. One death from accident and two from disease occurred in the Hospital during the same time. Dr. Waring-Curran was re-appointed Medical Officer.

Preservation of Animal Substances.

M. Langorrois has found that putrefaction and decomposition of animal matters can be prevented even when exposed to the air and in an elevated temperature, by the use of small quantities of aniline, or the colouring matters got from coal tar.

The Danger of Incaution in the Manufacture of Propylamine.

An experiment gives the following account of nearly fatal effects accidentally incurred in the preparation of this substance. In separating the iron from the mother liquid of an alcoholic solution of hydrochlorate of trymethylamine, the acidity of the liquid did not seem to require neutralisation by caustic ammonia; he treated it by sulphuret of ammonia; immediately a development of gas took place, in so intense a degree as to cause urgent laryngeal spasm. The operator instinctively ran to the open air, but before proceeding more than a few steps he became unconscious, he had the sensation of being turned rapidly round, and finally fell, and was insensible for about two minutes, followed by uneasiness and almost sickness of stomach.

Bullet Wound and Fracture of the Femur resulting in the Loss of One-third of the Bone in 45 Fragments, by M. Belles.

A young soldier, æt. 19, was wounded in a guerilla ncounter. On the third day after being wounded he vas removed to hospital. Some fragments of bone were hen extracted, and on consultation it was thought lesirable to amputate at the hip-joint, but first to give he patient the possible chance of repair. Extension nd counter-extension was used, and the limb placed in he most favourable position. The thigh wound was vrapped in clothes saturated with camphorated spirit, nd around all a starch bandage with fenestrations pposite to the wounds in the thigh. Fragments and arts of the projectile were removed from time to time, nd after eighteen months' treatment the patient was ischarged, having lost forty-five fragments of bone, ortions of the projectile, and recovery without shortenng of the bone. The fragments, when put together, epresented the middle third of the femur.

Remarkable Case of Rupture of the Heart.

The following is interesting, when we hear so frequently of sudden deaths and coroners' inquests left incomplete for want of *post-mortem* investigation:—A man, æt. 82, suffering from apparent dyspepsia, was in the act of leaving hospital when he suddenly sank down, struck by immediate death. A *post-mortem* examination showed the pericardium full of blood, and the heart also coated over with it. On the back part near to the apex in the groove for the coronary artery, two rents were discovered, one larger than the other, corresponding to a fissure in the left ventricle. The two exterior openings were very close together. The cardiac fibress had lost their transverse markings to a great extent, and contained fatty granules.

Society for Relief of Widows and Orphans of Medical Men.

The Annual General Meeting of the Society was held on Wednesday, April 30th. The chair was taken at half-past eight o'clock, by the President, Dr. Burrows, F.R.S.

Mr. John Gregory Forbes was elected a Vice-President, in the place of Mr. Henry Sterry, deceased. Mr. William Fuller was elected Treasurer, to fill the vacancy caused by the death of Mr. R. S. Eyles. The following gentlemen were elected Directors, to replace the six senior, who retired by rotation, viz.:—Mr. Harston, Mr. Crookes, Dr. Crosby, Dr. Birkett, Dr. Monro, and Mr. Spencer Wells.

The Secretary read a statement, from which it appeared the receipts of the Society for the year 1872 amounted to £3,460, out of which a sum of £340 had to be funded according to the laws; the grants amounted to £2,601 10s., and the expenses of the Society to £2,219 8s., leaving a balance in favour of the Society of about £299.

At the end of the year, there were receiving grants from the funds 55 widows and 34 children, showing a decrease of 9 children on the numbers of the previous year. Through the deaths of recipients and other causes, annual grants to the value of £336 had lapsed, and fresh grants amounting to £349 per annum had been made to 8 widows and 3 children, increasing the liabilities of the Society by £13 per annum.

Legacies to the value of £785 were announced.

The number of members continued much the same, viz.: 9 honorary, 165 life members, and 231 annual subscribers. During the past year the Society had lost the valuable services of Mr. R. B. Upton, Honorary Member and Solicitor; and those of Mr. Hammerton, V.P., Mr. Eyles, Treasurer, and Mr. Martin Ware, formerly President.

M. J. Guyot relates a case of a lady of 68, who, after 18 years' cessation, has recommenced to menstruate regularly, each period lasting for five or six days. No disease of the uterus or its orifice is to be found.

Surgeon Henry Walter Bellew, of the Indian Medical Service, has been made a Companion of the Star of India for services in Seistan. This is the second time this decoration has been bestowed upon an officer of the Indian Medical Service, Dr. Fayrer being the first recipient The service now contains 3 C.B.'s and 2 C.S.I.'s.

M. **Bougareff** has made some curious observations on the effect of cold on the lower animals. Flies exposed to cold became benumbed and apparently dead; when the temperature was raised they returned to vitality and motion. The experiment could be repeated several times.

At the Annual Festival in aid of St. Mark's Hospital, on Friday last, subscriptions to the amount of £1,028, given or promised in the room, were announced; also a fourth donation of £1,000 under the anonyma of "G. M." In the course of his speech Archbishop Manning congratulated the Lord Mayor of London upon the interest he had displayed in the Hospital Sunday movement, and the excellent results which were likely to accrue to all the Medical charities.

A **Bill** which had been filed by Dr. Collis Browne for an injunction to restrain the defendant, Richard Freeman, from issuing certain advertisements and using certain testimonials, came on for hearing in the Court of Chancery last week. In 1864 the point had been virtually settled by the decision of Vice-Chancellor Wood, who, although he stated that the law could not prevent the defendant using the word "Chlorodyne," expressed great disapprobation of the course pursued by him. In the present action the Lord Chancellor confirmed the decision of the Vice-Chancellor, and dismissed the petition.

M. M. **Martin**, in a late discussion at the *Société Thérapeutique*, drew attention to the different appearances of croupal asphyxia, there being a pale asphyxia with blueness of the lips only, as a sign of diphtheria of the smaller tubes, but when the child becomes blue the false membranes have not extended beyond the trachea. Blue asphyxia or cyanosis is therefore an indication favourable to tracheotomy, of which he quoted a remarkable illustration.

A child was suffocating from croup with compressible pulse, and blueness of surface; tracheotomy though proposed was not at the time acquiesced in, but was afterwards performed. The child ceased to breathe in the middle of the operation, and the surgeons stopped her attempt; the mother, however, urged its completion, and the child recovered, and was healed in ten days.

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Literature.

CHAPMAN ON NEURALGIA (a).

(Continued.)

After a chapter on "Painful Excitability of the Spinal Cord" considerable space is devoted to a consideration of Dr. Radcliffe's theory that pain depends essentially on a depressed state of the circulation, of anæmia instead of hyperæmia in the nervous centres; a theory fundamentally opposed to that of Dr. Chapman. The argument from the depressed state of the peripheral circulation is rejected on the ground that peripheral anæmia, so far from being an indication of a similar central state, may much more justly receive the opposite interpretation, as due to the over-action of the vaso-motor centres. Accepting Dr. Radcliffe's somewhat questionable assertion of the relation in time of pain and inflammatory phenomena, that pain rather precedes than accompanies inflammation, Dr. Chapman explains it in a different manner, assuming that the vaso-motor relaxation attending the inflammatory process is conditioned by the exhaustion of the sensory nerve cells which have previously, while in painful activity, held the vessels constricted in reflex spasm. The painlessness of spinal myelitis, and of spinal meningitis apart from movement is one of Dr. Radcliffe's arguments in support of the theory that hyperæmia is antagonistic to pain. On this point, as Dr. Chapman shows, the weight of authority is decidedly opposed to Dr. Radcliffe's facts. (We may remark that some, though certainly not all, of the discrepancy is to be accounted for by the degree of inflammatory change, mere congestive hyperæmia increasing, destructive inflammation annihilating pain.) The phenomena of "pain the result of tenderness" which Dr. Radcliffe is obliged to except from his explanation as contradictory to it, are urged with great force as being fatal to a view, which, if it holds good at all, should do so universally.

The predisposing and exciting causes of neuralgia furnish the subjects of the next two chapters, while the succeeding one is devoted to a consideration of Dr. Anstie's views on the pathology of the affection. To these Dr. Chapman's facts and theories are strongly opposed, and he devotes considerable space and great pains to a detailed consideration of Dr. Anstie's chief positions, that neuralgic phenomena are expressions of defective nutrition, involving lowered vitality of the nerve centres affected and commonly the result of atrophy of the posterior root and sensory centre of the affected nerve. Dr. Chapman objects, and with justice, that in no case of true neuralgia has a *post-mortem* examination revealed such atrophy to exist, and he urges that the history of the symptoms and minute pathological anatomy of locomotor ataxy fail to establish the existence of any state of simple atrophy such as Dr. Anstie infers, but rather point to a primary hyperæmic condition with which the initial pains are connected. A similar objection is urged to the other evidence on which Dr. Anstie relies, viz., the pains of spinal paralysis, and the phenomena of shock, exhaustion, cold, &c., all of which Dr. Chapman believes are associated, not with defective nutrition in the centre concerned, but with hyperæmia, and with increased, instead of lessened, energy.

In the chapter on the treatment of neuralgia the various drugs and methods which have been proposed for its cure by alleviation are passed in review, and the system which the author has introduced, and which he designates the "neuro-dynamic treatment," described at considerable length. The principles on which the method is based are the following (p. 284):—

(1.) The chief function of the sympathetic nervous system consists in regulating the diameters of the blood-vessels throughout the body. (2.) When the sympathetic ganglia are in a state of maximum hyperæmia, the nervous influence from them stimulates the muscular coats of the arteries so excessively as to induce in them a state of tonic spasm which shuts off the blood altogether from a large proportion of the peripheral arteries. (3.) When these ganglia are in a state of maximum anæmia the nervous effluence to the arteries is so feeble that a condition resembling paralysis is induced, and the parts supplied become effused with blood to an extreme degree. (4.) When the spinal cord is in a state of hyperæmia cramps of the involuntary muscles of the alimentary tube, cramps or even convulsions of the voluntary muscles, and excess of glandular activity and of sensibility are likely to ensue. (5.) Every gland is under the influence of a positive-motor nerve distributed to the cells, and a negative-motor nerve distributed to the blood-vessels. (6.) The tissue elements and vessels of every tissue in the body are under similar nerve contr (7.) The sympathetic ganglia and spinal cord can be rendered hyperæmic or anæmic artificially by means of heat in one case and cold in the other applied along the spine. (8.) Cold along the spine will subdue cramps or excessive tension of both voluntary and involuntary muscles, will lessen sensibility, will lessen secretion, and while increasing, within certain limits, the general circulation and bodily heat, is capable by prolonged use of lessening textural nutrition. (9.) Heat applied along the spine will in some cases induce cramps of both voluntary and involuntary muscles, will increase sensibility and secretion, and will lessen the general circulation and bodily heat.

(a) "Neuralgia and Kindred Diseases of the Nervous System; their Nature, Causes, and Treatment: also a Series of Cases exemplifying the Principles and Practice of Neuro-Dynamic Medicine." By John Chapman, M.D., M.R.C.P., M.R.C.S. London: Churchill. 1873.

The three last propositions are developed at length and illustrated by a remarkable series of one hundred cases of neuralgia and other affections treated on the neuro-dynamic method. Some cases were treated by cold, others by heat, along the spine, according as the collateral phenomena presented evidences that the negative- or positive-motor nerves were acting in the greater excess. Besides various forms of superficial and visceral neuralgia, the cases embrace examples of hyperæsthesia, cerebro-spinal fever, cramps, epilepsy, fainting fits, tinnitus, aurium, giddiness, sleeplessness, "tendencies to insanity," impairment of memory, of sight, of sensibility, partial paralysis, expectoration, vomiting, diarrhœa, constipation, various forms of perverted menstrual function, leucorrhœa, prolapse of the uterus, albuminuria, diabetes, all treated by this system with a degree of success which is certainly very remarkable. In several cases of neuralgia of long-standing one or two applications seem to have afforded permanent relief. "Of thirty-six cases of headache, in thirty-five the symptom was completely cured." "Of eighteen cases of uterine neuralgia, in fourteen the neuralgia was thoroughly cured, and in the remaining four a remarkable improvement was effected." "Of twenty-four cases of leucorrhœa in thirteen the discharge was stopped completely, and in the others greatly lessened." The records contain very few instances of failure.

As Dr. Chapman shows in one of his earlier chapters, the phenomena of pain, considered apart from any theory of its causation, lead almost irresistibly to the conclusion that it consists in excessive functional activity of the nerve structures. That many forms of pain may be removed or alleviated by the application of heat or cold to the spine, and that other phenomena not, in the current pathology, associated directly with nervous influences, may be affected in a similar manner, the recorded facts, taking them as they stand (and even allowing for an occasional too hasty assumption of therapeutic influence), seem conclusively to prove. In many important points, too, they have been confirmed by the testimony of independent observers, and have received confirmation to which, for reasons not far to seek, no testimony has been borne. But that the excessive function of which neuralgia is the expression is the *result* of hyperæmia in the centre, and that the "neuro-dynamic treatment" acts by diminishing that hyperæmia, are hypotheses which, however probable they may be, we think can hardly yet be considered as proved. We do not yet know how far perverted direction, instead of augmented degree, of nerve action, may lead to morbid phenomena, and, moreover, from theoretical considerations, it is not improbable that excessive action in a certain direction may exist without any necessary hyperæmia. Dr. Chapman would base his view of the pathology on the effect of the application of cold to the centres; but to render this a proof of their hyperæmic state, we submit that it should be shown that cold can produce the effects attributed to it in no other way than by its action on the vascular supply of the centre. The nervous tissues stand so far apart from all other tissues of the body in their essential characters that an argument from analogy can have but a limited application to them. It may be that the cold and heat have such an influence direct or reflex on the elements of the nerve centre, apart from all action on the vessels, as would explain most of the phenomena Dr. Chapman records.

In conclusion, we would suggest to Dr. Chapman the value of some careful experiments on the effect of his method of treatment on sensation, motion, and secretion, in health; experiments which would be easily made, and might furnish some valuable physiological information as well as useful therapeutic data.

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FISTULA, HÆMORRHOIDS, AND OTHER DISEASES OF THE RECTUM (*a*).

There is not much added to the second edition of Mr. Allingham's excellent treatise of diseases of the rectum. We have, in an extended notice of the first edition, expressed ourselves of the opinion that Mr. Allingham's work is by far the best on the subject he treats of that we are acquainted with. We prophesied, too, that the work would be greatly appreciated by practitioners; and the fact that the first edition has so speedily sold off shows that we were correct in our opinion. Mr. Allingham makes the subject he writes about very clear, and is most precise in his description of the details of operative procedure and after treatment. We trust that the work may pass through many more editions, and be considered, as it ought to be, the standard work on diseases of the rectum.

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Foreign Medical Literature.

THE INDEPENDENCE OF MEDICAL OFFICERS IN THE FRENCH ARMY.

(Translated from *La France Médicale*.)

What family has not, or rather will not in future have, one or several of its members in the army? Mothers who have sons, sisters who have brothers, are you uncertain whether they receive the comforts necessary to maintain them in good health, or in case of their being sick and wounded, that they receive all possible care? And when the young man has to be taken into hospital and you proceed thither to obtain information regarding his condition, to whom do you address yourself? Is it not to the surgeon? The young man is ill in bed. He is ill. What is the matter with him? The surgeon tells you that, and then you inquire what has been the cause. Had his food been sufficient and good, suitably composed of meat and vegetables? In winter had he been warmly clothed? Is the air he breathes pure, or is it poisoned by deleterious emanations? But to the last questions the surgeon, if he is sincere can only make the following answers:—Madam, I am not only a Medical man, but I am also of the army, subject to discipline, and were I to answer you that the food has not been sufficient, that the great coat was thin from long usage, the shoes worse and containing holes, I should be attacking my chiefs. The *Intendance* provides for the requirements of the army, and the *sous intendant* is my chief, my colonel. Discipline! Discipline!! I beg of you madam to ask me no more compromising questions. Nor is it alone to you that I am prevented from telling the truth. I dare not communicate it to the minister (for war) to the general, the council of health, or even to my chief, the divisional Intendant. You appear astonished madam, at least you think I exaggerate. Listen to the following story:—

In 1854, at Constantinople, we had about 15,000 sick distributed among a dozen hospitals. I was then attached

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(*a*) "Fistula, Hæmorrhoids, and other Diseases of the Rectum." By William Allingham, F.R.C.S., Surgeon to St. Mark's Hospital. Second Edition, revised and enlarged. London: Churchill. 1873. Pp. 263.

as surgeon-major, together with several of my *confrères* to that of Gulthané—an establishment consisting of numerous huts, each of which was furnished with two stoves. It was winter, and in the mornings the thermometer in the wards indicated a temperature of 20° below zero, and during the night several patients affected with dysentery had died from the cold. I rushed to the principal Medical officer, with whom I found all my *confrères* pouring out their lamentations. Immediately the principal Medical officer acquainted the sous intendant of what had occurred. The day passed, but nothing was done; we had recommended a third stove to each ward, but none arrived. The following morning more unlooked for deaths, and still two degrees below zero in the wards. We must speak to the principal Medical officer, and he, for the second time, writes to the sous intendant. Nothing; not a reply. The third day the same thing; nor were the defects remedied until the eighth. Why did not the principal Medical officer bring the matter to the notice of the divisional intendant, the Medical inspector, or the general, all of whom were on the spot. Why did he not? Because the regulations in no way authorise him to do so. Medical officers are absolutely prohibited from interfering in administrative details; if they have improvements to suggest, it is to the sous intendant they are to submit them. The Medical officer can only appeal to the divisional intendant in case of abuse of authority—that is to say, in matters altogether personal, as for example, punishment he has received from the sous intendant, and which he believes to have been unmerited. His correspondence with the Medical inspector, as with the Medical Council, must have reference only to such matters as refer to the art of healing—that is to say, in the effects of bleeding, of caustics, and of quinine. As to the general of division, he must only know what is taking place by means of reports by the visiting officers to the hospitals, who, in active service, have plenty more to do than listen to reports by sick men.

The principal Medical officer stands to the sous intendant in precisely the same relation that a *chef de bataillon* holds with regard to his colonel; the sous intendant has the initiative in all that relates to his advancement. The principal Medical officer is the *agent* of the sous intendant, in company with the apothecary, the purveyor, and other *agents.*

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LEGAL MEDICINE.

(Notes on a Lecture by Dr. Pietro Ziliotto, of Venice, on "Rupture of the Hymen.")

By Dr. C. R. Drysdale.

In the February number of that excellent journal, the *Giornale Veneto de Scienze Mediche*, Dr. P. Ziliotto, of Venice, remarks of physical virginity in the words of Zacchia, "est autem qualitas quædem mulieris a naturâ, ex integritate muliebrum vasorum resultaus, quamdiu a maris conjunctione illabata servantur." There is no part of the human body which has given food for more diverse opinions, has been said to be composed of more various materials, has exhibited greater difference in form, or has been described in vaguer terms than the hymen. Some deny the very existence of this body, others will have it to be one of those essential to all women, and some, finally, assert that it is found in the female of all animals. It was believed formerly that there watched, at the entrance of the vagina, as guardian of the interests of the virgin, an obstacle not to be overcome without the effusion of blood; an obstacle which Avicenna, with other writers, designated as a "ligamentous body," some called a "fleshy" body, while Berengario called it a "venous network," Fallopius, a "nervous network," Pinea, a junction of four carunculæ of the form of a myrtle, and of some other conical bodies, soldered together like a rose-bud.

The appearance of this body is sometimes that of a membrane, arising from the whole circumference of the vagina, at other times arising only from the base or sides. The aperture at one time is concave upwards, at other times it is in the centre, and at other times it surrounds only an arc of the vagina. Its edge at one time resembles an eclipse, at another, a continuous and tense circle; and in some cases it resembles a ring with a fringed border. This body is called by some *flosculum;* by others, *lilium;* and by others, *columna* or *claustrum virginitalis.* It is now the universal opinion that the hymen in virgins closes up, like a curtain, the entrance from the vestibule into the vagina.

In cases of defloration, the labia majora and nymphæ are not necessarily sensibly injured in their own constitution, and only appear reddened and more swollen than usual. The fourchette may remain intact, and only be broken in labour. The navicular fossa remains when deep, and is only obliterated after repeated connections. Laceration of the hymen alone is the sign of loss of virginity, when, as usually happens, this membrane becomes broken at the first congress.

A vulgar proof, but by no means a faithful proof of defloration, is the spilling of blood at the first congress; and there is, perhaps, no belief more diffused abroad than the significance of such bleeding in defloration; and, among the common people of Italy, where the most secret ceremonies of marriage are almost public property, it is the custom to show the blood as witness of the chastity of the wife and the honour of the husband; but we must repeat, the most consistent sign of defloration is the rupture of the hymen, a circumstance which, in former days, as Farinaccio observes, also used to be the proof of it.

It is affirmed that this proof is deceitful, because sometime congress has taken place, and notwithstanding this, the hymen has remained intact, but we must not forget that, during the period of menstruation in profuse menorrhagia, the hymen sometimes softens so much as to allow the male organ to pass without being ruptured. Some assert that the hymen may be absent, but the history of medicine registers but one case of such want of the hymen, which Capuron observed in a newly-born child; and, again, the opinion of Heister and of Graeffe, that the hymen becomes gradually thinner after some years, shortens, and disappears, has never been confirmed. It is said, again, that some women have become mothers, although still preserving their hymen, but this fact only proves that fecundation may take place, notwithstanding an imperfect congress, and whilst the signs of physical virginity still exist. Hence the important statement:

"From such things it is allowed to infer, that if the hymen is lacerated and destroyed, defloration has taken place nine hundred and ninety-nine cases in a thousand."

Passing from connexion to the other actions capable of disturbing the continuity of the membrane, we come to certain mechanical accidents, and to some diseases. It may be understood, of course, and then we may be silent, that any rigid body, whose volume exceeds the diameter of the mouth of the vagina, and is thrust in forcibly, may lacerate the hymen, but we cannot pass in silence that the irregular direction of the generative instincts sometimes injure it.

Between ten and twelve years of age principally, masturbation often imitates copulation, whether because bad example instigates to it, or because the discovered difference of the sexes excites the irritability of the organs. Masturbation was commonly practised in Greece, where women were despised by men, and where the semen of the male, according to Galen's remark, was considered as injurious. This is the vice of the South of Asia and of Africa, especially among women imprisoned in the seraglios of great lords. It is a very natural thing that slaves should delight in secret pleasure in those prisons, where one man alone is always master of all, and is never a diligent husband to anyone, and where women can in no way dream of infidelity amidst the wakeful guards who surround them.

Masturbation in the virgin, if it be inveterate especially, is wont to leave a notable enlargement of the aperture, and a redness of the edge of the hymen, but not those profound injuries which are caused by violence, and which are proper to defloration. It is not to be supposed, said Foderé very judiciously, that a woman herself would attempt such acts with force enough to cause ruptures of the hymen, which in all cases are painful, of her own accord. Still less do riding on horse back, leaping, or running, leave signs which resemble those of defloration. Certainly, falls on acute or cutting bodies, and wounds may destroy the integrity of the hymen, but lesions of such nature carry in their face the character of their origin, and differ in seat, form, and extension from the simple rupture of the membrane occurring in congress.

Among diseases, if we lay aside syphilitic ulcers, rodent herpetic eruptions, or gangrene, we shall find none others which could cause destruction of the membrane ; and the specific forms and the marks of such diseases suffice to explain the effects of such as are the causes of defloration.

The rupture of the hymen is, then, various, as I said, in seat, form and extension, according to the density and resistance of that membrane, according to the position and form of its aperture, and according to the quality and force of the lacerating body. Thus, if the hymen have an elliptical opening, its laceration generally takes place vertically, and one fragment goes to one side, the other to the other. If it have a semi-lunar opening, its lesion may be double, with two lateral fragments and the third between. If the hymen be like a partition, with an aperture in the centre, there may be four pieces. Lastly the membrane, stripped from its lateral origin, may sometimes be found almost swimming in the bottom of the vestibulum. Recent rupture of the hymen has the quality of a wound with red and bleeding edges, and inflammation brings on a swelling which may retard cicatrisation ; each fragment has an edge of its own, nor does it usually touch its neighbours, hence the origin of the mystiform caruncles. This process usually lasts from eight to fifteen days, but the degree of the inflammation, rest, or repeated connexion, may hurry on, or lengthen out this period. In recent connexion, the mouth of the vagina is wide open, and a coloured viscid humour escapes.

Sometimes the fragments of the hymen do not contract ; they may form on either side a large fold, sinuous, and as if curled up, which in part occludes the mouth of the vagina, and sometimes thus glued together by mucus they simulate an intact hymen, and sometimes they move freely in front of the mouth of the vagina. If the force whence results the rupture be not followed by complete congresses, and if these be not repeated, said condition may remain a long time. But if the pieces into which the hymen is reduced contract, we see them gradually become smaller, and lastly constituting the caruncles of which we spoke.

The vagina may return to its narrow and wrinkled state after congress ; but if connexions are frequent, the mystiform caruncles become gradually smaller, and the vagina more capacious and notably wider.

These notes from Dr. Ziliotto have seemed to the translator to contain a good deal that will be somewhat novel to English readers of works on jurisprudence. It is not at all unfrequently stated in this country by able writers on obstetrics, and others, that after the age of twenty or thereabouts, there is no certainty that the hymen shall be found intact, and this quite independently of congress. Dr. Ziliotto is of quite a different opinion, and states that connexion is in 999 cases in 1,000 *the cause* of rupture and disappearance of the hymen.

Correspondence.

AN URGENT APPEAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I take this opportunity of farther making known through the medium of your paper the facts of a very sad case, feeling quite sure that it only requires to be mentioned to elicit sympathy and relief from those of his professional brethren in Dublin and the country who are able in some small way to assist, and who have not done so already.

Dr. William B. Clayton, who was nearly thirty years connected with the Dispensary of Athy, co. Kildare, whilst driving home on the night of the 23rd of March from paying a professional visit, when passing through the town his Croydon came in contact with a heap on the road. He was thrown out on his head. He, however, managed to pick himself up, and got home just in time to tell what had happened to him. He became unconscious at once ; symptoms of compression of the brain set in, and he died in two days afterwards from extravasation of blood, &c., leaving a wife and eight children wholly unprovided for. Dr. Clayton was a man of sterling character, upright and honourable in all his actions, and died respected by all who knew him. Leaving his family in such needy circumstances was no fault of his, as he tried to insure his life for them some years ago, but was found at the time ineligible. A fund is now being raised for the family. Subscriptions have been received from all parts of Ireland, but it is still very inadequate ; and I and the undersigned gentlemen will only be too delighted to receive and acknowledge any contributions sent to us for the above-named fund. Dr. Clayton's eldest son is a second year's student in medicine, and it would be hard to think he should be prevented from proceeding for want of pecuniary assistance.

I am, Sir,
LAMBERT H. ORMSBY,
Surgeon to the Meath Hospital,
Dublin.

P.S.—Gentlemen who will also receive subscriptions :—
Rev. Henry McDonald, The Rectory, Athy, Co. Kildare ;
Rev. R. W. Baggot, Fonstourne, Glebe, Co. Kildare ;
F. M. Carroll, Esq., J.P., Moon, Ballytore, Co. Kildare ;
Frederick Houghton, Esq., Levetstown, Athy, Co. Kildare.

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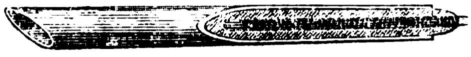
A NEW INSTRUMENT FOR VACCINATING.

DR JOHN SHORTT, Superintendent-General of Vaccination at Madras, has introduced the instrument exhibited in the accompanying drawing as a vaccinator for the purpose of vaccinating. It is the only instrument used throughout the whole vaccinating department of the Madras Presidency during the last six years. This vaccinator consists of four common sewing needles No. 5 tied together and fixed roughly into the shaft of a quill with sealing wax, and the instrument is ready for use. The whole length of the needles are placed within the shaft, except the nearest points, of which about one or two lines only protrude beyond the wax that fastens them to the shaft, care being taken to see that the points are level and that they do not touch each other ; no especial care is necessary to keep the points free, for when the needles are placed side by side and tied together, the difference of size in the body will prove sufficient to keep the points from touching each other. With this instrument the vaccine vesicle should be gently scratched so as to rupture the cells and let the lymph



out, into which the points are dipped and the needles subsequently pricked into the skin of the arms of the subject required to be operated on. Care should be taken not to allow the needle points to touch the raw surface of the lymph-supplying vesicle, as it will cause pain and make the child struggle and cry. This can be avoided by allowing the lymph to collect into a drop or by laying the needle points flat or horizontally on to the vesicle to coat them with lymph. By attending to these particulars vaccination can be carried on with the greatest ease and rapidity. In using preserved lymph, the lymph is either gently blown on to the part intended to be operated on and the part is then pricked with the needle, or if economy of lymph be necessary, the tube lymph can be blown on to a plate of glass and the needle then be inserted in the lymph and pricked into the arms. The punctures caused by the needles do not bleed as a rule, and all that is seen at the part is a slight rising of the skin, and there may be visible four minute blood points after a while. If the needle is well dipped into the lymph only one insertion is necessary; but the vaccinators prick the part two or three times over, and when properly done the pain of the operation is so trifling that most children do not cry nor even flinch from the operation. As a rule six distinct insertions are made, three on each arm, about half to one inch apart from each other; when the needle is dipped into the lymph the points are simply coated with it, and by the insertion of the needles the lymph is carried beneath the skin, and when withdrawn the resilient skin wipes the lymph clean off the points. Care should be taken to keep the needle points clean and prevent them from rusting; for this purpose a piece of wollen cloth stepped in oil is used with which the needles are cleaned after every operation. The only drawback to the use of these needles is, that after being in use for some time the needles become brittle and the points snap off. A similar instrument is used by the native women of Domber, Corava, and other tribes to tatoo the skin with, and it is from seeing the instrument used for tatooing the thought struck me that the same might be used to vaccinate with. The advantages in the use of these needles are:—

1. Economy as to supplies of lymph; for as much lymph as will coat the points of the needles is only necessary for the success of the operation as such.

2. The operation giving less pain and causing no bleeding from the insertion, so as to cause alarm to mothers. It is advantageous also for the success of the operation as the lymph is not washed out of the punctures.

3. Indian mothers frequently take alarm at the sight of a sharp bright lancet, but do not notice the needles.

4. Economy as to cost of instrument. A lancet costs from one to two shillings, the needles cost about one anna or three-halfpence each.

5. There is a possibility of children getting wounded with a sharp instrument as the lancet, as Indian children struggle and shriek from fright after the first insertion is made. Such is not the case with the needles.

During the last six years 1,522,994 (on persons whose ages ranged from six weeks to fifty years) operations have been performed successfully with these needles, giving a percentage of 89·17 per cent to the number vaccinated; and, as far as my own personal experience extends, if the operation is properly conducted, the failure with the needle instrument is next to nothing. The percentage 89·17 is extremely good when considered that it is the work of a whole department, among whom are many bad and careless operators besides a number of recruits.

The Prudential Life Assurance.—This Company has just issued its Twenty-Fourth Annual Report, which considering the uncertainty that has existed in the minds of many since the notorious and lamentable collapses of the Albert, Medical, and the European Companies, is about as satisfactory as could be desired. The increase in the sum assured during the past year, has reached the respectable figure of £78,000.

Scraps from the Editor's Table.

MANUAL EXPLORATION OF THE RECTUM.

Dr. Gustave Simon, Professor of Surgery in Heidelberg, practices a method of exploring the rectum and the adjacent organs by introducing the whole hand and part of the forearm, the patient being deeply narcotized. In children, two fingers only can be introduced, but in adults the hand unless its circumference exceed nine and three-fourths; and this may often be done without lacerating the sphincter. If the latter be found rigid it may be cut into, the part contiguous to the os coccygis being preferred; the bend of the rectum is thereby rectified, and defæcation made easy. During the first few days succeeding the manipulation, considerable pain is present, which however disappears, and after ten or twelve days the wound is healed and the sphincter acts as before.

By this procedure, the sigmoid flexure may often be reached, and in more rare instances the lower end of the left kidney; the state of the womb, the ovaries, bladder and intestines may be investigated; carcinomatous masses may be removed by scooping them out of the rectum; fistulæ, which formerly were beyond surgical interference, may be operated on, &c. Independently of Simon, Dr. Nussbaum instituted similar proceedings at Munich, and is said to have reached so far with his fingers as to touch the processus ensiformis.

CONSERVATIVE PURPOSE OF UTERINE CANCER.

Under this head Professor King, of the National Medical College at Washington, occupies thirty pages of the *American Journal of Obstetrics* in an elaborate and highly ingenious essay. Our readers will be gratified no doubt by the perusal of the concluding paragraph:—

"In conclusion, speaking figuratively cancer is like the twig that naturally intended to grow in a perpendicular direction, until reaching the towering height of a vertical oak, it becomes by being bent first to the right, and then to the left, then laterally again and again, a crooked, knotted and irregular dwarf. The evolutionary nature of the cancerous organ has, so to speak, been lashed into a pathological fury—goaded to madness—tortured into suicide; like the teased viper, it turns to bite itself with the identical fang naturally designed for its own preservation. Just as a shell, fired at an enemy in a direct line, by unluckily impinging upon a succession of oblique surfaces, may eventually describe a circle and return to burst in the face of the gunner himself; it was fired with the same conservative design of self-preservation nevertheless."

A FRENCH ANCEDOTE.

When interesting events don't occur, the French reporters can easily make them to order. Of this class, we take it, is an ancedote in a late number of the *Repertoire de Pharmacie.* It is headed "Danger de la Gourmandise dans une Pharmacie." It is related that an assistant to a pharmacien in Paris, had to prepare some arsenic granules lately, and having made the paste, he cut it into strips, and set it aside on a high shelf till the next day, to dry. Soon after, a young American lady, very tall, brought a prescription and decided to wait until it was prepared. While the pharmacien was busy at the dispensary this young lady, says our authority, "put herself to the inspection of the pharmacy, handling everything within her reach, according to a custom too general among foreigners." At last, she came to the arsenic paste, and thinking she had discovered some Pâte de Guimauve, proceeded to enjoy herself. By good chance, the pharmacien noticed her just in time to prevent her swallowing the poison, and her death was thereby averted. But with a comic solemnity, he relates how she refused to be frightened at her narrow escape, the words *acide arsenieux* having apparently no terrors for her. Probably, she failed to understand him, or else, was most familiar with the substance as a beautifier of the complexion.—*Medical and Surgical Reporter*.

THE DERIVATION OF "RACHITIS."

A NOTE in *The Nation* says :—"*Rachitis* is doctors' latin, as 'aysiamentum' is, or used to be, lawyers' latin. Dr. Glisson's treatise, *De Rachitide*, was written about thirty years after the disease made its appearance in England. He states that, from the first, it was everywhere called by the common people 'the Rickets ;' that it had no other name ; but that when, where, or by whom this name was given, neither he nor any one else could find out. One day, some physicians were consulting as to the name by which the new disease should be designated by the Medical Profession and in books. 'One of us,' says Dr. Glisson, 'hit upon *νόσος ραχότις*, or *ραχίτις*, *morbus spinalis.*' The suggestion was made and received as a joke, but on reflection there seemed to be some good reasons for adopting it. It had a familiar sound, was easily learned and remembered, and besides it would have an influence to redeem from barbarism the popular English name of *Rickets* ('denique videmur hoc nomine Anglicum nomen, tanto populi consensu receptum a barbarie liberare') ; for 'Rickets' might be understood to be merely a corruption of *ραχίτις*, 'the difference between the two words not being greater than is often made by the vulgar pronunciation of a word adopted from a foreign language.' And so this designation was accepted, and the doctors agreed that the common English name should be retained, as if coming from a pseudo-Latin word *Rachitis*, formed from the Greek adjective ('*ficta voce* Latina substantiva ex Græca adjectiva.') The device was uccessful, and Glisson's hypothetical etymology passed cur-ent with the dictionary-makers."—*Medical and Surgical Re-orter.*

THE CURE OF STAMMERING.

THE mode of treatment followed by M. Chervin, of Lyons, this affection, has lately been the subject of investigation y a commission appointed by the Department Council. The mmissioners state that they find the system successful, pid, and permanent in its effects ; which opinion confirms ose of earlier date, given by commissions appointed in rance, Belgium, &c.

Eight patients, severely affected with stuttering, were sub-itted, under the observation of the commissioners, to the stem of M. Chervin. They varied, in age, from ten to enty-nine years, and none of them could speak without mmering to an extent most distressing to themselves and to se who heard and saw them. On the twenty-eighth day they re pronounced cured, speaking then with natural ease and idity.

The system is as follows :—All mechanical contrivances are arded ; but he teaches the patient, by means of a large nber of exercises, gradually to pronounce with distinctness els, consonants, syllables, and sentences. He pays great ntion to the act of respiration, which he seeks to regulate. teaches his patients to take, at certain intervals, a slow but mal inspiration, which is succeeded by an even, continuous loud expiration, during which pronunciation is effected. course of treatment occupies twenty days, the time being ded into three periods. During the first the patient is re-ted to complete silence, so that the old habit may be broken ; ng the second period the patient is taught to speak slowly deliberately ; and during the third period he acquires the t of speaking fluently and without clipping the words. method is stated to have succeeded in the most difficult s, and the good results are said to be permanent ; but this tly depends on the patient, who must occasionally make of the means which were first used to cure him.—*New Medical Record.*

Gleanings.

Carbolic Acid as a Local Anæsthetic.

OLLIER, of Lyons (*Bull. Gén. de Thérapeutique*, 1872, Juillet ; *Centralblatt*, 1873, p. 672), relates two cases of gangrene from the application of carbolic acid. In the first case, the finger of a girl, æt. 13, who had a splinter under the nail, was dipped in the acid, and then enveloped in a compress wet with the same solution. At the end of eight days, the finger was entirely gangrenous above the middle of the second phalanx. He then experimented on rabbits and fowls. The first animals, whose limbs were plunged in concentrated carbolic acid for from three to five minutes, died of poisoning in a few hours. Those who survived had gangrene. In order to prevent the poisoning, a ligature was placed around the limb previous to immersion. Five minutes of immersion then sufficed to produce death to the part.

Ollier though that he might be able in this way to amputate fingers and toes without danger or pain, but an attempt upon the great toe failed, on account of the thickness of the epidermis. Dr. Bill, of the U. S. Army (*Am. Jour. Med. Sci.; Boston Med. and Surg. Jour.*, Dec. 1, 1870), found carbolic acid a powerful local anæsthetic. He was able to cut down upon his own radial artery without pain, and performed several operations of similar character.

A. H. Smith (*Medical and Surgical Reporter*, 1872, p. 535) obtained similar results.

Carbolic Acid and other Antiseptics.

WILDE (*Deutsches Archiv. f. Klin. Med.*, 1872, x., 55—69., *Centralblatt*, 1872, p. 558) communicates several cases of traumatic erysipelas in which he had very favourable results from the subcutaneous injection of sulpho-carbolate of soda. In three or four places, at the borders of the erysipelatous parts, injections were daily made with a solution of one to twelve parts of the amorphous salt (Schering's), after which the erysipelas disappeared on the third or fourth day.

Zapolsky (*Hoppe-Seyler's Medicinisch. Chem. Untersuchungen*, 1871) examined the effect of carbolic acid on various fermentations. Solutions of albuminous bodies are precipitated by carbolic acid only when the solutions of the latter are almost concentrated, and the reaction of the fluid neither very acid nor alkaline. Carbolic acid does not prevent the action of emulsin nor amygdalyn, nor that of diastaste nor of the saliva upon the starch.

It hinders digestion of fibrin by pepsin the more strongly the stronger the solution ; and, if carbolic acid is present in sufficient quantity, entirely stops it. In order entirely to prevent digestion, however, it appears necessary that the fluid present should consist of at least fifty per cent. of carbolic acid.

Hoppe-Seyler (*Op. cit.*) concludes that the destruction of the inferior organisms (infusoria) accompanying putrefaction may be accomplished by a small quantity of carbolic acid, but that fermentations can be prevented only by a much larger quantity.

In order to be perfectly sure that no inferior organisms can live in a fluid, it must contain at least one per cent. of crystallised carbolic acid. Even if putrefaction goes on slowly at this grade of concentration, yet all living organisms in such a fluid become motionless. At a strength of more than two per cent., the putrefaction also comes to a standstill, and the ferments appear to be gradually precipitated. Solutions for surgical dressings should be of at least this strength.

Hoppe-Seyler thinks that in rules for disinfection, sufficient attention is not paid to the purification of the air in vaults, &c.

He considers sulphurous acid especially applicable to this purpose, and he also recommends it, on the ground of experiment, for disinfecting bread-rooms and (army)bread-wagons.

It is, of course, obtained with great ease by the burning of sulphur. Sulphurous acid is, usually, only casually mentioned in rules for disinfection, but Hoppe-Seyler would assign it the chief rank as compared with chloride of lime or carbolic acid for fluids.

Jüdell (*Hoppe-Seyler's Medicinisch. Chem. Untersuchungen*, 1868) determined that one-fourth of one per cent, by volume, of sulphurous acid is capable of destroying the life of the yeast plant in a short time, while the colour of various cloths was not destroyed in twenty-four hours by one-half of one per cent., by volume. It would seem, from this, that, if infection germs possess as much sensitiveness to sulphurous acid as the yeast plant (and with carbolic acid they possess much greater), an amount of sulphurous acid may be generated in a room sufficient to completly disinfect it without bleaching the clothing and furniture.

Rabuteau and Pappilon (*Comptes Rendus*, 1872, lxxv.; *Centralblatt*, 1872, P. 865) have examined the action of silicate of soda on various fermentative processes, and conclude that this salt, in two per cent. solution, prevents the alcholic and lactic fermentations, decomposition of urea into carbonate of ammonia, and the action of emulsin or amygdalin, or delays them in a more dilute solution. The action of the silicate is more energetic than that of the borate, and the experimenters see in this fact a confirmation of the proposition stated by Rabuteau, that simple bodies are the more active the higher their atomic weight.

Roth (*Deutsche Klinik*, 1872, Nos. 40 and 42; *Centralblatt*, 1872, p. 752) supposes that he protected many persons, during an epidemic, from everything but the most insignificant attack of smollpox, by the use of one half to one dessert-spoonful of aromatic or common vinegar. Would not an "acetum sarraceniæ purpureæ cum xylolo," as combining several specifics, be a good thing?

Quinia and its Substitutes.

Briquet (*Bulletin de l'Academie de Medecine* 1872, No. 33; *Centralblatt*, 1872. p. 880) recommends the use of sulphate of cinchona instead of the sulphate of quinia, for the sake of its cheapness. The cinchona is twice as abundantly contained in the brown and red cinchona barks as the quinia. He showed, by experiments upon animals and by statistics, that cinchona does not essentially differ in the symptoms produced, and in therapeutic effects obtained from quinia. Its taste is far less bitter. He does not state distinctly what he supposes the ratio of the dose of the two alkaloids producing equal therapeutic effects may be, although he mentions six tenths to one gramme (nine to fifteen grains) as the quantity to be given, in divided doses, before an expected chill. This is far from a very large dose of quinia; and it would seem that he considers the doses to be nearly the same. The proper dose of cinchona is often stated as from one and a half times to twice that of quinia.

Mosler (*Deutsches Archiv. f. Klin. Med.*, x., 159, 165; *Centralblatt* 1872, p. 574) determined by measurement, that Eucalyptus globulus (tincture or alcholic and watery extract, subcutaneously or by the mouth) caused contraction of the spleen. He recommends it as a substitute for quinia in the treatment of enlargement of that organ.

Dujardin Beaumetz (*Gazette Medicale*, 1872, Nos. 37, 38, 39; *Centralblatt*, 1872, p. 782) reports six cases of intermittent fever treated successfully by picrate of ammonia. The smallest successful dose was five centigrammes (eight-tenths of a grain) in five days; the largest, given in a case of tertian, twenty-four centigrammes (three and a half grains) in five days. The daily dose never exceeded six centigrammes. In all cases, permanent cure occurred after four to eight days. Attacks were not immediately cut short, with exception of the tertian. Yellow coloration of skin, prickling, disturbance of digestion, abnormal symptoms on the part of nervous centres, did not occur. The size of the spleen was not diminished. The number of cases is not large enough, nor the result decisive enough, to establish picrate of ammonia as a substitute for quinia. Picric acid and its salts have often been recommended and used before. It is well known that many mild cases of intermittent, especially in regions where the malady does not originate, yield to various drugs of little power.

Ergot.

Hildebrandt (*Berliner Klin. Wochenschift*, 1872, No. 25; *Centralblatt*, 1872, p. 591) treated nine cases of intra-uterine tumours with subcutaneous injections of a solution of ergotin in glycerine. The most troublesome symptoms disappeared quite soon, and, after longer treatment, the tumours themselves diminished. Four times, the diminution of the fibro-myoma was determined beyond a doubt, and once it entirely disappeared. He supposes that the nutrition of the tumour is interfered with, both by the contraction of the vessels supplying it with blood, and also by the general compression it experiences from the surrounding walls of the uterus. The disadvantages of this method of treatment seem to be pain and local hardening at the points of injection.

Drasche (*Wiener Med. Wochenschrift*, 1872, Nos. 37-40; *Centralblatt*, 1872, p. 896) states that besides the hæmostatic effects of injections of ergotine, there may be observed an immediate lowering of the frequency of the pulse by five or six beats, and an increase of temperature by some tenths. From sphygmographic traces, he infers narrowing of the vessels.

Apomorphia.

Queil (*Centralblatt* 1873, 685) obtained from small doses of apomorphia nearly the same results as have before been stated (see *Journal*, Sept. 26th, 1872). The preparation used by him did not, however, lose its activity so rapidly as other authors have found it to do.

After two decigrammes (about three grains), a poisonous dose, no vomiting took place, but stupor, diminution of reflex excitability, paresis of posterior extremities, continuous *mouvements de manège*. Death never took place with this dose, and the nutrition seemed to suffer scarcely at all.

In a dog which died after three decigrammes, a marked circumscribed hyperæmia of the *pons Varolii* and the neighbouring parts of the base of the brain was the only lesion observed. Vomiting either from small or large doses, may be prevented by section of the pneumogastrics. (This fact has been denied by Riegel.)

Loeb (*Berliner Klin. Wochenschrift*, 1872, 400; *Centralblatt*, 1872, p. 720) has used apomorphia as an emetic in his practice. In a case of poisoning by oil of bitter almonds, he found it very useful, administered subcutaneously, in the dose of eight milligrammes (one-eighth of a grain). Some individuals, however, are met with who are not sensitive even to larger doses. Alarming syncope or collapse appears to be occasionally encountered, especially in children. He has seen no abscesses formed at the place of injection, but enduring and painful indurations.

Chloral and Strychnia.

Ore (*Gazette des Hôpitaux*, 1872, Nos. 103 and 104; *Centralblatt*, 1872, page 848) was able to produce complete anæsthesia in dogs by the direct injection into the veins, of fifteen to thirty grains of chloral. The pulse increases in frequency and becomes irregular, and in five minutes at most the animal appears lifeless, with the exception of certain reflex movements. The larger the dose, the more rapid the onset of the symptoms. Strychnia being given at the same time, in a dose somewhat but not too much exceeding the fatal, he succeeded in one case in saving the animal. If the dose were too large, life was prolonged for some hours. On these grounds, he recommends the injection of chloral into the veins in cases of tetanus.

He does not, however (*Journal Anat. and Phys.*, Nov., 1[illegible]) find that strychnia is an antidote for chloral, although it postpones the fatal result in some instances.

Turner (*Med. and Surg. Reporter*, xxvi., 1872, p. 52[illegible]; *Centralblatt*, 1872, p. 560) reports the case of an Indian, who took something bitter in his food, and soon after was attacked with spasms, chiefly of an opisthotonic character. He gave thirty grains of chloral at the first attack after seeing him, and seventy-five grains in about an hour and a half. The spasms then ceased for several hours, and thirty grains were again given, after which there was no return of the cramps, and the patient recovered completely.

Hydro-Therapeutics.

Riegel (*Deutsches Archiv. f. Klin. Med.*, 1872, x., page 515-530; *Centralblatt*, 1872, page 879) recommends local absorption of heat in typhoid by means of ice-bags to the back and on the abdomen. He says this method is more agreeable and less troublesome so the patients, and diminishes the average daily temperature in the axilla, more than full baths of 66° temperature and ten minutes' duration every two hours.—*Boston Medical and Surgical Journal.*

The Phenomena of Menstruation.

The views of Pflüger (*Schroeder's Manual of Obstetrics*) with reference to the cause of the phenomena of menstruation, are as follows:—A constant irritation is exerted on the extremities of the nerves imbedded in the fibrous stroma of the ovary by the slow but uninterrupted growth of the Graafian follicle. This is not sufficiently intense to produce reflex action at once, but in the inter-menstrual period, the total irritation is so great that reflex action takes place in the form of marked arterial congestion. This sudden increase in the amount of blood produces essentially two results. In the first place, the Graafian follicle which is the farthest advanced in development ruptures, in consequence of the increased intra-follicular pressure; while, in the second place, a hæmorrhage takes place from the free surface of the uterine mucous membrane; hence, the escape of the ovum from the follicle, and the menstrual flow.

Carbazotate of Ammonia in Place of Sulphate of Quinine.

Dr. Dujardin-Beaumetz recently reported to the *Société de Thérapeutique de Paris* his investigation of the character of this combination of ammonia with carbazotic, picric, or trinitrophenic acid, and especially with reference to its use as a substitute for sulphate of quinine. After mentioning the successful employment of this salt in the treatment of intermittent fever by several persons, Dr. Beaumetz detailed six cases treated with like result by himself, and also mentioned the results of experiments made upon both men and animals. Like quinine, carbazotate of ammonia diminishes the strength of the pulse and induces languor, cephalalgia, and even delirium, and finally is eliminated by the kidneys.

The Doctor thinks that one-third to two-thirds of a grain daily will suffice to suppress the paroxysms of intermittent fever, and says that, given in these doses, the drug has not been known to produce bad effects; indeed, it seems to be better tolerated than sulphate of quinine, the physiological action of which it resembles.

Eclampsia Nutans.

In the last number of the *Liverpool and Manchester Medical and Surgical Reports*, Dr. Henry Barnes, of Carlisle, records a case of this very rare disease:—Eclampsia Nutans is the name given to a peculiar convulsive disorder occurring in children, and characterised by paroxysms of rapid involuntary bowing or nodding of the head. The disease is of very rare occurrence, and does not seem to have attracted the attention of physicians until about thirty years ago, for in none of the older books on disease of the nervous system, or on diseases of children, consulted, is there any description of it to be found. The first recorded case is one by Mr. West, of Tunbridge Wells, who, in the *Lancet*, for 1841, gives a description of the disease as he had noticed it in his own son. The first symptoms observed, when the child was four months old, were slight bobbings of the head forward, which were at first regarded as a new trick that baby had acquired, but which becoming more frequent and powerful, soon began to affect the general health. The child was taken to London, and a consultation held with Sir Charles Clarke and Sir Charles Locock. Both of these physicians recognised the complaint as one which they had seen in only a very few instances. Sir Charles Clarke informed Mr. West that he had only seen four similar cases; and from the rapid bowing of the head he called it the Salaam Convulsion. Dr. Locock had seen two children afflicted with this strange malady. Sir Astley Cooper was asked to see Mr. West's child, and said that in the whole course of his experience he had never met with or heard of a similar case. About the same period a case occurred in the practice of Mr. Newnham, of Farnham, who published it in 1849. Objecting to the term Salaam Convulsion as being thoroughly unscientific, Mr. Newnham proposed to designate it by the name Eclampsia Nutans, and this is the name by which it is now most generally known. Dr. Marshall Hall mentions it as a form of cerebral malady, but does not appear to have seen a single example of it. Niemeyer, n the last edition of his work, *Text Book of Practical Medicine*, describes the disease under its old name, the Salaam Convulsion, and defines it as solitary or periodically recurring paroxysms of clonic spasms of both sterno-cleido-mastoid muscles. He states further that the nature, and especially the etiology, of the disease is entirely unknown.

A careful examination into the histories of the eight recorded ases inclines Dr. Barnes to believe that the disease is closely allied to epilepsy and other neuroses of similar character. Like epilepsy, it frequently leads to impairment of the ntellect. Of the four cases noticed by Sir Charles Clarke, the termination was unknown in two, the third completely recovered, while the fourth became afflicted with paralysis, and idiocy, and died when seventeen years old. Of the nine ases tabulated by Dr. Barnes, either complete idiocy, or impairment of the intellect in a greater or less degree, is recorded n six. In some instances the attacks may only occur once or wice, but in others, as often as fourteen or fifteen times in the wenty-four hours. The attacks themselves vary also in everity, the nodding action lasting sometimes only a few econds, but in other cases for a few minutes. Usually speaking, at the commencement of the attack, the movements are slow, but as the attack advances and the disease progresses, they become frightfully rapid, and when severe often cause great fatigue and exhaustion. The worst attacks come on after sleep; but even in these consciousness is not abrogated, but the child seems bewildered and frightened. The earliest age at which the disease has been noticed is four months (West and Locock), and the oldest case was six years of age (Faber.) Children of both sexes are equally liable to the disease; and dentition, the common cause of convulsive disorders in early life, cannot be regarded as having anything to do with originating it, as in some cases the disease has not appeared until after the completion of the process, and in others has been unaffected by its progress. The disease sets in sometimes quite suddenly, no premonitory symptoms having been noticed; but in other cases, headache, drowsiness, a heavy and peculiar look about the eyes, and strabismus have been observed. In bad cases, some other convulsive movement becomes added. Some of the patients thus afflicted are said to have been constitutionally weak from scrofula or hereditary syphilis; but the family history is a point which has not received sufficient attention in the record of most of the cases. As none of the patients died during the progress of the malady, nothing whatever is known of the morbid anatomy of the disease. It seems to Dr. Barnes more probable that the disease is due to some morbid change in the nerve cells of the medulla oblongata, and upper part of the spinal cord near to the deep origin of the spinal accessory nerve, as it is the spasmodic action of the muscles (trapezius and sterno-cleido-mastoid muscles) supplied by that nerve, which causes the pathognomic symptom of the disease.

That the affected nerve centre is limited in extent is shown by the partial nature of the convulsive action, and by the absence of unconsciousness, which distinguish this disease from epilepsy proper.

The treatment which has been from time to time recommended and used has been most varied and unsatisfactory.

The chief points of interest in Dr. Barnes's case are the family history, and the favourable termination of the malady following very large doses of bromide of potassium. It is scarcely possible to conceive a stronger hereditary neurotic history than was shown to exist in the case; and it adds confirmatory weight to the opinion, as to the close affinity of eclampsia nutans with epilepsy, and other neuroses of a like character, among which may be mentioned chorea, and one of the varieties of paralysis agitans. This opinion is further strengthened by the disease yielding to the free use of a drug which is of high repute in epileptic disorders. For a period of seven weeks, the bromide of potassium was administered in five-grain doses three or four times daily without producing any effect; but when the dose was increased to seven and a half grains, and taken with regularity, a speedy falling off in the number of attacks was noticed, and within a month they had ceased to occur.

The treatment recommended from time to time by writers on this disease has been very various, and, as a rule, most unsatisfactory. In a case recorded by Dr. Davidson, the disease yielded for a time to the continued use of carbonate of iron, cod-liver oil, change of air, and occasional lancings of the gums. Dr. Tanner mentions one case cured by blisters behind the ears, by castor oil, and by the prolonged administration of iodide of potassium with quinine. Another case is recorded as cured by sea-bathing and cod-liver oil, after dilute phosphoric acid with steel, valerianate, and oxide of zinc had been tried in vain. Hydrocyanic acid has been thought to palliate the symptoms in some instances, and cod-liver oil has proved of service. Opium has sometimes caused aggravation of the disease. Turpentine given internally was used persistently in a case under the care of Professor Chelius, of Heidelberg, but without benefit, while mechanical pressure of the head by means of adhesive plasters appeared to be of service.

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A NEW THEORY OF THE TREATMENT OF FEVER.

Dr. Paul Niemeyer (*Memorabilien*, April, 1873) says that fever is a condition in which the body is regulated no longer at the heat of 37° C., but at 40° C. The production of excessive heat is not the fundamental part of fever, but only a symptom of it; and the origin of the symptom must be looked for in the central nerve system.

Otto Webber explains fever by the modification of the change of tissues which takes place from poisoning of the blood with products of destruction of the tissues, *i.e.*, as an acute blood-poisoning. Niemeyer says that fever consists essentially in a disturbance of the economy of heat. In health the carbon compounds are burnt in the body and changed into carbonic acid and water; in fever, the change of material and its effect, the heating of the body of the body, is so changed, that a part of the carbon compounds are first changed into carbonic oxide and then into carbonic acid and water. The resulting temperature from this error in burning the products in the body is about 32 per cent. greater than occurs when they are directly burnt into carbonic acid and water. The feverish body reminds one of an iron stove, which when heated to redness heats the neighbouring part of the room by radiation, but not the whole of the room by conduction.

This splitting up of the burning process is caused in the economy by want of oxygen, or by the entrance of foreign substances into the blood. Another disturber of the process of burning in the body, which takes place apparently in hectic fever, is the setting free of hydrogen, whose combination with oxygen developes a very high temperature. And it is well known that hydrogen can be disengaged, wherever decaying, puriform, or cheesy ferments are going on.

As to the treatment of fever, the results of cold water treatment deserve full recognition and require to be sedulously imitated. But the author says he must describe this method of cure as always imperfect, when not accompanied by a *cold-air cure.* It is remarkable enough that the public has so long made itself familiar with cooling by means of cold water, and yet shows such a horror for cold air. And yet air cools no less than water, for it has not only a less capacity for heat, but also a weaker conducting power. Let us then think of a pneumonia patient in a warm room containing more or less oxygen; we shall have a dyspnœa of the circulation added to a dyspnœa caused by bad ventilation. And in order to cool the skin, cold air assiduously brought to the patient will assist greatly, for, as Liebmeister says, the fever patient gives out heat much more readily than the healthy patient. Niemeyer believes even that by such means the need of oft-repeated baths (twenty times a day?) may be done away with—a practice which it is almost impossible to carry out in the patient's own house. Besides this, a draught is the best way of avoiding infection. Objections made by non-medical persons are not to be looked on as of importance, for the feelings give no clear warning of the healthiness of any practice or the injuriousness of any other.

Another house cure, in order to avoid the complete bath, would be as follows:—The feet of the patient should be covered with close-fitting *black* stockings, and placed against a vessel filled with cold water. Besides this, the head should be bound up with compresses containing ice. From several trials made of this method it would appear that excellent results may be obtained. The stockings should be black, because black colours radiate so much more powerfully.

With respect to the internal treatment of fever, apparently too much has lately been done in ordering antiphlogistics. The use of quinine, that poison of the heart as Binz calls it, should be confined to typhus form of fever. Niemeyer often noticed what liberality in the prescription of large doses of quinine was exhibited by his younger colleagues fresh from the schools, during the last Franco-Prussian War. When we see the great apparatus employed in Schleswig-Holstein, he says, against pneumonia, we may ask for another Diettle to try whether *to do or not to do* anything is best.

THE CARMICHAEL PRIZES.

The awards of these prizes of £200 and £100, granted on the bequest of the late Dr Richard Carmichael for the best essays on Medical education, took place on Monday last in the theatre of the Royal College of Surgeons in Ireland in the presence of the President, Council, and many Fellows and students. For the prizes five essays had been presented, and Drs. Colles, Albert Walsh, and Robert McDonnell had been selected by the Council of the College to adjudicate on them. On the opening of the envelopes which contained the names of the successful competitors, it appeared that the first prize had been obtained by Dr. Isaac Ashe, Resident Medical Superintendent of the Londonderry Asylum, and the second to Dr. Dale, of Plymouth. Both of these gentlemen had competed on a former occasion, and Dr. Ashe had, at the last adjudication, obtained the second prize.

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THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

In addition to Drs. Mapother, Jacob, and Labatt, whose candidature we announced last week, Dr. John Hamilton and Mr. Henry Gray Croly intend offering themselves as candidates for seats on the Council at the forthcoming election.

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Medical News.

University of St. Andrew's.—The following gentlemen having passed the required examination, obtained the degree of Doctor of Medicine on April 30th last:—

Bacot, William George, Blandford, Dorset.
Bassett, John, Birmingham.
Chepmell, Isaac Dobrée, London.
Hughes, Ambrose Cecil, Liverpool.
MacKay, David, Rosshire.
Paley, Temple Chevallier, York.
Pritchard, William, Notts.
Spence, Robort, Surgeon H.M. Army.
Wilton, John, Sutton, Surrey.
Waghorn, Albert Richard, Surgeon H.M. Indian Army.

The degrees of M.B., and B.M., were at the same time conferred on John C. McVail, Kilmarnock.

The German Hospital.—The annual festival dinner in aid of the funds of this Hospital was held at the London Tavern on Monday evening. The Marquis of Lorne presided. During the evening subscriptions to the amount of nearly £4,000 were announced.

University College Hospital.—The ball in aid of this Hospital, to which H.R.H. the Princess of Wales has graciously given her patronage, will be held at Willis's Rooms on Thursday, the 5th proximo.

Medical Society of London.—A brilliantly-attended conversazione was held on Monday evening in the rooms of the Society, when an oration was delivered by Dr. John Cockle, of which we purpose giving a full account in our next.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials,* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Dr. C. Kidd, London.—If, at any future time, we should deem it necessary to re-open the controversy, we shall not deny space to both sides. It was the distinct promise that Dr. Kidd would not trouble us with any further communications upon the subject, which induced us to give publicity to his last letter. Dr. Kidd is at perfect liberty to put the alternative threat into execution, so far as the conductors of this Journal are concerned, provided that he is not too personal.

The Ventnor Hospital Ball.—We are requested to state that in consequence of Her Majesty's State Ball being appointed to take place on May 21st, the ball in aid of this hospital is unavoidably postponed till Tuesday, the 17th June, at Willis's Rooms, St. James's.

Society for Relief of Widows and Orphans of Medical Men.—At the annual meeting of this society, held last Wednesday, a vote of thanks to the Editors of the Medical Journals for their kind exertions on behalf of, and valuable assistance to the society, was carried unanimously.

Mr. G. Street, publisher, of Cornhill, has sent us a specimen copy of a new Indian and Colonial Directory, to which we are glad to draw attention. The volume contains much valuable information, and those of our readers who have friends in any of Her Majesty's transatlantic dominions, or who intend entering practice abroad, cannot do better than consult the work now before us.

Dr. J. R. L.—The report is quite true. We *have* been favoured with notice of an action for libel. We have, unfortunately, on more than one occasion discovered that "honesty is not the best policy" in journalism; nevertheless, we shall stick to our colours, and not suffer ourselves to be frightened by threats of legal proceedings from stating boldly and plainly our opinions upon public matters, about which the Profession and the public have a right to know the truth.

The Recreator.—That enterprising firm of publishers for popular instruction and amusement, Messrs. Cassell, have just started a new serial, entitled "The Popular Recreator," of which they have sent us a specimen copy. It is cheaply and nicely got up, and Medical students, in fact the youth of all professions and trades, cannot do better than to study it, should they wish to perfect themselves in athletics, swimming, amateur gardening, botany, the management of pets, &c. All are scientifically, at the same time plainly treated.

Belfast General Hospital.—We have received a copy of the examination papers for the Malcolm Exhibition, for which we are much obliged. They are hardly of sufficient general interest to justify us in reprinting them.

Nemo.—We have instituted enquiries, and hope to reply next week.

Communications, with Enclosures, &c., have been received from—Dr. Gavin Milroy, London. Dr. Purdon, Belfast. Her Majesty's Secretary of State for the Colonies. Dr. G. Symes Saunders, Exeter. Dr. Maul, Southampton. Mr. R. Hanslip Sears. Epperstone. Mr. Jabez Hogg, London. Dr. Hawtrey Benson, Dublin. Dr. Finny, Dublin. Mr. Phillips, London. Mr. A. Forbes, Glasgow. Dr. Hassall, Ventnor. Mr. Fox, Manchester. Mr. Gaskoin, London. Dr. Greene, Camberwell. Mr. Passmore, Pharmaceutical Society. Mr. Gray, Stoke Newington. Mr. Holwell, London. Dr. Nixon, Shinrone. Dr. Lombe Atthill, Dublin. Dr. Handsel Griffiths, Dublin. Dr. Drysdale, London. Mr. Thos. Worth, Nottingham. Dr. Chapman, London. Mr. Gillard, Newton Abbot. Mr. Blyth, London. Dr. Clarke, Kingstown. Dr. Morgan, Dublin. Mr. Goodall, Leeds. Dr. Calvert, Manchester. Dr. Blakeley, Manchester. Mr. Young, London. Dr. Langley, London. Mr. Cattell Jones, Guy's Hospital. Dr. Bell Taylor, Nottingham. Mr. S. Morgan, London. Dr. Robert Walker, University of St. Andrews. Dr. Palmer, Waterford. Dr. Lyon, Dalkey. Dr. Cane, Mullinavatt. Dr. Considine, Galway. Mr. Blackett, London. Dr. Gillespie, Clones. Dr. Clarke, Drogheda. Dr. Sampson, Whitegate. Dr. Hamilton, Carney. Dr. Waring Curran, Nottingham. Dr. Scraggs, Clogher. Dr. McClelland, Banbridge. Dr. Stoney, Parsonstown. Prof. Haughton, Trinity College. Dr. Allen, Longhall. Dr. Roe, Killaloe. Dr. Lindsay, Belfast. Dr. Moore, Dublin. Dr. Thomson, Hillsborough. Dr. Fitzpatrick, Maryborough. Dr. Shepherd, Aberdeen. Dr. Peyton, Roscommon. Dr. Fitzmaurice, Ballylongford. Dr. McClintock, Dublin. Dr. Mitchell, London.

MEETINGS OF THE LONDON SOCIETIES.

The following Meetings and Lectures are announced for the present week:—

This (Wednesday) evening, at the Obstetrical Society of London.—8 p.m. Dr. Meadows, "On a Case of Gastrotomy for supposed Extra-Uterine Pregnancy." Mr. Lawson Tait, "Note on the Diagnosis of Extra-Uterine Pregnancy." Dr. Wiltshire, "On the Common Skin Diseases of Children." And a paper by Mr. George Roper.

On Friday, May 9th, at the Clinical Society of London.—8½ p.m. Dr. Tilbury Fox (for Dr. Fritsche), "On Two unusual Cases of Elephantiasis Arabum." Dr. Thorowgood, "On Two Cases of Chronic Dysentery successfully treated by Ipecacuanha." Mr. W. Spencer Watson, "On Intra-Orbitar Nævus treated by Ligature and Actual Cautery." Mr. W. R. Dalby "On Five Cases of Traumatic Rupture of the Tympanic Membrane."

VACANCIES.

Metropolitan Asylums. Assistant Medical Officer for the Leavesden Asylum. Salary £150, with board and residence. Applications must be sent to W. F. Jebb, Esq., 37 Norfolk Street, London, W.C.

Cork District Lunatic Asylum. Resident Medical Superintendent. Applications to be addressed to the Under-Secretary to the Lord-Lieutenant, Dublin Castle. (See advt.)

Lisnaskea Union. Maguiresbridge Dispensary District. Salary £80 per annum, exclusive of fees. (See advt.)

North Riding Infirmary, Middlesbro. House-Surgeon. Applications to be lodged with the Secretary by the 15th of May.

Carmarthen Infirmary. House-Surgeon. Salary £100 per annum, with residence, &c. Applications to be addressed to the Secretary.

Ely Union. Medical Officer for the Parish and Workhouse of Witchford. Salary £51 per annum, with fees extras.

West Bromwich Hospital. House Surgeon. Salary £80, with board and ~~residence.~~ Address Mr. P. D. Bennet, West Bromwich.

Royal General Dispensary, Bartholomew Close, London. Physician. Election June 10th, Salary £40 per annum.

Central London Sick Asylum District. Assistant Medical Officer to the Highgate Asylum. Solary £100, with board and residence.

Wolverhampton Hospital. House Governor and Secretary. Salary £120, with board and residence. Applications to be addressed to the Chairman.

Towcester Union. Medical Officer, at a salary of £110 per annum, exclusive of fees. Applications to be addressed to the Clerk.

Bridgnorth. Medical Officer of Health. Salary £40 per annum. Applications to be addressed to the Town Clerk.

Basford Union. Medical Officer of Health. Salary £500 per annum. Applications to be addressed to R. B. Spencer, Esq., Public Officer, Basford.

APPOINTMENTS.

Alexander, R. R., M.B., C.M., Assistant Medical Officer to the Middlesex County Lunatic Asylum, Hanwell.

Ballard, C., M.R.C.S.E., Medical Officer and Public Vaccinator for District No. 5 of the Abingdon Union.

Boxwell, R., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Terryglass Dispensary District of the Borrisokane Union, co. Tipperary.

Cheesewright, J. F., M.R.C.S.E., L.R.C.P., Assistant House-Surgeon to the Rotherham Hospital.

Cullingworth, C. J., M.R.C.S.E., Hon. Surgeon to St. Mary's Hospital, Manchester.

Davies, E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Glyncorrwg Collieries.

Dawson, J., M.D., Medical Officer for District No. 5 of the Mansfield Union.

Hogg, R. B., M.R.C.S.E., Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

Howlett, M. P., L.R.C.P.Ed., L.R.C.S.I., Resident Medical Superintendent of the Limerick District Lunatic Asylum.

Huggins, N., L.R.C.P.Ed., House-Surgeon to the Leith Hospital.

Hunstone, G., M.R.C.S.E., Medical Officer for the Cheetham District of the Prestwich Union.

Johnstone, Dr. C. A., Medical Officer, &c., for the Inistioge Dispensary District of the Thomastown Union, co. Kilkenny.

Kerr, A. D., M.B., C.M., Assistant Medical Officer to the Joint Counties Lunatic Asylum, Carmarthen.

Kerswill, G., L.R.C.P.L., M.R.C.S.E., Médical Officer for District No. 2 of the Liskeard Union, Cornwall.

King, Dr. R., Lecturer on Medical Jurisprudence at the Middlesex Hospital Medical College.

Mac Loghlin, R. H., M.B., Medical Officer, &c., for the Cloughjordan Dispensary District of the Borrisokane Union, co. Tipperary.

M'Mahon, T. A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Toomavara Dispensary District of the Nenagh Union, co. Tipperary.

Murphy, Mr. J. E., Medical Officer, &c., for the Cannaway Dispensary District of the Macroom Union, co. Cork.

Nicolson, D., M.B., Assistant-Surgeon to H.M.'s Prison, Millbank.

Ringwood, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse and Fever Hospital of the Kells Union, co. Meath.

Thomson, J. A. M., L.K.Q.C.P.I., L.R.C.S.I., L.M., Medical Officer for the third District, Newport, Salop.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, May 7.

Middlesex Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
St. Thomas's Hospital.—Operations, 2 P.M.
St. Mary's Hospital.—Operations. 1¼ P.M.
King's College Hospital.—Operations, 2 P.M.
Great Northern Hospital.—Operations, 2 P.M.
University College Hospital.—Operations, 2 P.M.
St. George's Hospital.—Ophthalmic Operations, 1¼ P.M.
London Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Cancer Hospital.—Operations, 3 P.M.

Thursday, May 8.

St. George's Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
University College Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Royal Orthopædic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Friday, May 9.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal South London Ophthalmic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Saturday, May 10.

Hospital for Women, Soho square.—Operations, 9½ P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal Free Hospital.—Operations, 9 A.M. and 2 P.M.

Monday, May 12.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Mark's Hospital.—Operations, 2 P.M.
Metropolitan Free Hospital.—Operations, 2 P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 1½ P.M.
Charing-cross Hospital.—Operations, 2 P.M.

Tuesday, May 13.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Guy's Hospital.—Operations, 1½ P.M.
Westminster Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
National Orthopædic Hospital.—Operations, 2 P.M.
West London Hospital.—Operations, 2 P.M.

Marriages.

Bennett—Marcom.—On the 28th ult., at Plymouth, James E. Bennett, Esq., M.D., F.R.C.S., of Devonport, to Lucy Alice Marcom, Plymouth.

Burke—Hendrie.—On the 30th ult., at Mountnessing Church, Essex, J. M. Burke, Esq., C.E., of Portarlington, Queen's County, Ireland, to Sarah Jane, daughter of J. Hendrie, Esq., M.D., of Cheshunt.

Elliot—Coathupe.—On the 1st inst., at St. Leonard's Church, Exeter, Augustus Frederick Elliot, M.D., Surgeon-Major, son of W. H. Elliot, M.D., Exeter, to Amy Elise, daughter of the late C. T. Coathupe, Esq., Wraxall, Somerset.

◆

Deaths.

Bruce.—On the 18th of April, Wm. Bruce, M.D., of Dunfermline.

Farre.—On the 26th of April, at Hertford Street, Mayfair, Jessie Bethune, the wife of Arthur Farre, M.D.

Holmes.—On the 27th of April, Luke Holmes, M.R.C.S.E., of Farnsfield, Notts, formerly of the Kingsland Road, aged 89.

Morgan.—On the 6th of April, at Caerphilly, Glamorganshire, John Rees Morgan, L.R.C.P.L., M.R.C.S.E., aged 27.

Muriel.—On the 17th of April, R. Muriel, M.R.C.S.E., of Ely, aged 47.

Murphy.—On the 31st of March, on the passage from Rio to Pernambuco, J. B. Murphy, M.D., late of the Royal Navy, aged 38.

Waller.—On the 11th of April, at St. Neots, H. Waller, Surgeon, late of Buckden, Hunts, aged 86.

Williams.—On the 6th of April, Evan E. Williams, M.R.C.S.E., of Llanegwad, aged 37.

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Medical Jurisprudence,—Dr. O'Reilly, Monday, Wednesday, and Friday, 1 to 2 o'clock.

Botany,—Dr. Blakeley, Tuesday, Thursday, and Saturday, 1 to 2 o'clock.

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Dispensary for Skin Diseases,
63 John Street, Glasgow.

ANDERSON'S UNIVERSITY, GLASGOW.—Dr. J. G. WILSON, Physician to the Glasgow Maternity Hospital, &c., will COMMENCE his Course of Lectures on MIDWIFERY, on TUESDAY, the 6th May, at 3 p.m.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1873.

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Original Communications.

ON OVERWORK AND PREMATURE MENTAL DECAY, AND ITS TREATMENT (*a*).

BY C. H. F. ROUTH, M.D., M.R.C.P.,

Senior Physician to the Samaritan Hospital for Women and Children; Consulting Physician for Diseases of Women to the North London Hospital; Fellow of University College, &c.

IF one of our ancestors but of 100 years ago were suddenly resuscitated and made to undergo the toil and mental labour of our days, he could not endure it. The life of an intellectual man who would keep on a level with his compeers now-á-days would be equivalent to at least a dozen lives of a former age. What is expected, indeed, of boys in this competitive age, was not required of the wise, full-grown man of old. Take the example of a senior wrangler. Even Newton ignored the scope of mathematical science which a senior wrangler must now possess, and how hard such men must work and over-work themselves s evident from the small number of them who are able o outlive this ordeal and become useful in their generation. In our own Profession competition is carried o a fearful extent. Formerly a young man had to pass hrough a certain groove. Medical men were few and far between. Competitive examinations were unheard of. Examinations for degrees and diplomas required but a minimum of knowledge. It is within the memory of some f the Profession even now, that a student might become surgeon after one year's study, and many others became eneral practitioners before 1815, without any examinaions whatsoever. Places of trust in our hospitals were ften family sinecures. India assistant-surgeoncies elonged only to those who had friends in office. I well remember the time when two young men in a college, otorious only for their very infrequent attendance on ctures and their anything but temperate habits, after ree months' cramming, passed the Royal College of Surgeons, were appointed Indian assistant-surgeons, and sent to minister to our brave troops in that colony. But now how different the state of things! A man *must* know his subjects to pass. Five years of study and hospital practice are at least required, and many appointments are open to honourable competition. So that formerly where Sir Henry Halford, and Sir Astley Cooper could command, the first nearly the whole Medical, the latter the whole surgical practice of London, now there are scores in London whose knowledge surpasses that of these great men, and who consequently divide their practice. Halford made his £31,000 in one year, and Sir Astley Cooper £22,000. Now probably no one man attains the half figure. The fact is men "go much to and fro now-a-days, and knowledge is increased." Interesting, however, as such general details and propositions may be, I have to consider the effects of all this toil and overwork upon the man; and I think the conclusion we must come to is that it induces premature decay, but fortunately in many cases it is remediable.

I will admit at this stage of this paper, however, that I feel it is somewhat presumptuous in me to go out of my line to speak on the subject of overwork, when such men as Dr. B. W. Richardson and others have already written so fully and so well on the subject. But I have ventured to regard it in a different point of view from that in which it is usually discussed. I do not speak of the several varieties. I wish particularly to call attention to that which Dr. Richardson defines as his fifth variety, which affects men who study and work hard mentally for themselves and others, instanced by symptoms of premature old age and decay.

The first proposition is—Does this excessive toil affect the mind for evil? Does the brain not follow the general rule, employment makes perfect? If the arm of a blacksmith will acquire increased power and development by its use, does not the brain improve likewise by exercise? I imagine under legitimate work it would, and the experience of schools proves this. But it is quite another thing when we speak of overwork. Dr. Elam states definitely, in his late work on Cerebria, that there has been a very large increase in the mortality from diseases of the brain,

---

(*a*) Read before the Medical Society of London, In the year 1839 there were 1,495 deaths registered from this cause, and in 1869 there were 5,517. Thus whilst the population of England has increased 30 per cent., the mortality due to this cause has been multiplied nearly fourfold.

In the same period the deaths from paralysis and apoplexy have considerably more than doubled, viz., from about 10,000 annually to 22,000. The deaths also from insanity have also nearly doubled ("On Cerebria, p. 1").

Dr. Elam has further shown that this increase bore a direct relation to the social and commercial disorders of certain epochs. Thus immediately after 1845 and 1846, *i.e.*, in 1847, the registered deaths from brain disease increased to more than double, from 1,495 to 3,012, whilst the mortality in paralysis and apoplexy increased 50 per cent.

Then followed a period of calm which was accompanied by a corresponding improvement in nervine health, for from this year till 1852 there was no increase in the mortality from this class of causes. Since then there has again been a gradual increase. In 1853, out of one million persons, 196 died from brain disease; in 1869, 254. Again, in 1866-7, years of great agitation, the average of deaths from this cause was 267, and this increase of mortality was confined to adult and advanced life. In early life there was no increase, occasionally a decrease. Thus hydrocephalus decreased from 463 per million in 1852 to 344 in 1869, and in the same period convulsions decreased from 1,371 to 1,190 per million.

I am quite aware that Dr. Maudsley, in a paper on the subject (*Lancet*, Jan. 13, 1872), and more lately Dr. Clouston (*Brit. Med. Journ.*, August 24, 1872), in a paper read before the British Medical Association, have denied the accuracy of this statement, in great measure attributing the great numerical increase to the increase of population, better search after and segregation of the insane, and the inclusion of many as insane who in former years would not have been considered as such.

I do not presume to decide between these authorities. I shall satisfy myself in giving the last Report of the Commissioners in Lunacy on this point:—

Ratio per 1,000 *to total number of Lunatics, Idiots, and Persons of Unsound Mind, to Population each Year from* 1859 *to* 1872 :—

1859	... 1·86	1866	... 2·24
1860	... 1·91	1867	... 2·29
1861	... 1·97	1868	... 2·35
1862	... 2·02	1869	... 2·45
1863	... 2·09	1870	... 2·74
1864	... 2·15	1871	... 2·49
1865	... 2·18	1872	... 2·54

These figures prove a gradual and general increase of mental disease, and so far are in direct opposition to Dr. Maudsley.

The symptoms of exhaustion of nervous power are general debility, great excitability of manner, want of proper sleep, susceptibility of taking cold, neuralgia with various degrees of intensity, eruptions over the body, often of acne, eczema, and inability to walk even short distances without fatigue, palpitation, nervousness, starting at the slightest noise readily, want of virile power, sick headache and backache, or sometimes a creeping sensation down the spine, loss of appetite, irritability of temper, loss of memory, with a great sense of being obliged to force the brain to remember. This loss of memory is often so marked, and more especially in *present* circumstances as opposed to those of the past, as to give rise to the greatest embarrassment. While a person is speaking the whole train of thoughts may be lost and not be again recovered for hours. A person may go to fetch something in a neighbouring room, and on arrival there forget what he went for. There is also often an inability to fix the attention on any one subject, or to reading. It is not unusual in such cases to find an undue exaltation of some peculiar talent or property of the mind in a different direction or one totally opposed to former hobbies. A dull man becomes a poet, a good-natured, amiable man becomes subject to ungovernable fits of temper, a temperate man craves for ardent drink, and so on. The equilibrium of the brain no longer exists, and its function can no longer be regularly performed. In most of these cases there is an abundance of phosphates passed by the urine. Very rarely indeed do nocturnal emissions occur. When they do occur they are invariably followed by an exacerbation of all the symptoms, specially of the exhaustion and headache. Lastly, copious night sweats may occur, and the slightest exercise brings on copious diaphoresis.

If the case goes on it assumes more melancholy characters. Want of sleep brings its concomitants. The patient becomes extremely depressed and unhappy about himself. Very little makes him sob and weep. Hypochondriac to a degree, life is a perfect burden, and frequently the disease culminates in suicide. The case of a remarkably great man, a judge, who of late perished by his own hand, in which most of these symptoms were marked, will be at once recalled to the memory—an instructive, but a very sad example of overwork.

I have noticed in some cases that there is an undue excitability of the senses. The hearing habitually dull becomes intensely acute, so that the noise of a door slamming in the streets becomes unbearable; even a pin may be literally heard to fall; the sound of music or a loud voice becomes very painful. Then the sight becomes alike impressionable. Even bright colours are not pleasant to look upon. Scent becomes odious, or the reverse, and the taste altered, as before stated, from its habitual likings. The numbing feelings, the prickings or irritation of the skin, and exalted hyperæsthesia generally appear. Occasionally these changes are so marked that the patient will invariably allude to them as giving him great anxiety.

There is a striking resemblance in these cases of overwork and premature decay to those produced by venereal excesses in both sexes, more marked in cases of spermatorrhœa. In both we have general debility, which is muscular as well as intellectual; fatigue, night sweats, languor, heavy, dull feeling in head, frequently in the back, with occasionally the same creeping sensation. In both the gait is unsteady. In both the memory fails, and in a marked degree. In both there is intense nervousness, frequently with palpitation of the heart. Commonly insomnia occurs in both; urine deposit phosphates in abundance in both; but whereas in mental decay from overwork the nocturnal emissions are very rare, after venereal excesses they may amount to spermatorrhœa. Nor can I say I have ever seen in cases of mental decay the epileptiform convulsions observed in cases of venereal excesses. The nearest to these have been sudden jerks occurring frequently during sleep, and affecting principally one side of the body.

In the case of women, where this mental declension exists, especially in early life, I have found uterine and vaginal symptoms almost invariably present. In a few I have found it due to habits of imprudence. In the majority the discharges have persisted long, and the eyesight has, on more occasions than one, deteriorated. In one or two cases it seemed to follow hyperlactation.

It is scarcely necessary to say that overwork in these cases, whether mental or venereal, or both combined, is the cause of this mental declension. I have often been struck, however, at the combination of these in men occupying high positions, and the rapidity with which this continued action hastens an unhappy termination. I have noticed it especially in old men, generals or men of science who marry young wives. A strong old hale gentleman becomes a wreck perhaps within the year. I know at this moment a man of science, whose works are well known and much appreciated. To see him at home is to see the most miserable man in creation. He is still a very active man in his sexual duties, and I know acts most unreasonably in this respect. His wife, more sensible than himself in this respect, would restrain him, but to no effect. Fancying death imminent every day, or quarrelling on the slightest provocation, are some of his most troublesome characteristics.

This overwork is not confined to persons of advanced or middle age. I have seen it in children and boys who have been overworked at their schools. A master or parent has been pleased with the precocity of the boy, and has worked the boy to excess. He has made much progress, and given great evidence of high mental powers as a boy, but the young man has been dull and stupid. The over-excitement of precocious infants has often been followed by tubercle of the brain or hydrocephalus. This is matter of common observation, and it looks very much as if the two circumstances were in relation of cause and effect.

Where overwork is combined with worry and anxiety the effect is much more rapid and complete.

In older persons the final effect of overwork, whether moral or sexual, is, however, often the same, softening and insanity.

These symptoms I believe to be due, in many cases, to a deficiency of phosphorus in the brain. The idea is not mine.

I was much struck years ago by hearing a casual observation made on this subject by Dr. Forbes Winslow, whose penetrating mind had long seen this connection. Many forms of mania, he said, were due to a deficiency of phosphorus in the brain. We can understand at once how hard work on the one hand, and venereal excesses on the other, should produce this result. In venereal excesses the semen, which is rich in phosphorus, is evacuated so freely that to be formed the body must draw upon that portion of its substance which contains most phosphorus. That portion is the brain. The food we ordinarily take contains an insufficient quantity of phosphorus to supply adequately for this waste. The excitement of function also must necessarily exhaust the nervine power.

This proposition I shall endeavour to prove, or, at least, to show its strong probability, by considering *seriatim* the following points:—

I. It is proved chemically that in proportion as a man grows old, or mentally weaker, or approaches to idiotcy, in proportion does the brain contain less phosphorus.

II. There is reason to believe that the solidity of the brain is due to protagon, a phosphorus compound; and that those foods which are richest in phosphorus are precisely those which renovate more speedily weakened brain power.

III. It is not proved, as asserted by some, that phosphorus can only be assimilated by previous conversion into phosphoric acid, the effects of phosphoric acid on the economy of phosphorus being totally different.

IV. Those diseases produced by softening of nervous matter or aneuresis of nervous power, are precisely those which are cured by phosphorus, viz., some forms of paralysis, eczema and other skin affections, certain kinds of cerebral congestion, with great nervous debility, and insomnia.

V. The special treatment proposed in cases of premature mental decay from overwork.

VI. One or two explanatory cases.

I. It is proved chemically that in proportion as a man grows older and mentally weaker or idiotic, in proportion does the quantity of phosphorus in the brain diminish. I do not mean, be it observed, to apply this change to every variety of mental declension. Nor do I seek to speak of all varieties of insanity in this communication. I wish to limit myself to that variety which is the result of premature decay. The morbid anatomy of such cases may not be so accurately made out. The brain may present the same general appearances, but it is in the chemical composiion we must chiefly look for a solution of the problem We are all cognizant of the symptoms of mental decay n an old man, and oftentimes in these cases the attenion is called to nothing very unusual in the pathological haracter of the brain. But it is far otherwise when we ook to the chemical composition.

The following analyses of Heritier will exhibit this change at one view:—

	Infants.	Youths.	Adults.	Aged Persons.	Idiots.
Water . . .	82·79	74·26	72·51	73·85	70·93
Albumen . .	7·	10·2	9·4	8·65	8·40
Fat	3·45	5·30	6·10	4·32	5·
Osmazone and Salts . . .	5·96	8·59	10·19	12·18	14·82
Phosphorus .	·80	1·65	1·80	1·00	0·85

Looking to these analyses we are struck by two remarkable facts—the increase of osmazone and salts, and the decrease of phosphorus together with the diminution of mental vigour.

It is to the latter point to which I wish especially to refer at present.

II. There is reason to believe that the solidity of the brain is due to protagon, a phosphorus compound; at any rate, those foods which are richest in phosphorus are precisely those which renovate most readily weakened brain power.

There exists in the brain and nerves a substance discovered by Dr. Oscar Liebreich, and named by him protagon ($C_{116}\ H_{241}\ N_4\ O_2\ P$). It gives rise to neurine ($C_5\ H_{13}\ N$), glycerrhine, phosphoric acid, and a fatty acid, when treated by alkali; and this substance may be acted upon by alkaloids, and thus form a nerve substance having very different physical and chemical properties from the protagon in its unaltered state. (Bence Jones' lecture on "Pathology and Therapeutics," p. 24.)

Whether softening of the brain itself, which occurs in old age, is due to a special deficiency of the phosphorus as protagon, remains yet to be proved; but with this softening we have marked mental decay. Protagon has the property when mixed with water of forming a strong jelly with it, 1-10,000th part being sufficient to ensure this result.

This brings me to consider the quality of foods which are found generally to renovate most readily weakened mental power. After excessive fatigue, especially in those cases where the mind has been highly interested, and kept as it were a long time upon the stretch, phosphorised foods are especially active for good. Indeed, here, as in many other cases, popular experience has gone before science. Young ladies and gentlemen who have exhausted themselves by dancing and excitement, fly as if by intuition to the lobster salad. The rake finds nothing so calculated to excite his fading sexual power as oysters and shell fish.

It is quite clear that certain medicines taken into the body act also as articles of food, or rather as vehicles for making food nutritious. Sugar, for instance, in milk is a vehicle for dissolving carbonate of lime. Lithia has also the same properties. Chloride of *potassium* is the chief ingredient of muscle, as chloride of sodium is of blood. The drain of the former, present in cholera, explains the muscular contractions in this disease, as also partly the tremors in low fevers. On the other hand, the absence of chloride of *sodium* or common salt gives rise to a variety of *scurvy* very common in Russia. Cod-liver oil produces fat. Iron increases the quantity of blood globules. Small quantities of iodine in the water we drink cure some cases of goître. In like manner we may suppose that phosphorus may occasionally be called for as food. It is clear, at any rate, that it is contained in but very small quantities in ordinary food. Casein contains none, and dry albumen and fibrine contain only ·35 per cent., which is quite insufficient for the purposes of the economy—at least under circumstances where there is a waste of this ingredient.

III. It is not proved, as asserted by some, that phosphorus can only be assimilated after conversion into a phosphate, the effects of phosphoric acid in the animal economy, and phosphorus being very different.

At the onset here let me remark that I am at direct variance with Dr. Bence Jones on this point. Dr. Jones does not believe that phosphorus taken internally assists in the formation of protagon, either in the nervous substance or in the blood globules, as it is shown by direct experiment to be oxidised into phosphoric acid. Nor is there any evidence, he adds, to show that the phosphoric acid can be in so many words decomposed, and the elements recombined in the body, that the phosphorus promotes directly the nutrition of the brain and spinal cord (*op. cit.*, p. 296); and endeavours to prove his proposition by the following considerations.

When phosphorus as phosphorus is taken in any large quantity by the mouth, or injected into the blood, its effect is to produce fatty liver, fatty muscles, and fatty heart. This effect may be rapid, as in a case related by himself in his lectures on pathology and therapeutics, and quoted by him from Rokitansky. This patient died the sixth day after swallowing phosphorus matches. This effect may also be observed as the result of slow poisoning; in dogs, for instance, killed by small doses of phosphorus, and in whom a deposit of fat in the lower kidneys and muscular structure of the heart was found after death. Dr. B. Jones believes this effect is the result of its conversion into phosphoric acid. The immediate cause of this change is the arrest of the oxidation through the destruction or solution of the blood globules. Indeed, whenever organs in the body are deprived of the flow of red blood, fatty metamorphosis of textures follows, as in the neighbourhood of embolism of vessels, or in thrombosis of arteries of the brain (Bence Jones, *ibid.*, p. 177.)

As a secondary result of this arrest of oxidation, the temperature falls.

Post-mortem examinations also tend to show that the brain is specially acted upon, as both it and its membranes were *bloodless* in death from phosphorus.

These results, however, I think should be looked upon more closely. Eminent observers have proved that mercury given to dogs exerted no influence upon the liver. The experiments were most carefully made, and the conclusions philosophically drawn. Yet the fact is incontrovertible, a dose of calomel will produce a copious bilious stool, and remove bilious symptoms.

So here, if (excepting Dr. Jones's last conclusion, that it produces a certain amount of anæmia in the brain) we accept Dr. Jones's conclusions, it is manifest these symptoms are due to phosphoric acid, not phosphorus. How otherwise can we reconcile these lowering effects, with the known results of the internal administration of phosphorus in medicinal quantities? Phosphorus, on the one hand, is so rapidly assimilated as such, especially when combined with a solvent, the excess only being converted into phosphoric acid, or so readily eliminated from the blood, as sugar or urea, and appropriated elsewhere, that it cannot, under ordinary circumstances, be detected as such in the blood.

But apart from this explanation, there is incontestable evidence to show that phosphorus is not always converted into phosphoric acid to produce its specific effects.

1. The effects of phosphoric acid, which are those of a refrigerant, and resemble the use of ordinary mineral acids, are not those of phosphorus, a nervous excitant, when given internally.

2. Then, again, the occasional occurrence of necrosis of the jaw bone in work-people engaged in the manufacture of lucifer and congreve matches is not the result of phosphoric acid; because in those manufactories in which the atmosphere is impregnated with phosphoric acid, no such disease exists. The malady is, therefore, probably due to some compound having a lower degree of oxidation than phosphorus. Dr. Van Bibra refers it to hypophosphorus acid; but lays great stress on the fact that Schonbein's ozone is formed during the volatilisation of phosphorus.

3. The beneficial effect of phosphorus and phosphorised diet, apart from phosphoric acid, in mental decay, will become, however, more obvious if we consider its effects more particularly in disease. In this way we shall be better able to determine its medicinal usefulness in cases like those we are considering.

(*To be continued.*)

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PRIMARY CANCER OF FEMUR SIMULATING GOUT.

By W. T. Greene, M.A., M.B. Dub., &c., &c.,

Formerly Physician to Moira Dispensary.

On the 11th August, 1869, I was called in to see Mr. G., a retired merchant in easy circumstances, who was complaining of general uneasiness and debility, but chiefly of lancinating pains in the lumbar and dorsal regions.

He was a confirmed invalid in consequence of having, four years previously, sustained a fracture of the lower fourth of the shaft of the *left* femur; he had also suffered for a long time from prolapsus ani and hæmorrhoids, and was of an anxious, irritable temperament and impatient of the slightest pain.

When I first saw him his urine was alkaline, full of mucus, highly offensive, and deficient in quantity; and he was under the impression that his kidneys were affected; but he was mistaken.

A few doses of nitro-muriatic acid in bitter infusion shortly improved the renal secretion, but the pains in the back and loins continued, and were soon followed by others in the right thigh and groin of a more intense character, which were frequently accompanied by convulsive twitchings of the limb, at first slight, but gradually growing more frequent and severe.

In a day or two the pain was referred to the calf of the right leg, then to the instep, and then to the great toe; but was unaccompanied by tumefaction or redness of the parts affected. Soon afterwards the hyperæsthesia increased to such a degree that the slightest touch, even contact with the bed clothes, caused intense agony, and made the patient scream so as to be heard in the houses on either side.

At this juncture, by his friends' desire rather than by any wish of his own, Mr. G. was seen by a physician of eminence, who at once and almost at first sight pronounced the case to be one of gout, and promised the patient and his friends to have him "up and about in three weeks."

Alas for rash promises! At the expiration of the period mentioned poor Mr. G. was in an infinitely worse condition than he had been at its commencement; for dyspepsia, induced by some of the remedies prescribed (olive oil and Vichy water amongst others), was superadded to his former miseries, which were not one jot relieved.

Satisfied, myself, that the case was one of malignant disease, and the physician persisting in his opinion, I suggested a consultation with another eminent member of the Profession; and this gentleman, after a careful examination, agreed with me that the complaint from which our patient was suffering was undoubtedly cancer, and not gout—cancer probably in the mesentery, which by pressure on the lumbar plexus caused the excruciating pains and spasmodic twitchings of the right leg to which I have already referred; the man's general appearance also, to an unprejudiced eye, being quite diagnostic of malignant disease.

Previous and subsequent to the first physician's visits my endeavours had been directed to the alleviation of pain and the correction of incidental complications as they arose. Hypodermic injections of morphia and morphia suppositories were freely used, much to the patient's relief; but after he had been seen by the second physician, chloral hydrate in thirty-grain doses was exhibited nightly with more satisfactory results.

Thus matters went on for several weeks, the patient gradually growing weaker, but with the prospect, nevertheless, before him of many months of life and suffering, when an accident took place which brought about a speedier termination to the case than anyone expected.

On the 18th of March, whilst raising himself up in bed for the purpose of using the bed-pan, the patient's right hand slipped, and he fell backward, snapping the right femur just below the trochanters. I was sent for immediately, and on my arrival shortly afterwards found Mr. G. almost insensible, with the usual symptoms of a fracture in the situation mentioned.

Having procured the assistance of a surgical friend, we placed Mr. G. on a fracture bed, and the limb was supported on both sides by sand bags. Soon the shortening, which at first was not great, became considerable, and a tumour, which increased rapidly in size, formed itself at the extremity of the upper fragment. After this the patient's sufferings were much less than they had formerly been, and he expired quietly just three weeks after the occurrence of the accident.

A *post-mortem* examination, obtained with much difficulty, revealed the following facts :—A tumour consisting of decalcified bone, plentifully interspersed with cancer cells, and as large as a man's fist, was apparent, involving the upper fragment as far as the neck of the femur, which, as well as the head of that bone, was healthy. The lower fragment for about two inches of its length from the seat of the fracture was similarly affected, but to a less extent. In both portions the medullary canal was completely obliterated. On opening the abdomen, the lowest lumbar glands were found enlarged to the size of a walnut, and were of an unusual hardness ; the glands elsewhere were healthy and of normal size. The liver was small and dark, but free from disease ; the gall bladder was distended with healthy bile ; the kidneys and bladder were in a natural condition, as were also the rest of the internal organs. From this it would appear that the disease originated in the medullary canal of the bone, whence it was transferred to the absorbents ; having advanced with slow and insidious pace for four years, to which date, a short time prior to the first accident, the earliest symptoms were referred, but with giant strides as soon as the fracture of the disorganised bone permitted its free development.

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Reports
ON
DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

ELECTROLYSIS IN LARYNGEAL TUMOURS.

(*Dr. Fieber's Paper continued.*)

I come now to the description of the instruments I have constructed for laryngoscopic application. There are four of them, and all are prepared by Messrs. Mayer and Wolf, of this country. Three have the form of needles, and can thus transfix tumours that are desired to be destroyed. The fourth has the form of a plate, and is adapted to the electrolysis of superficial tumours. One of the needle-shaped instruments is bipolar, the other two are worked on the unipolar system in my practice.

I have provided a hard india-rubber covering for one of these two last, which permits me to unmask the point of the instrument when it is near the neoplasm to be operated on. This instrument has a wooden handle, on the under surface of which is a clamp-screw to receive the guiding wire of the battery. It is not necessary to mention that this directing wire of which we have spoken should be as long, and, at the same time, as thin as possible, so as not to prejudice the operator's freedom of movement through any unforeseen exertion, nor through its great weight. I generally place the zinc pole of the battery in connexion with the galvanic cautery needle. On the upper surface of the handle, near the needle extremity, is a shifting brass button, which can be easily moved by the index finger. When the button is pulled back the shifting brass rod remains completely covered up in the india-rubber shell. When it is pushed forward the end of the brass rod becomes uncovered for about eight lines, and shows a sharp needle point covered with platinum, which can be made to pierce the tumour and be kept in place by the same finger. If the zinc pole is connected with the galvanic cautery, we can advantageously substitute a good, polished steel point for the platinum. This instrument has the curve of a laryngeal sound, and, like the latter, is introduced under the guidance of a mirror. The instrument is bent a little near the handle, so as not to interfere with a proper illumination of the parts. When the point of the instrument is inserted into the tumour, the current is closed until an assistant can apply the other pole to the neck or place it in the hand of the patient ; then the series is gradually opened, as I have already said. I have already spoken of the strength of the current, as well as the duration and number of the sittings. Some persons may have taken offence because I have passed over some not unimportant parts of capital instruction in laryngoscopic operations. This was more possible, as electrolysis in the larynx does not demand the same preparations as are required for the introduction of the laryngoscope or laryngoscopic sound. Previous training and local anæsthesia of the laryngeal mucous membrane, which is generally required for the introduction of cutting, piercing, heating, and other instruments, I have never found necessary for electrolytic operations. It is proper not to be assured at first that this instrument can do no harm in the hands of the least skilled operator ; the surgeon must be able to recognise the picture before him by means of the laryngoscope, certainly a very moderate pretention in an operator. Then if the cautery needle is stuck into a healthy tissue, so is this in its consequence only a disagreeable stick of the needle, and as the current is let on by degrees, you have time to cut it off in case you see by the mirror your error in the direction of the instrument. The same holds good in errors caused by nervousness or strangling movements on the part of the patient. On the contrary, when the instrument enters the tumour the action is perfectly evident. An operator who possesses sufficient dexterity to guide an unguarded needle point into the larynx, can use my uncovered galvanic cautery needle. This, like the first, has a square wooden handle, and on its free end a clamp-screw to receive the conducting wire of the united poles. On the other end of the handle is fastened a small steel rod, growing gradually thinner, until it ends in a sharp polished point. The little rod has an isolated passage to the point and runs in a direct line at first, then it takes the curve of a laryngeal sound, to be applicable to the form and situation of the tumour as well as the configuration of the larynx in the given case. The manner of applying the uncovered needle is otherwise entirely analogous to the covered. Since the public description of the uncovered needle, an objection has been raised by Voltolini in the second edition of his book, "The Use of the Galvanic Cautery in the Larynx, &c." With all respect to this circumstance, I cannot allow that I make the instrument unnecessarily heavy by encasing it in an india-rubber tube. Voltolini forgets that I am looking to the wants of the practising physician, and not the specialist, and that it is by no means immaterial with the unskilled, whether he has a covered or uncovered instrument in his hands. On the contrary, I agree with Voltolini in his judgment of electrolysis in the larynx, when he says :— "As galvano-cautery instruments are now constructed for the conveyance of the current into the larynx, two wires must always be introduced. Now make these wires as thin as you can, and together they will always be as thick as one twice their size. But in electrolysis we are only necessitated to introduce one wire into the larynx where the thinness of an instrument is of great moment on account of the contracted space."

The double needle which I have constructed for the cauterisation of tumours of the larynx, is in its most important part made like the electrolytic needle, with covering tube used for unipolar cauterisation. It consists of a square, slightly-curved handle roughened at its upper and lower extremities, having at one end two clamp screws for the wires from the battery, and at the other end a tube, curved like a laryngeal sound, so that you can give the instrument any desirable curve. In this tube are two well isolated wires, whose sharp platinum points, some three lines long, are at a distance of two lines from each other. On the upper surface of the end of the handle next to the tube is a semilunar metallic plate. As long as this is turned backward the wire and platinum are completely covered by the tube; if turned forward, the platinum needles spring forward, and can be forced into the neoplasm. Here, also, the rule holds good not to force the needles forward until the tube is directly over the tumour. If you were to let on the current when the needles have attained the desired position it must be done by a metallic arrangement in the series itself, and that can be attended to by an assistant. From what I have said before, it will be remembered that the needle connected with the positive pole remains pretty well fixed in the tissue to be destroyed, and can only be extracted by the use of a certain force. We need not fear this in the larynx, as this only happens in the larger tumours. We best remove the needles from the neoplasm by pushing back the semi-lunar plate, and then withdrawing the instrument.

I now come to the description of the instrument for superficial cauterisation of laryngeal tumours, which is not plunged in like the galvanic-cautery needle, but merely applied to the surface of the tumour, and usually connected with the zinc pole. It consists of a modern handle, which has a screw for the wire at its upper end. On the handle is a brass rod, with an insulating covering, curved like a laryngeal sound, which is sufficiently pliable to take any desirable curvature. At the end of this rod is an elliptic plate of steel, or platinum, which can be unscrewed in order to apply different forms of plates for different tumours. The closure of the series is the same as in the unipolar-cautery needle. The instrument for superficial electrolysis is to be especially recommended when we are to deal with tumours not very extensive, and with a broad base. In ulcerated, hence moist, surfaces we are to expect a great deal from this form of electrolysis, and will in many cases not be forced to resort to the needle. For the galvanic cauterisation of laryngeal tumours in general this instrument is applicable. We know how advantageous the galvanic cautery is for torpid ulcers in general. From what has been said, the general practitioner can easily assure himself of the value of the electrolytic process in the larynx, so that I need speak but briefly in comparing my method of operating in the larynx with those of others.

The galvanic destruction of tumours in the larynx, or its entrance, with a red-hot instrument, is only to be attempted by a specialist. By the non-specialist this method is scarcely to be employed, even should the covering not have the thickness of a bread-knife, as Voltolini expresses himself. And even the specialist must be very careful in galvano-caustic operations in these regions, for, as I have repeatedly said, he is master of his hand, but not of the movements of the patient, and much harm can be done by the red-hot metal at the wrong place. It is self-evident that electrolysis may be said to be perfectly harmless in comparison with the galvano-caustic process. However, I desire by no means to speak against the latter, and the introduction of a red-hot metal into the larynx in the hands of a specialist. Cutting and piercing instruments can do just as much harm if used by unskilled men. In addition to this, they bring with them the danger of hæmorrhage by any sudden movement on the part of the patient tending to change the direction of the instrument. To avoid this, local anæsthesia of the larynx has been attempted; this, however, is not always successful, and to brush the larynx with chloroform or solutions of morphia, &c., is sometimes very difficult, and is not well borne by many. The tearing out of growths in the larynx is in general less difficult, but it is only applicable in certain forms of growths, and may prove dangerous, as the operator is not always in a position to judge justly the consistency and adhesion of a tumour, making the operatoin cover a larger ground than he expected. Hæmorrhages may also occur. The injection of perchloride of iron for the destruction of the neoplasm may prove exceedingly dangerous, as the gangrene may spread beyond the desired boundary, and bring on a fatal hæmorrhage. Extracting polypi with a wire loop is one of the least dangerous operations even for the less skilled, but it is sometimes very difficult to apply the loop, regardless of the fact that there is only a certain class of growths which permit its application. Crushing and scraping off laryngeal growths is only applicable to small and soft excrescences. Cauterisation with chromic acid is barely possible, as the ready solubility of the crystals makes circumscribed applications impossible. Cauterisation with nitrate of silver is generally only applicable to small tumours, and only to be used for larger ones if they are pedunculated, and we have cause to avoid the loop-knife, or forceps.

I have only briefly compared my method of operating in the larynx with that of others, as we only need give the general outlines of the various operations in order to properly estimate the value of electrolysis. It does not offer those sudden dangers in less skilled hands that tearing, cutting, or piercing instruments do. It does not depend upon certain forms of tumours as the application of the loop or the forceps. It causes no hæmorrhage like all other operations, except the galvano-cautery. It has a circumscribed and purely local effect in opposition to the injection of the perchloride of iron, and cauterisation as with chromic acid; it is not confined to small growths crushing and scraping instruments, or cauterisation with the nitrate of silver. Besides, in most cases, we can dispense with local anæsthesia, while in other methods this, as well as training the patient, can but rarely be excepted. After all this, it will not be difficult to understand clearly the indications and counter-indications for electrolysis. The indications are part subjective and part objective, the former refer to the operator, and the latter to the patient. With regard to the operator it is to be preferred to all others, because it may be readily used by any physician with very little manual dexterity, as in the worst case he will do no harm to the patient. With regard to the objective indications, the patient is usually spared the customary training, local anæsthesia, &c. If the patient is timid, and fearful of the knife (a not very rare occurrence), it will re-assure him to know that he is to be operated on by a method excluding what he dreads the most. If he is sensitive, and impossible to be kept quiet during the operation, no evil results follow the involuntary motions he may make. There are very few counter-indications; as a rule, only two. First is the excessive size of the tumour; for instance, if it were to fill the greater part of the larynx, because it would possibly take more time in destroying the growth. But these must be tumours of excessively large size if they should be a counter-indication to electrolysis, for even very large tumours sometimes dwindle wonderfully by this process. I hereby refer to what I have already said about the rapid destruction of a carcinomatous nodule in the tongue, as well as to the following remarks. Should, however, a neoplasm of the larynx be so voluminous that there would be no possibility of destroying it by electrolysis in a sufficiently short time (a very rare case), I would advise my unskilled colleagues to use a combined procedure. First remove a part of the tumour with the knife, and eventually destroy by electrolysis the remnant of the neoplasm which has not been removed by the knife. A second counter-indication, which is often found combined with the first, is the necessity of removing the tumours in a short time, for instance, in case of severe dyspnœa, but then it will not be possible to employ those preparations necessary for other operations, and nothing will remain but tracheotomy or laryngotomy. When we compare the indications with the counter-indications we find the former many in number, and of great importance. Of the latter, there are few, and for the most part applicable to all other methods of operating without opening the larynx.

I close this essay on electrolysis with a few casual remarks, which may be proper, as well as practical, to illustrate the proposition. Isolated cases are taken with different pathological forms, that we may carry out the therapeutical experiment in diverse directions.

I. A woman, very strongly-built, æt. 42 (from the practice of Dr. M. Schlesinger), was suffering with laryngeal perichondritis, and came to me on October 18, 1870. I destroyed the growth by means of the unipolar galvanocaustic needle, which communicated with the zinc pole of the battery. It was the size of a split bean, and showed an ulcerated base coming out of the arytenoid cartilages; it required three sittings. After the first sitting a slight shrivelling began, which became very evident after the second. After the third the reddish blue colour changed into a dark gray, and it was contracted to a minimum, it then could be left to the action of a spontaneous mortification. The first electrolytic procedure was accompanied by a moderate amount of coughing, the other two passed off in an unimportant manner. There was no preparation in this case; local sponging with chloroform was impracticable, because the patient was very sensitive, and her laryngeal mucous membrane swollen, and refused to bear the irritation. Nitrate of silver also could not be used, for the patient was very nearly suffocated when I applied only a mild astringent.

II. I had a similar result in the treatment of a female servant, J. S., æt. 48. At the end of May, 1870, the patient felt a cutting in the throat after drinking some cold beer when she was very warm. She sought relief by drinking rum and other home remedies, but they did no good, and she continued the same, with hoarseness in addition. This strong and hearty woman came to my wards and clinic. There she said that for several years she had suffered with pains in her throat, but all had disappeared a short time previously. By laryngoscopic examination the mucous membrane was seen to be everywhere swollen and red, so that the vocal cords were covered. A tumour was growing out of the left ventricular band, and hung into the middle of the laryngeal cavity; it was about the size of a hazel-nut, and was covered with a blueish-red mucus membrane; it was found to give, when pushed with a laryngeal sound. At the twelfth sitting we succeeded in removing it; we used a unipolar needle connected with the zinc pole. Anæsthesia of the larynx was not necessary, and sponging proved impossible, as in the former case.

III. A painter, æt. 50 (who has since been treated for chronic laryngitis), felt many years a cold and catching sensation in his throat. He would rinse his mouth and find relief; so he allowed it to go on. In the month of May, 1870, by laryngoscopic examination, I saw in the patient (then totally aphonic), that the ventricular bands were double their natural size, and on the left vocal cord two knots separated by a groove; the right cord was red and inflamed. The patient complained of pain in clearing his throat; there was nothing in the lungs. Both knots removed in two sittings by means of the unipolar needle connected with the zinc pole. A solution of the nitrate of silver was used for the swelling.

IV. A house-painter's wife, æt. 25, E. B., otherwise healthy and strong, appeared on the 3rd of August, 1871, in the clinic of my division, with the statement that five months previously, after her confinement, she began to be hoarse, which has continued ever since without causing any pain. The mirror showed a tumour hanging from the under-surface of the left vocal cord, near the anterior commisure. It was about the size of a lentil, and rested on a broad base, its free rather pointed extremity lay somewhat between the cords. The tumour had the form of a small peg; was seen when the patient breathed, but was hid in phonation. The surface of the tumour was of a dull red colour and seemed granulated. The vocal cords were slightly coloured. Without any preparation this was electrolysed four times and was reduced in size to the volume of a millet seed, while the hoarseness almost disappeared. The patient then left Vienna, but after many weeks she returned, and I proposed to finish the cure of the neoplasm as soon as possible, but the woman was so contented with the improvement that she would allow no further treatment.

V. A veterinary surgeon, æt. 44, Mr. M. S., presented himself before me on the 11th of July, last year, when he was also seen by the surgeons Dr. Von Mertens and Dr. G. Scheff. He brought with him a history of his trouble written by himself, of which I now give the most important points. On the 28th of December, 1870, during a high wind and the thermometer standing at 6° to 8° below freezing point, he made a journey of some sixteen miles, and on his return was hoarse. Although the patient had a fever (pulse 92 to the minute), he had no Medical attendance. I must also say that he was compelled to speak a great deal, and being exposed to all the changes of temperature his hoarseness gave him much trouble. Later, while still in this condition, he made a journey in a temperature of 20° to 24° of cold. At the end of March he had nocturnal attacks of dyspnœa, and about the middle of April they were so distinct that he could not sleep at night through fear of strangulation. He grew daily thinner in his two left extremities, until he was prevented from walking and riding. An itinerant advising physician saw in his a plain case of syphilis, and recommended a course of treatment, which, however, was not taken; another advised sulphide of potassium, baths, and rubbing with croton oil. This he did, as well as to take the sulphate of gold internally. All this did no good, and the patient came to Vienna. On the 11th of July I made an examination with the mirror, and found two tumours which partly covered each other. The larger grew out from the right ventricular band, and was nearly twice the size of a bean. Its colour was bright red, and its surface glandulous, uneven, and convex. The somewhat smaller tumour was near the middle, and grew out from the right vocal cord. In colour, surface, and configuration it was similar to the first. Although the result of the examination with the mirror offered sufficient satisfaction, the situation and size of the growth, as well as the form of the attack of dyspnœa, caused me easily to believe that it was malignant in its origin, so I scraped off a few pieces with Mathieu's cutting loop éraseur, which gave evidence under the microscope of carcinoma. Under these circumstances the prognosis was rather gloomy, still I held it as my duty to make every effort in reach of surgical knowledge to give the patient at least temporary relief, and thereupon determined to attempt its destruction by means of electrolysis. Fifteen sittings (unipolar needle being connected with the zinc pole) succeeded in diminishing the tumours so much that the small remainder disappeared under the application of the nitrate of silver, partly given in solid form, and partly in solution. Already he began to have periodical attacks of pain, which were eased a little by the application of chloroform and morphia, or chloroform and the tincture of opium. I kept the patient in Vienna as long as I could, because his hoarseness had not diminished. Finally, his profession forced him to return, and I charged him to revisit me at his earliest opportunity. Alas! he never had the opportunity; short time after I heard the news of his death.

VI. A woman, æt. 43, appeared on the 17th of October at my clinic, and said that eight days before she had a hoarseness which finally ended in losing her voice, and that she suffered from a severe cough and pain in the side. After a very difficult laryngoscopic examination, I found a tumour hanging from the under half of the left vocal cord. It was removed in two sittings by Dr. Scheff.

THE CONVULSIVE DISEASES OF WOMEN.

Delivered at the Royal College of Physicians,

By Robert Barnes, M.D. Lond.,
Obstetric Physician to St. Thomas's Hospital.

LUMLEIAN LECTURES.

I.

The Lumleian Lectures were this year delivered by Dr. Barnes, who took for his subject "The Convulsive Diseases of Women."

In the course of the first Lecture Dr. Barnes said:—

The Father of Medicine, a great intellect, himself might master all the Medical science of his age; but such a comprehension has never fallen to the lot of his posterity. Grasping what he did, and epitomizing it for future ages, one can imagine the old seer, inspired by the vastness of his thoughts, seeking to embody in one pithy and pregnant formula his prescient estimate of the wonderful growth of the art which he practised and taught.

How far that clear intelligence, or the still brighter genius of Harvey, who practised midwifery, would have approved the actual, minute and still proceeding subdivision of Medical practice, it is now useless to speculate. It is hopeless for any one man so to practise, and so to study, all the branches of medicine as to combine harmoniously, and profitably for science, the diverse materials that would accumulate upon him. He would be crushed under the overwhelming load.

There is nothing to be done, then, but to distribute the work amongst many workmen; and on all suitable opportunities to call them together to aid in building up the ever-rising, but never-to-be-completed, Temple of Medicine.

Yet it must surely strike those who reflect, that subdivision of Medical practice may be carried out to an injurious, even to an absurd, extent. The true Medical mind will always refuse to look upon any one organ of the body as anything more than a dependent part of a whole. But the public seems to grow less and less reasonable upon this subject every day. I have recently been honoured by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumour of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Séquard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were entrusted to Sir William Gull; that Mr. Spenser Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new speciality, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient.

The fragmentary way in which medicine is studied, more especially in this town, undoubtedly interposes a serious barrier to the advancement of true knowledge. And it is not difficult to see that it acts injuriously upon the Medical mind, disposing those who too exclusively study one branch to underrate the merit, and even honesty, of those who study a different branch. This extreme splitting-up of medicine renders almost impossible the attainment of a full perception of pathology, or even of the import of any disease or symptom. It destroys the very idea of correlation, of the mutual reaction of different organs, and of the modes by which all the organs may be affected by one common condition.

There are three epochs, or rather stages in the life of woman, at which she exhibits special proclivity to nervous diseases marked by convulsion. In the first stage, that of infancy, the proclivity is common to both sexes, but more marked in the female. The peculiar state of the nervous system in infancy, its preponderant development, its special susceptibility to emotional and physical irritation, is intimately connected with the wants of a rapidly developing organism. The next stage of proclivity to convulsion begins with the advent of menstruation, and terminates with the cessation of that function. This stage, of course, includes, and is continuous with, that of sexual life or reproductive capacity. It is during this stage that the proclivity to convulsive action is the most strongly marked. The third stage runs almost imperceptibly on from the second. It is difficult to draw a sharp line of demarcation between them. Theoretically, however—that is, physiologically—the two stages are distinct. The third stage begins with the decay of the reproductive capacity, and is prolonged for an indefinite period, ranging from one or two to five years, or more, but is seldom prolonged into the age of senility.

This third stage may be called the stage of aberrant nervous action. During the two earlier stages the nerve-force is employed, except when disordered by morbid influences, in the work of definite functions. These functions being at an end, and the organs by which they were performed undergoing the involution of decay, there follows a period of anarchy, during which nerve-force, no longer finding useful employment, goes astray in every direction, provoking the wildest and most extravagant manifestations. By-and-by, the stage of adaptation or re-adjustment arrives; the nerve force generated finds appropriate occupation, and all settles down into comparative order and calm.

During all the three stages of life marked by convulsive proclivity there is an exalted degree of emotional sensibility. We might even generalise further, and affirm that emotional sensibility proceeds *pari passu* with the convulsive liability. Almost always co-existing, it might be said that the two conditions are convertible into each other. Certainly it may be said that each will often excite the other. Nothing is more common than for an emotion which, under ordinary circumstances, would be completely controlled by the subject, to evoke a fit of hysterical, epileptic, eclamptic or vomitive convulsion, when the nervous centres are in a state which we may describe as *convulsive tension*. And on the other hand, if the convulsive fit be excited by reflex irritation, it is almost surely followed by an exalted degree of emotional sensibility.

It further deserves to be noted here that emotion takes a large part in every act or process of the generative function. In short, emotional affectability is the measure of convulsive liability.

To show how nearly an expulsive labour-pain is allied to convulsion, we have but to observe the course of a pain towards the end of labour. A premonitory shudder, the forerunner of the storm, often a rigor, often vomiting, usher in the pain, just as we frequently observe before the outbreak of a fit of epilepsy. Women have told me that at this moment they felt sure they were on the verge of convulsion. From the moment that the uterine contraction begins, voluntary power to stop the action ends; the patient may, indeed, give intensity to the effort by adding the force of voluntary effort, but she can hardly lessen it. And in a true expulsive pain, she is even unable to withhold the aid of the voluntary muscles. This may seem contradictory; but the fact is, that at a certain point the expiratory muscles, which are usually under the control of the will, cease to be so. The glottis is closed; the chest-walls are fixed; the expiratory muscles contract powerfully; the muscles of the neck compress the veins. There is, as in epilepsy, trachelismus; black blood circulates, or is delayed, in the brain. Delirium or temporary unconsciousness supervenes. The resemblance to epilepsy is, for the moment, so close that the two conditions can hardly be distinguished. If in such a case a dose of ergot be given, the convulsive character is so intensified as to make the resemblance even closer still. The ergotic contraction may last for ten or even twenty minutes; it is almost tetanoid in its character. Under the strain it puts upon the lungs I have seen universal emphysema occur, spreading from the neck; and the strain upon the vessels may cause rupture and extravasation, apoplexy; and this even when no ergot has been given. This is the history of some cases of sudden death in labour.

How can we account for that enormous supply of nerve-force by which the work of parturition is effected? It is hardly an exaggeration to say that, in many women, there is a larger expenditure of nerve-force in the execution of this function, all spent within a few hours, than they have ever before expended upon muscular exertion for weeks and months together. For many women, the day of childbirth is the only day's hard work they have ever known. What does this imply? It seems to me to be a physiological necessity that to generate the inordinate supply, a corresponding development, a physiological hypertrophy, analogous to that which takes place in the heart, should take place in the spinal cord. This hypothesis is based purely upon physiological and clinical inductions; and Dr. Barnes has no anatomical data upon which to support it. In the ordinary condition, the healthy correlation of resisting power, of irritation, and of nervous energy is so harmoniously preserved that all works in an orderly circle. But disturb this correlation, and the nervous energy is wasted or misapplied. What are the chief causes of disturbance? Clinical facts show them to be: 1. Altered conditions of the blood; 2. An hereditary or acquired peculiarity in the nervous centres.

Both of these conditions need not co-exist; one of them is enough.

To bring together the factors which combine to produce a fit of puerperal eclampsia, we find them to be:

1. Accumulated irritability of the nervous centres, the product of an altered state of nutrition induced in them by pregnancy, so as to provide a due supply of nerve-force for the work of the uterine muscles and the muscles auxiliary to the uterus.

2. An eccentric stimulus usually conveyed from the uterus to the nervous centres; calling these into action.

When these two factors only exist, a healthy labour may result.

3. But a new factor may be superadded. An example of this we find in that peculiar state of the blood which is marked by albumen in the urine. The blood is literally poisoned. When this toxæmic condition exists in pregnancy, two things are always threatening: the one is premature labour, the other is eclampsia. Either event may be the first in order, each may provoke the other. It has been commonly supposed that labour is the immediate cause of the convulsion. But this is only true in a limited number of cases. At any moment a pregnant woman, the subject of albuminuria, may be seized with convulsion without the slightest evidence of an initiatory attempt at labour. The fact is, that the poison in the blood, intensifying the irritability of the nervous centres, disposes them to respond by a storm of nervous energy on any excitation; and thus to anticipate the normal advent of labour. A third, and a negative result may happen, which it will be convenient to dispose of at once. The pregnancy may continue to term, and no convulsion may occur. This event was stoutly denied by the late Dr. Lever, who was one of the first, if not the first, to establish the connexion between albuminuria and puerperal eclampsia. But absolute, universal dogmas in medicine are dangerous. They are probably always wrong.

Analysing the history of fifty-three cases of puerperal eclampsia, of which I have preserved notes, I find that in sixteen the convulsions broke out without any antecedent sign of labour; labour being an epiphenomenon caused by the convulsion, or induced by the Medical practitioner. I believe it is scarcely possible for eclampsia to break out, and for the pregnancy to go on. One of two things will almost certainly happen: first if not delivered, the cause of the toxæmia persisting, the convulsions will be continued and prove fatal by exhausting the sufferer by shock or by direct lesion of the brain; or secondly, labour will be induced by the circulation, or stagnation, in the nervous centres and uterus, of blood charged with excess of carbonic acid. Such blood acts, as Marshall Hall and Brown-Séquard have shown, as a direct stimulant to muscular contraction. Under its influence—and I am not now speaking from the authority of these great physiological experimentalists, but from my own careful clinical observations—the convulsion occurs first; one feels the os uteri perfectly closed, and no uterine contraction. Presently when one or more fits have occurred, when black blood is circulating, uterine action begins. Once started, the nerve-storm seizes the uterus as well as the voluntary muscles; the sphincters relax, the os uteri dilates, and the labour proceeds.

It is only thus that we can account for the large proportion of cases in which labour comes on prematurely at six, seven, or eight months of gestation.

I have, however, seen a case in which uræmic eclampsia broke out in the eighth month, and the pregnancy went on to term.

I have said that the convulsion may be the immediate cause of labour. The converse is also true. Labour may be the immediate cause of the convulsion. Uterine action, with or without the pressure of the head upon the irritable neck of the uterus, acts as an excitor of convulsion. In a certain proportion of cases, the first fit follows upon the dilatation of the cervix and the contact of the head with the os uteri. The influence of uterine action may be clearly traced. After a fit there is a period of comparative calm, marked probably by stertor, coma, and mental unconsciousness. We hope that the calm will continue; but, presently, we see the patient writhing uneasily as if from abdominal pain; placing the hand upon the abdomen we feel the uterus contracting; and then a fit breaks out again. This order of events may be repeated several times. So long as the uterus is quiet there is no fit.

We may test the effect of uterine irritation more directly still. We may ourselves apply the irritation by touching the os uteri with the finger for the purpose of examination, or with the view of accelerating the labour. In many cases a convulsion immediately follows.

And this is an observation I have often made. It is at times necessary to pass the catheter. So great is the nervous tension, so lively the irritability of the nervous centres, that the merest touch of the vulva induces such resistance—albeit the patient's mind is unconscious—that it may be impossible, without the aid of chloroform, to pass the instrument. Nor is the hyperæsthesia limited to the genital organs. The whole surface of the skin is irritable to an astonishing degree. It is a common impulse from which some Medical men are not free—to seek to exorcise the fits by dashing cold water on the face, by applying blisters and sinapisms to the neck or calves. A fit is too often the consequence. Irritation of the skin, especially the sudden impression of cold upon the face or chest, by its action upon the respiratory nerves, is a pretty sure way to provoke a fit. I have seen the jar, the shaking of the house, caused by a heavy carriage passing along the street, produce a fit. And when the stage of coma is passing off when consciousness is returning and with it emotional susceptibility, almost any mental impression will act like a physical shock; and again a fit is produced.

But convulsion in pregnancy or labour may occur without albuminuria. In this case we must invoke an equivalent *tertium quid*, something which lends intensity to the normal physiological erethism of the nervous system. This something may be another kind of blood-affection, or it may be some altered condition of the nerve-substance associated with the strumous or syphilitic diathesis, or some indefinable hereditary taint.

In another order of cases, the outburst of convulsions is deferred until the natural term of gestation. Here we may suppose one of two things: either the albuminuria did not begin until near this term—and this is probably often the case,—or, existing for some time before, the induced irritability of the nervous system was not intense enough, or the stimulus was wanting to start the convulsions. This latter hypothesis is also often true. For albuminuria may exist, beginning in mid-pregnancy, and go on to the end without necessarily inducing either convulsion or labour.

I have offered the conjecture that the blood-change indicated by albuminuria may arise rapidly, even suddenly. The observations must be very rare in which the urine, being free from albumen one day, has been found charged the next. Naturally, the urine is not examined unless there is a present pathological indication.

TO THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

GENTLEMEN,—I have the honour to solicit your vote and interest for the office of Councillor of the Royal College of Surgeons in Ireland, the election for which will take place on Monday, the 2nd of June.

Having been chosen by the Fellows of the College to occupy the seat vacated by my father, and having been re-elected for four successive years, I resigned that position last June, as required by Charter, in order that I might become a candidate for the Professorship of Ophthalmic Surgery in the College.

I now seek to be reinstated in the office thus vacated.

I have acquired within these four years an intimate knowledge, both of the public policy and internal economy of the College, and am, by the nature of my avocations, conversant with all matters relating to Medical education and qualification, and with the course of all public affairs in which our Profession is interested.

Having been for many years Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and being at present Surgeon to the Dublin Eye and Ear Infirmary, I venture to believe that, if elected, I shall have a distinct function to discharge as the representative on the Council of this special department of surgery, the importance of which the College has recently recognised.

When I had the honour of a seat in the Council I cooperated actively with a special Committee of Council in a reconstruction of the system of examination with the view of making it more just to the student, a more reliable test of the practical work and personal observation of the candidate, and a more effectual guarantee of the competency of the licentiate; and, if elected, I shall continue to urge upon the Council the expediency of such reform.

I also applied myself energetically to a review of the income and expenditure of the College, and I still entertain the opinion then expressed by me that an unduly large share of its ample income is now applied to the maintenance and establishment charges of the College, which might with more advantage be devoted to the development of its museums and library, and to other educational purposes which would enlarge its usefulness and importance as a public institution.

I recognise the existence in the Charter of many provisions which are unsuited to the present necessities of Medical education and of collegiate administration, and I shall give my earnest support to any proposal for its amendment whenever the present unsettled state of medico-educational reform will allow the subject to be dealt with.

I consider that the interests and opinions of the large body of Licentiates and Fellows who are entrusted with the administration of the Medical charity and registration systems are, in the highest degree, worthy of the consideration and attention of the Council, and, as I am familiar with the subjects in which the Poor-law Medical Officers of Ireland are interested, I shall, if elected, continue to give expression to their views in the Council.

I hold the opinion that it would be for the advantage of the College, and but just, that without at all fettering the elective freedom of the Fellows, arrangement should be made for an annual change in the constitution of the Council by rotatory retirement or otherwise. I have, both in the assembly of the College and in the Council, voted and spoken in favour of this principle, and I shall, if elected, support any proposition having such object.

The power to elect to the office of representative of the College in the Medical Council belongs, in my opinion, both legally and equitably to the Fellows of the College, rather than to its Council. When the opportunity shall occur for claiming for the Fellows such privilege, I shall urge that view on the attention of the Council.

I am convinced than an open and liberal policy, both in public and administrative questions, and the principle of progressive reform in all matters of surgical education and legislation, will be for the benefit of the College and consonant with its duty towards the public; and I shall give a general support to proposals based on these principles.

I am, Gentlemen, yours faithfully,
ARCHIBALD HAMILTON JACOB,
M.D.Dub., F.R.C.S.I.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 14, 1873.

THE QUACKS' CLAUSES OF MR. HEADLAM'S BILL.

IN order that our readers may exercise their ingenuity in picking holes in the legal phraseology which may, perhaps, form the future protection of the Profession from unlicensed practice, we print verbatim the Quacks' clause of Mr. Headlam's Bill:—

" *Unregistered Persons.*

"26. If any person who for gain either practises medicine or surgery, or any branch of medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, and is not registered under the principal Act, takes or uses any of the designations enumerated in Schedule (A) to the principal Act as amended by this Act, or by any of the Acts in the first schedule mentioned, or the designation of licentiate in medicine and surgery or licentiate in medicine or in surgery or in any branch of medicine or surgery, professor of medicine, professor of surgery, physician, surgeon, doctor, or any designation used to distinguish duly qualified practitioners of medicine or surgery, or any branch of medicine or surgery, he shall for every such offence be liable, on summary conviction, to a penalty not exceeding twenty pounds.

"Provided that a person shall not be liable to such penalty if he shows that he is not a British subject and not ordinarily resident in the United Kingdom, and holds a Medical diploma, degree, or title from some university, college, or body in any British possession or foreign country entitled to grant the same.

"If any person who for gain either practises medicine or surgery, or is engaged in the cure or treatment of diseases or injuries, wilfully takes or uses any of the above-mentioned designations to which he is not entitled, he shall for every such offence be liable on summary conviction to a penalty not exceeding twenty pounds."

These clauses appear to us barely better than the 40th clause of the Medical Act of 1858, which has so completely failed to protect the public or the Profession from

Medical swindling. The words "for gain" are designedly introduced in the first line for the security of benevolent persons and ladies who amuse themselves with amateur physicking of the old women of their neighbourhood, and is not to be seriously objected to. The words which destroy the efficacy of the enactment are those in the tenth line of the clause—"Or any designation used to distinguish duly qualified Medical practitioners."

Suppose a certain Dr. Fleecefool desires to change his vocation from pocket-picking to medicine; he straightway opens shop, and advertises himself as "Fellow of the Royal College of Physicians and Surgeons," or "Consulting accoucheur." Such a one will be clearly safe from punishment. He does not call himself by any of the titles set forth in the clause, nor does he appropriate "any designation used to distinguish duly qualified practitioners;" and he may snap his fingers at the law. This phrase should run—"Or any designation calculated to cause the public to believe that he is a duly qualified practitioner." The essence of the offence is the deception practised, and the adoption of any title such as might impose on the public should be the occasion for punishment.

We ask attention also to the second paragraph, under the provisions of which the owner of any Yankee degree obtained *in absentiâ* might cross the Atlantic and practice for five or ten years with absolute impunity.

If Mr. Headlam does not look to these matters the Profession should.

CROONIAN LECTURES.—III.

THE third and concluding lecture was devoted by Dr. Radcliffe to a condition not generally recognised as a distinct disease, and which he proposes to call *cerebral exhaustion;* and, as closely akin to this, a condition underlying hysteria, &c.—*spinal* exhaustion.

1. *Cerebral Exhaustion.*—The symptoms of this disorder are very numerous and may vary greatly in their intensity. They may be arranged in four distinct groups:—

In the first group—failure of memory and of mental energy generally,—sleepiness or the reverse,—depression of spirits,—unusual irritability of temper; in the second group—craving for frequent supplies of food and stimulating drinks, for the latter especially,—lessened locomotive power,—lessened control over the bladder,—lessened sexual activity,—unequal distribution of blood,—an aged appearance; in the third group—malaise in the back of the head and neck,—vertigo,—undue disposition to tears,—immoderate yawning,—bouts of breathlessness and faintness; in the fourth group—epileptiform symptoms,—transitory hemiplegia,—transitory delirious wanderings,—transitory coma.

All these symptoms are never present in the same case, and there is great apparent dissimilarity in many cases from the endless differences in the way in which particular symptoms are present or absent, and in which the symptoms actually present are associated. Still, for the most part, there can be no insuperable difficulty in the matter of diagnosis. There is, however, always the possibility that the symptoms may mean more than mere cerebral exhaustion. In other words, the same symptoms may be associated with a state of brain which may pass off quickly, or which may not so pass off. If they pass off quickly—so quickly as to make it certain that they could not have depended upon any organic change in the brain, like apoplexy, or inflammation, or degeneration in one form or another, then they may indicate nothing more than cerebral exhaustion. If they do not pass off, then they may indicate a graver state of disease than cerebral exhaustion. That is all that can be said upon the subject, except this—that a state beginning in cerebral exhaustion may end in a graver form of brain disease. What this state of exhaustion may be Dr. Radcliffe does not pretend to say, but he knows of no *good* reason for thinking that any one symptom of the disorder points to a state of cerebral congestion, or to an excited over-active condition of the circulation.

The practical questions bearing upon the prevention and treatment of cerebral exhaustion are—the question of food,—the question of walking exercise *versus* rest,—the question of head-work or the contrary,—and the question of the proper position of the head when lying down.

Dr. Radcliffe confesses to being a heretic in matters of diet. He cannot bring himself to accept the current belief that butcher's meat is food *par excellence,* and that all other food is little more than "padding." On the contrary, that views and practices in this respect have changed infinitely for the worse during the last few years, may be one main reason why various nervous disorders are so numerous and often so difficult to deal with.

Dr. Radcliffe has often met with persons just in the state of those who have been overtraining, who are not "up" to any work, bodily or mental, and who say they cannot for the life of them tell why they feel so, for they have not been taking it out of themselves by work of any kind, and they have been doing all they could to keep up their strength, drinking beef-tea by the quart, eating meat three times a-day, and so forth, and who get well with little else to help them when they begin to eat like other people, taking everything, and not too much of anything,—and who do not get well until they begin so to do.

The idea which would seem to have had a good deal to do in bringing this sort of diet into favour, is one which is now effectually exploded. It was, that the amount of urea in the urine was the measure of tissue-waste—of waste in muscular action especially,—and that this waste *must* be met by a proportionate supply of nitrogenised food, of lean meat in particular, for it was natural to suppose that muscle was best fed by muscle. What is influenced by the amount of work is not the quantity of urea, but the quantity of carbonic acid, the latter being directly proportionate to the amount of work done; and this fact is full of significance to those who would take upon themselves to say whether a particular diet is right or wrong—significant as showing, perhaps, that the hydrocarbonous elements of food are, to say the least, quite as indispensable as the nitrogenous.

Most probably a properly mixed diet is best for the generality of persons, in this country at least; but all the evidence is against the notion that meat is to be looked upon as the food which must be had at any price. Hence, the present practice of urging persons at all weakly, especially children, to eat as much meat as they can, may have not a little to do in causing the development of many nervous disorders, and in deranging the health in many other ways besides—perhaps (as the inquiries of Dr. Parkes would lead one to expect) in causing liver and kidney and other glandular disease by over-taxing the eliminating powers of these organs. This, at least, is Dr. Radcliffe's opinion, and he added :—

> "It is high time, I take it, now that meat of all kinds is only to be had at almost famine prices, that people, and especially the poor, should be taught to think that animal food is not so essential as they believe it to be. It is high time, for instance, that the English poor should be taught to imitate the French poor in their diet. But I must not dilate as I would fain do upon these matters, nor must I attempt to lay down any definite rules of diet. Indeed, all that I must allow myself to do is to reassert my belief that excess of animal food, relative or actual, is a very important cause of many disorders of the nervous system, and that in the prevention and treatment of these disorders it is all-important that the oleaginous and farinaceous articles of diet, rather than the nitrogenous, should be fully supplied. I maintain, indeed, as I have long done, that the nerve-tissue (which consists in large measure of a kind of fat) is starved if the hydrocarbons are withheld, and that this withholding is one main reason for the speedy breaking-down in training or in Bantingism; and I further believe that this is not the only way in which the want of hydrocarbons operates mischievously. Indeed, the fact that muscular work shows itself in the amount produced, not of urea, but of carbonic acid, convinces me that the hydrocarbons are necessary for action, as well as for nutrition in nerve and muscle—are necessary, perhaps, in keeping up the electrical charge of nerve and muscle, which, as I believe, has so much to do in nervous action and muscular action. Possibly, also, these hydrocarbons may have some work to do as 'floating fuel,' though not much; for if much work of this kind had been required of them, it is not easy to believe that the natives of hot countries would have been so ready to stoke themselves with oily matter—the Hindoo with ghee, for example, and the Italian with olive oil."

The question of exercise is equally important—over-walking would seem to be no insignificant cause of a break-down in health, in which little or no progress is made towards recovery until the patient begins to economise his strength in this direction, in standing quite as much as in walking, perhaps more. It would often seem as if the amount of vital power at the disposal of the individual did not allow of much head-work and much leg-work together, though quite sufficient to allow of a fair amount of either kind of work singly; and that, under these circumstances, if the head-work must be done, it is expedient to avoid walking exercise rather than to seek opportunities for taking it, and often to settle down in an easy chair and have a nap rather than to walk at all. It is a common thing for a person suffering from cerebral exhaustion to find that he cannot stand or walk except for a short time, and that, if he persists, he soon becomes faint and breathless and unable to talk, though comparatively fresh and well before he began to walk and stand. It is also a common thing, in such a case, for walking exercise, however moderately indulged in, to be followed by inability to keep the thoughts to the point, or by distressing drowsiness or actual sleep, the walking exercise, in short, having brought on head-symptoms which were not present previously. Dr. Radcliffe is convinced that, in very many cases, the persistence in walking and standing, when the opposite rule of rest ought to have been observed, has had mainly to do, not only with bringing on and keeping up a state of cerebral exhaustion, but with pushing matters to the crisis of hemiplegia. The simple occurrence of hemiplegia must show that the brain had become unequal to the full amount of locomotive work demanded of it; and, if so, then there must surely be grave danger that a jaded brain may break down in hemiplegia if it be overtaxed in the direction of this particular work.

So in regard to head-work, rest may be too much insisted upon in cerebral exhaustion and in other cases of the kind. What is wanted generally, even at the beginning, is, not that work should be given up altogether, even for a short time, but that it should be moderated in amount or changed. Dr. Radcliffe declared it a grave mistake to let the mind lie fallow, even for a short time, not only in the particular case under consideration, but in all cases where head symptoms have to be dealt with—in epilepsy, for example, no less than in cerebral exhaustion. In the case of an epileptic child he would be altogether hopeless of arriving at a satisfactory result except by building the plan of treatment on this foundation; and the same feeling would influence him even in the case of an adult suffering from cerebral disorder of any kind, if he could not keep his mind from preying upon itself by providing him with some proper occupation. Of course this notion may be carried too far. Undoubtedly harm, much harm, may be done by pressing the necessity for work too strongly; but, practically, this danger will prove to be small in comparison with that of letting the mind lie fallow.

Respecting the last question, the recumbent position has obviously very much to do with sleep. A person sleeps on lying down, and for the most part as long as he continues to lie down. Undoubtedly sleep may happen in the sitting posture, and even while standing; but these cases are exceptional, and the broad rule remains, that sleep has to do with the recumbent, and wakefulness with the sitting and erect, positions. It is certain, also, that sleep in bed is, as a rule, sounder with a low pillow than with a high pillow. If, then, there be a state of wakefulness at night, the head should be kept low; if, on the contrary, undue sleepiness be the state of things then met with, the head should be kept high. Nay, it would even seem to follow that the degree of sleep, and the amount of it, may be regulated by simply taking care that the head is in the right position. In cerebral exhaustion, or in any other head-affection where prolonged recumbency is a necessary part of the treatment, Dr. Radcliffe uses invalid couches, or some contrivance to regulate the position of the head (a). "On an ordinary bed, such a patient is very apt to sleep too much in the day and too little at night—too little at night because he has been sleeping too much in the day; and, before long, there is no small danger that, for this reason, night-draughts of various sorts have been introduced into the treatment. On the couch, on the contrary, or on the contrivance which takes its place, all these difficulties are, for the most part, fully [illegible] head in the daytime, the patient remains [illegible] to be able to sleep at night; by [illegible] bedtime, the conditions are rendered [illegible] sleep during the night; *and, as a rule, sleep* [illegible]

(a) One of these contrivances may be made by an [illegible] in a very short time. Three or four ordinary thin deal planks [illegible] joined together so as to make a support long enough and wide enough to bear upon it the bed or mattress upon which the patient has to lie; and then, having first sawn across this support in two places—the one in a line corresponding to the bend at the hips, the other in a line corresponding to the bend at the knees—these three separate pieces are connected by hinges, so as to allow them to be moved upon each other as the three separate pieces forming the invalid bedstead are moved upon each other. This jointed support is placed between the bed [illegible] the mattress and the ordinary bedstead; and, being so placed, the [illegible] or knees of the patient can be easily raised or depressed, as [illegible] raised or depressed upon the ordinary invalid bed, by [illegible] neath it, in the right positions, any thing which may [illegible] joints bent at the requisite angles.

liated in this way—an incalculable advantage—without the help of narcotics."

2. *Spinal Exhaustion.*—The two affections, cerebral exhaustion and spinal exhaustion, are usually associated in a way which makes it difficult to disassociate them altogether; they have many symptoms in common; and very many of the peculiar symptoms belonging to spinal irritation will also be found to belong to spinal exhaustion. The subject is, no doubt, sufficiently intricate, and the diagnosis not always certain; and this must needs be, for as with cerebral exhaustion, so with spinal exhaustion, it may be taken for granted that any grave organic disorder closely related to it may be simulated by the state of exhaustion—that the exhaustion, in short, may mark an early stage of this disorder—a statement which is tantamount to saying that these several disorders may not be so grave at first as they may seem to be; that they only become organic at a later stage; that, in short, the early stage, though fully foreshadowing in its symptoms the more serious disease which is about to be established, may be nothing more than what may be spoken of as *exhaustion.*

In the full summary that we have now given of the Croonian Lectures we have employed as far as possible Dr. Radcliffe's own phraseology, and we trust our readers will find themselves in possession of the most important ideas put forward by the learned lecturer, who has well maintained the honour of the position he has been called upon to fill.

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Notes on Current Topics.

Death from Gonorrhœa.

A CASE of death from this cause has been recorded by Dr. Villneuve, of Marseilles Hospital. The patient was attacked by intense gonorrhœa, chordee, and inflammation. Leeches were applied, and a slough formed which, on separating, exposed the corpus cavernosum; rigors shortly set in and pain in the joints of the upper extremities. The patient got an abscess in the elbow, and finally died from bleeding at the eschar wound on the penis. The history of the case indicated acute gonorrhœa with penile and prostatic phlebitis and pyæmia.

Having seen intense gonorrhœa ending in "penitis" or inflammation of the entire organ, followed by the death of a fine young man, the question suggests itself whether amputation is not necessary and justifiable where no pyæmic symptoms are decidedly evident.

Pleasant for Snuff-takers.

IT is reported that in Berlin a regular diurnal collection of discarded cigar ends is made, which are taken to a certain manufactory where they are converted into snuff. There is, however, one consolation for those who indulge in the nasal luxury of snuffing, that the proceeds are devoted to the purposes of charity.

Australian Meat in Workhouses.

IN our recent "Reports and Analyses on Foods" we stated that if the public could overcome prejudice, tinned meats and extracts would be much more extensively adopted, and a proper estimate of their value obtained. Our remarks and analyses were fully confirmed by Prof. Cameron last week, who stated in his report to the Guardians of the South Dublin Union that he found that 100 parts of beef contained—water, 38·75; albuminates, 26·44; fats, 13·10; saline matter, 0·68. Mutton—water, 58·60; albuminates, 27·67; fats, 13·10; saline matter, ·63, but little difference being observable between the beef and mutton. They contain a larger proportion of nutritive matters than is found in ordinary uncooked beef and mutton. Excluding the fat, excepting that portion which is intimately mixed with the lean, raw beef contains from 70 to 74 per cent. of water, whilst the Australian cooked meat includes only 58¾ per cent. of water. He added—"I find that the cooked meat, mixed with a little pepsine, and kept in water heated to 80° F., is rapidly converted into a chymous substance. From this result I infer that the cooked meat is rapidly digestible. Flavour is an important point in connection with food, and in this particular the cooked meat is inferior to our own fresh beef and mutton. In this respect, too, the cooked mutton is inferior to the cooked beef. The chief deficiency of the beef is its comparative insipidity arising from over-cooking. In recooking it it would be desirable to merely heat it rapidly up to the temperature at which it is to be eaten; and, unless it is to be used in the form of a stew, I think the heat should be applied by means of air and not water."

Of this we think there can be no possible doubt, that there has been a considerable saving to the ratepayers in unions where these meats have been adopted in lieu of butcher's meat; and as their nutritive qualities have been proved to demonstration, we should like them to become more general.

Royal Institution.

THE Annual Report of the Visitors shows an increase in the number of members, 58 having been admitted during the year. There was now 535. Regret is expressed at the prospective loss of Dr. Odling, consequent on his election to a professorship at Oxford. The illness of Dr. Bence Jones, which has, since the drawing up of the report, terminated fatally, is mentioned, and the testimonial proposed for his services recommended.

Stockwell Small-pox Hospital.

THE report of the Medical superintendent (Dr. McCann) of this hospital has fallen into our hands, and we gather that 632 patients have been received during the past year. Of these, 28 were convalescents from the fever hospital, and 3 were found, on admission, to be suffering from other diseases; of these cases, 31 in number, 30 recovered and 1 died.

Out of the 601 cases, 474 have been discharged cured, and 114 have died, leaving 13 under treatment on the 1st of February, 1873, as against 128 on the 1st of February, 1872.

The 13 patients remaining on the 31st of January last have since been discharged.

That the severe type of small-pox which prevailed throughout London in 1870 and 1871 has not abated during the past year, is evidenced from the fact that the death-rate was exactly the same on the whole number of cases admitted, namely, 18·9. Deducting, however, 24 patients who died within 12, 24, or 48 hours after admission, and who could scarcely be reckoned under treatment, the percentage is reduced to 15·5.

Fifteen cases of hæmorrhagic small-pox came under treatment; of that number only one recovered, viz, a boy 14 years of age, who had two indifferent vaccination marks.

Three patients who had been re-vaccinated were admitted, having the disease in a very mild form; but in none of these cases can Dr. McCann say that the operation had been performed soon enough to prevent the attack.

Dr. McCann thus refers to the prejudice still existing among the poorer classes concerning the vaccination of their children:—

> "During the past year many unvaccinated cases have come under my notice, and on making inquiries why so important a step had been neglected, the reply in some cases would be that they feared the constitution of the child might be injured by the introduction of matter which had been taken from a diseased subject, and in others that the efficacy of vaccination was not believed in; of this I give an example: Within the last two months a family, consisting of a mother and three children, was admitted; the mother was vaccinated, the children were not, owing to the father, who did not believe in vaccination; the result was that the children died, while the mother was discharged cured. And in a large number of cases instances are cited in justification of their neglect, in which children who had been vaccinated either died from small-pox, or suffered from severe attacks brought on, as they believe, by vaccination. To these prejudices many lives have been already sacrificed, and that there are some grounds for their existence I do not doubt, owing, as I believe, to careless, inefficient vaccination; and to this cause, in my opinion, this sad state of things is mainly to be attributed. A great advance has been made in vaccination and re-vaccination, but still there are some abuses. I may here mention that during the late epidemic hundreds have been vaccinated with the lymph of re-vaccination, which, it is well known, is deficient in the protective power of primary lymph.
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> "London is now almost free from small-pox; and it is only by the most careful vaccination and re-vaccination that this can be made lasting."

Election of Examiners in the College of Surgeons of Ireland.

The first Tuesday in May is designated by the charter of the college for the election of Examiners for the ensuing year; and, accordingly, the Fellows were summoned for the 6th inst. to witness the election, which was conducted in the manner prescribed. Seven Councillors were chosen by lot, who, after deliberation, selected the candidates whom they thought suitable.

In addition to the outgoing examiners on the Surgical Court, Drs. John Barker, Fleming, W. Richardson, Stapleton, Edward A. Stoker, Tufnell, and O'Grady, all of whom offered themselves for re-election, two other Fellows, Dr. George Armstrong, of Blackrock, and Dr. Gogarty, of Rutland Square, were candidates. For the Midwifery Court the outgoing examiners, Drs. Cronyn, John R. Kirkpatrick, and Roe, were unopposed. For the Arts Court Dr. Henry J. Tweedy, son of Dr. Tweedy, of Rutland Square, was a candidate in addition to the three outgoing examiners, Drs. Thomas Byrne, John Murray, and Nugent. Dr. Tweedy displaced Dr. Byrne, and was elected a member of the Court.

The Election to the Council of the Royal College of Surgeons.

Since our last issue two new candidates have announced their intention of seeking a seat in the Council at the coming election. Dr. McClintock, of Merrion Square, formerly Master of the Rotundo Lying-in Hospital, and Dr. J. K. Barton, Surgeon to the Adelaide Hospital, are the new claimants. By the candidature of these gentlemen the list of Fellows seeking admission to the Council as new candidates is increased to eight—Dr. Mapother, Dr. Jacob, Mr. John Hamilton, Mr. Croly, Dr. Hamilton Labatt, Dr. McClintock, and Dr. Barton, to whom may be added Dr. Kirkpatrick, the outgoing president. As Dr. Robert Smith, of Trinity College, is to be Vice-President, and none of the existing Council will be promoted, there will not be—as far as we can see at present—any seat whose occupant will not seek re-election. With so large a number of new candidates it is probable that several changes in the constitution of the Council will be effected.

One of the competitors—Dr. Jacob—has, in another part of the Medical Press, laid before the Fellows a statement of his views on the most prominent subjects of college policy and administration, and has thus submitted his claims frankly to the approval of the constituency. Each individual Fellow may differ as to the soundness of that policy; but there can be no second opinion, we imagine, as to the propriety of an open declaration, which affords the voters the means of forming a fair judgment on the subject.

Cholera in Vienna.

The *New York Herald* of the 26th ult. has the following telegram from its Vienna correspondent:—"There were twenty cases of sporedic cholera—scattered individual attacks—brought to hospital yesterday. Five of the number proved fatal. There is an effort for concealment of the fact of the presence of the disease in the city."

F. R. S.

The following is the list of candidates for the Fellowship of the Royal Society, who have been recommended by the Council for election:—William Aitken, M.D.; Sir Alexander Armstrong, M.D., K.C.B.; Robert Stawell Ball, LL.D.; John Boddoe, M.D.; Frederick Joseph Bramwell, C.E.; Staff-Captain Edward Kilvick Calver, R.N.; Robert Lewis John Ellery, F.R.A.S.; Lieutenant-Colonel J. Augustus Grant, C.B., C.S.I.; Clements Robert Markham, C.B.; George Edward Paget, M.D.; George West Royston-Pigott; Osbert Salvin, M.A.; the Hon. John William Strutt, M.A.; Henry Woodward, F.G.S.; and James Young, F.C.S. The election will be held on June 12.

The Laryngoscope claimed as an American Invention.

Dr. G. Troup Maxwell, of Middletown, Delaware, read before the Delaware State Medical Society, at its last annual meeting, a paper which is published in the *New York Medical Record* of Jan. 15th, 1873, claiming to have invented and applied the laryngoscope in 1859, fully four months before the first announcement of the instrument was made by Prof. Czermak. Dr. Maxwell's instrument is said to have been constructed in October, 1859, and the first announcement of Czermak's invention was made in Paris in April, 1860, and in America in July following. Czermak's invention, we are told, was prior to that of Dr. Maxwell by a few months, but it could not have been known by the latter, who asserts originality, but not priority, in the invention, and claims to be the first individual in America to employ the instrument.

So much has been said of the invention of the laryngoscope in Europe that we may as well assure our American brethren that it is not worth while to set up their claim. To say nothing of Czermak's indebtedness to Türc, Dr. Maxwell seems not to have been acquainted with the attempts of others. Thus, Garcia long before either, had explored his own larynx with a mirror, and to him Czermak acknowledged his indebtedness. Dr. Prosser James, too, claimed to have explored the larynx of a patient in 1856, but he did not then know of Garcia's paper published in 1854. But all these, and one or two other attempts with which we are acquainted, were long after Babington, to whom, though we gladly accord credit to others who worked without knowing what had been done, we must give the honour of the invention. He exhibited his instrument in 1829 (*London Medical Gazette*, vol. iii., p. 553, 1829). That ends the matter, and America must go back beyond that time before claiming the invention.

Thermometry of Yellow Fever.

From the charts of seven cases recorded by Dr. W. E. Whitehead, which occurred at the West Bank Quarantine Hospital, N. Y., in the autumn of 1870, we find—

The maximum temperature was invariably reached on the first or second day, mostly on the second, and never mounted so high afterwards, except in one instance.

The maximum ranged from 102° to 104°.

The highest temperature had a direct relation to the severity and prolongation of the disease.

There was one fatal case, and in this the daily range was greater than in any other.

In several instances a tertian movement of temperature was observable.

The defervescence was mostly rapid and irregular, commencing on the third or fourth day.

In two cases the temperature fell to 97° during defervescence, but rose immediately to 98°.

From four to ten days elapsed before the temperature became permanent at the normal standard of 98°; or, in other words, before convalescence was completely established.

Propylamin Revived as a Cure for Rheumatism.

We published lately a statement that propylamin had long since been tried and abandoned in America. In the new number of the *Pacific Medical Journal* we are told—

"Twenty years ago propylamin was introduced as a remedy for acute rheumatism, and as such enjoyed some popularity. But its career was brief, and the remedy was soon forgotten. At that time the present writer gave it a trial, and found nothing to commend it but its unsufferable nastiness, which was so great that some patients preferred rheumatism to propylamin. Of late it has been revived as almost a specific. At the sessions of the 'Medical Society of the Hospitals,' in Paris (vide *Gaz. Hebdomadaire*, Jan. 17, 24, 31), a number of practitioners asserted its efficacy, and reported numerous cures of acute rheumatism in a few days. Others, however, made opposite reports, based on their experience. M. Champouillon doubted whether acute articular rheumatism could ever be cured in ten days. The question was left for further experimentation. In regard to the preparation of the agent, M. Dessaigne had made from it a fixed, crystallised salt, of invariable composition, the chlor-hydrate of trimethylamin, the therapeutic use of which would be more commodious if its action should prove identical. Three specimens of this salt were exhibited, one made from herring pickle, one from Chenopodium vulgare (wormseed), and the third from human urine. The best mode of administering propylamin is in capsules, or dragees, each containing about a grain."

The death of the well-known Professor of Psychological Medicine, Dr. A. B. Morel, is announced.

The President and Council of the Pharmaceutical Society have issued cards for a *conversazione* at South Kensington Museum on the 21st.

There is reason to believe that Prof. Gorup-Besanez (Erlangen) will accept the invitation he has received to fill the Chair of Physiological Chemistry in Vienna. The Committee appointed to select candidates consists of Professors Bamberger, Billroth, Brücke, and Schroff.

We understand that Mr. Headlam's Medical Reform Bill comes before the House of Commons on Monday next. Although not sufficiently comprehensive, we nevertheless wish it success as an earnest of future legislation, the thin end of a necessarily thick wedge.

The Medical Society of the College of Physicians in Ireland held a special meeting on Wednesday last, when the adjourned discussion on Dr. Finny's paper, "On Pulmonary Hæmorrhage as a Cause of Phthisis," took place, and Dr. Nixon read a paper "On Mitral Regurgitant Murmur without Valvular Disease."

The Dublin Obstetrical Society met in the College of Physicians on last Saturday evening, when the following communications were set down for reading:— 1. Dr. Morgan, "On Occlusion of the Vulva Cured by Operation;" 2. Dr. Churchill, "Amenorrhœa from Congenital Malformation;" 3. Dr. Halahan, "On Peri-Uterine Inflammation;" 4. Dr. Kidd, "A Case of Chronic Inversion of the Uterus Reduced by Manipulation."

THE EXHIBITION OF SURGICAL INSTRUMENTS.

I.

We can scarcely conceive what motive induced Her Majesty's Commissioners to select surgical instruments as objects of special exhibition to crowds of sightseers, whose knowledge, it is to be hoped, is confined in ninety-nine cases out of a hundred to the appearance and feel of dental forceps, when unpleasantly thrust into their mouths for an aching tooth, or to a gaze into the shop windows of makers. Yet an exhibition, such as it is, exists, and we propose occupying but a very short space with a cursory glance at its contents. Some distance out of the right annexe of the International, high up at the back of the Albert Hall, in about the most awkward and out-of-the-way position imaginable, visitors will find themselves between a variety of well arranged, and well filled cases, containing instruments of almost every age; those one can scarcely believe were ever intended for, or used upon, human subjects, on account of their extremely barbarous appearance; and others of such refined and elegant manufacture as almost to become a temptation for our youths to become surgeons just for the pleasure of using them. Albeit, were it not for the interest which attaches to articles of past generations and the opportunities they give for comparisons, which, in some instances, are very odious, the rooms containing them would not be worth the trouble of ascending the tedious flights of stairs which lead thereto. To this mediæval department the Royal Colleges of Physicians and Surgeons of London, the Universities of Berlin and Marburg, University College, London, the Royal Medico-Chirurgical Society, the Obstetrical Society, Odontological Society, and Her Majesty's Commissioners contribute a number of highly instructive objects; and amongst private contributions to the same department will be found Sir William Fergusson's collection; a knife which was in use during the fourteenth century for the rite of circumcision, lent by Sir Anthony Rothschild; also those used for the same purpose in the sixteenth century lent by Dr. Asher. Dr. Hall Davies sends some obstetrical instruments. Mr. Prescott Hewett and Mr. Wormald instruments for lithotrity and lithotomy. Dr. Morell Mackenzie the original laryngoscopes of Babington and Avery; and some rude instruments used for the extraction of cataract and for lithotomy by native surgeons in India, recently described in our columns, are on loan from Mr. Jabez Hogg. Messrs. Blaise and Co., and Evans and Wormull also exhibit largely in this department which will well repay a visit. In the department of new inventions and modern instruments of surgery and dentistry there are things good, indifferent and bad—appliances which, from appearances, would fairly puzzle an ordinary operator how to use. The entire absence of some of the principal makers, Messrs. Weiss and Sons, Coxeters, Gray, Maw, Son, and Thompson, &c., must forcibly strike one after the most casual survey; an absence which is much to be regretted, not so much on account of the Profession at home, but of foreigners who may be expected amongst us. The three most imposing looking cases are filled with the manufactures of Messrs. Arnold and Son, Louis Blaise and Co., and Evans and Wormull. Messrs. Salmon, Ody, and Son display many improved trusses, and Messrs. Salt and Son, of Birmingham, and Newbery and Sons have also specimens of workmanship in the same direction. Mr. Miller exhibits his new bunion spring and a new truss both of which have already been described in these columns. Another instrument with which our readers are familiar, Dr. Morgan's new inhaler is also shown. In artificial limbs Messrs. Grossmith, Masters, and Gillingham have some elegant specimens, the latter maker also exhibiting a couch and backboard chair. We must confess to no little surprise that the important science of Medical electricity and galvanism has received such meagre attention from inventors, in fact, there is almost nothing where we expected to find one of the largest and most interesting displays, and yet no branch of the Medical art has made greater strides of late years than it. Dentistry, on the other hand, appears to great advantage in the productions of Messrs. Ash and Sons, Mr. Collins, and the interesting collection sent by the Odontological Society. Conspicuous in this department is the dental engine invented by and introduced into this country by Dr. Morrison, of St. Louis, United States. Nor is the Profession of the United Kingdom unrepresented; in fact, very much to the contrary, as we have Dr. Peter Allen, Dr. W. F. Cleveland, Mr. Clover, Mr. White Cooper, Mr. Charles Hawkins, Mr. Napier, Mr. Charles Hunter, Mr. Jolliffe Tuffnell and Dr. Morgan, of Dublin, Mr. Jeaffreson, of Newcastle-on-Tyne, Mr. Greenway, of Plymouth, and Dr. Graham Bennett, of Brighton, as exhibitors of instruments of various kinds. We now conclude this brief and imperfect sketch with a promise of further details should time and space permit.

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Correspondence.

CONTAGIOUS DISEASES ACTS (WOMEN).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I find in your issue of April 23rd a review of a pamphlet entitled "Prophylaxis of Syphilis [communicated]," which contains certain arguments in favour of the Contagious Diseases Acts, and to which, from your exceptional fairness, I believe you will allow me to reply. The arguments in question may be briefly summed up in the following words. Certain women, from lust of gain, vanity, or *abandon*, choose to make a trade of their persons, and that Government has a right to regulate trades, that such regulations must be necessarily applied to women only because they alone are traders, and that the ideas entertained by the author of the pamphlet in question of anything like quarantine or examinations for men, are those of a mere theorist, and of no practical value whatever. In reply to these statements, I deny altogether the assumption that women *choose* to make a trade of their persons.

It is well known that the vast majority of fallen women are driven on to the streets by cruel, biting poverty and absolute want of the necessaries of life. As Mr. Acton says, or rather quotes, with approval on the title-page of his work on Prostitution, "The Eros of our streets is the offspring, *not of Venus*, but the child of *misery and starvation*."

The last census but one showed that there were 20,000 needle-women in London alone, who were working, many of them, sixteen hours a day for three shillings a week; and the *Times* of the same period tells us that "well-born women are dying of want while making shirts at two shillings a week." There has recently been a discussion as to the pay of hosiery seamers in the Nottingham papers, from which it appears that women have to work at this business twelve hours a day for 4s. 6d. a week. I have known girls myself engaged in stitching men's caps together, for which they received 6d. per dozen, and were stopped 2d. for learning, and accomplished needle-women and dressmakers going to work from eight in the morning to eight at night for 8s. a week. Duchabelet showed that out of 3,000 prostitutes in Paris, there were only 30 who could get a decent living by honest labour; and a few weeks ago, when the Postmaster-General advertised for *eleven* females to work in the telegraph department (the pay of which is only moderate), he had immediately *two thousand* applications. I regret extremely that nothing would be easier than to fill your columns with similar instances. There are two and a half million of women in this country who are obliged to live without male help; thousands—though they work from early morn till late in the night—are unable to earn more than from 3s. to 5s. a week, and are often unemployed; frequently, too, aged parents or pining children are dependent upon them. They are literally starving; and when beset by bribes they yield to temptation. We are told that they *choose* to make a trade of their persons: I say, then, of this argument that the premises are as untrue as the conclusion is cruel.

I deny the choice, as a rule, altogether. Of course there are fast women in the ranks of prostitution just as there are fast men everywhere, but it is not these who recruit the ranks; and the only effect of the Contagious Diseases Acts on such is to drive those hovering on the brink into the lowest ranks, debase and vitiate them while there, and render the difficulty of escaping insuperably great.

Then, Sir, with regard to the trade argument, of course it is a very low and disgusting view to take of the sexual relation; but we are indebted to the supporters of the Acts for the expression, and I am willing to argue this question on the lowest as on the highest grounds.

Now, is it not one of the first maxims in law that there can be no trade without a buyer and a seller? And is not the man who buys quite as much a trader as the woman who sells?

Is it not monstrous to suppose that because a man needs only pleasure, and a woman only food, that therefore the woman's guilt is out of all proportion more horrible than the man's, and that Government is justified in subjecting *her* to nameless indignities in order that *he* may be vicious with impunity? I know the promoters of the Acts call this claptrap, and assert that the thing is a trade and ought to be regulated like other trades, where restrictions are placed upon the seller and not upon the buyer. Here, again, the premises are false, for this trade differs from all other trades in the fact that the buyer is not only as much a trader as the seller, but also *as likely to* spread disease. A sanitary law applicable to one sex is not only a cruel injustice, but a mockery, a delusion, and a snare.

It is tacitly assumed that men do not spread disease; but the fact is that they are the most active propagators of it.

No female prostitute ever yet infected a man who did not deliberately inoculate himself, well aware of the risks he was incurring; whereas males carry infection among an unwary class of innocent women, not only wives and their belongings, but servant girls, milliners, dressmakers, and others, who are deceived, seduced, and debauched by these very men for whose convenience it is now proposed to brand them with the ineffable infamy of registration as common prostitutes. Many of the promoters of the Acts declare that they don't care for the sinner himself,—it is his innocent belongings; and we are informed by Mr. Acton that one man in four of the Foot Guards in London is infected. Now this is exactly the proportion in which the Association for extending the Acts assert that London prostitutes are affected. I don't agree with either of these assertions; but granting them for the sake of argument, I should like to know which of the two is the most serious source of disease to innocent persons—the prostitute, to whom men alone deliberately resort of their own free will, well knowing the risks they incur, or the handsome, swaggering soldier, who supplements his miserable pay by incursions into the civilian's kitchen, and spreads disease among a class of innocent women for whom his fine uniform and handsome appearance have irresistible attractions.

Dr. Drysdale tells us that the sailors of Columbus introduced syphilis into Europe. Captain Cook's men first inoculated the natives of New Zealand.

Mr. Sloggett tells us that when an easterly wind blows a ship into Plymouth there is an immediate outbreak of syphilis among the women; and it is well known that when a ship of war visits a South Sea Island, the natives pray their gods to protect them from a curse, because they know that the men will go ashore and infect the women.

Dr. Jeamel says that the French soldiers, although they know they are diseased, deliberately infect women, and only abstain when incapacitated by pain; and the same thing is true of private patients, gentlemen and others, who, when partially cured, often do not hesitate to infect the women with whom they associate, or rather readily persuade themselves that the disease has arrived at such a stage that there is no risk of infection.

Such facts as these might be multiplied *ad infinitum*. I need not now dwell upon them, for they show clearly that to attempt to stamp out disease by restricting women only would be about as sensible as to try and stamp out the cattle-plague by slaughtering the heifers and letting the young bulls roam all over the country.

They show also that any cruel comparison with other trades, even on the lowest grounds, will not hold good, because the buyers in this trade are alike sources of infection with the sellers, and must not only be equally regarded as traders, but alike distributors and sources of disease.

The writer in question tells us that periodical examinations degrade the British soldier. I thoroughly endorse the sentiment. No doubt they do; but if it is degrading for one man to examine another, what must it be for a man to lay a woman out like a carcase and violate her with a speculum for no reason on earth except to see whether she is fit for fornication. I do not for one moment advocate the extension of the law to men: I consider the whole measure, as applied to either sex, most filthy and degrading to all concerned; but I do ask for justice. The powers that be have applied the law to women,—then why not to men? Simply, and by their own confession, because they dare not. The present system, therefore, resolves itself in a simple taking advantage of woman's weakness, which is not only not manly, but which involves everything of which a true man should be most deeply ashamed. Not only have the promoters of these laws thus taken advantage of the weakness of the most helpless of God's creatures, but, in order to do so, they have grossly violated the fundamental laws of this country, and deprived all women of the legal safeguards against injustice and oppression which they have hitherto enjoyed in common with men, and which at the present moment are the inalienable right of the vilest criminals, providing they be only men.

The *Lancet* says the whole question resolves itself into a question of hire; but surely if a woman, who has been bribed by a man to submit to his embraces, loses by acquiescence all the rights of humanity,—if bodily torture, imprisonment, and the ineffable eternal infamy of registration as a common prostitute are to be regarded as a punishment for female transgression,—we are entitled to insist, at least, that full proof of the offence shall be established before a competent tribunal on thoroughly independent testimony, and that the crime—if it is henceforth to be considered a crime—shall be treated as such in both sexes.

Now the Contagious Diseases Acts studiously ignore all these guaranteed rights of British subjects, so far as women are concerned, and violates, imprisons, and forcibly physics all the ignorant and friendless girls who can be forced up to the examining house by the police spies under the farce of a voluntary submission.

While the three or four in a thousand who have sense enough to resist are taken to a magistrate's court, where, on the simple averment of suspicion on the part of a spy paid to accuse before a single magistrate in a secret court, they are liable to imprisonment for life if they decline to submit periodically to a gross indecency, without jury trial, without evidence, without any definition of the offence, without appeal, and without redress, though they have committed no crime, are not suspected of any legal offence, and are *free from disease*, I think I have shown that the trade argument is a very weak one, even supposing the laws were limited to common prostitutes; *but notoriously it is not so limited*,—it is applied to women *who no more make a trade of their persons than do the men who consort with them.* It is applied to women suspected of incontinence by policemen, and of course it is ridiculous to assert that there is no class of men analogous to the milliners and dressmakers who are occasionally induced to submit to their embraces, or who are supposed to do so by police spies, who, we are told in Parliamentary evidence, consider prostitution more a question of mannerism than anything else.

One of the witnesses before the Parliamentary committee said that if the law was limited to women who made a living by prostitution it would never succeed. The same witness also stated that the number of prostitutes had doubled at Portsmouth, Plymouth, and Devonport, because the police spies had forced on the register a number of girls *attempting* clandestine prostitution; again, that girls who worked all day in shops were classed as common prostitutes for the purposes of this Act; and another witness said that the class of women sought out by the police were milliners and dressmakers, the wives of small tradesmen, female operatives, and domestic servants *of course*.

It was also stated that women were brought up by the police who offered to take their oaths that they were modest women; and Mr. Parsons, when asked if they submitted for fear of public exposure, replied "*unquestionably*."

I don't wish to make too much of these facts, but whatever the women were, it is clear that they were not common prostitutes, and that the tendency of the Acts is to force women who are not prostitutes to become such by casting them helplessly at the mercy of police spies, and then degrading them to the uttermost by promiscuous herding and disgusting periodical introspection. I don't care whether perfectly innocent women have been thus treated or not; I maintain that the whole system is hideous, and that the bare fact that such monstrous proceedings are legally possible is enough to damn the whole measure at once and for ever.

It is all very well (as I find men often do) to treat this matter as a trivial one or even a mere joke. It is not a slight matter, and I warn all such to take care they have not more to answer for than they dream of in their philosophy. The question is one of the most vital national importance; it is one that touches the life of the nation, and affects our very existence as a free people.

In the words of Lord Chatham,—"God forbid, Sir, that there should ever be a power in this country of estimating the civil rights of a subject by moral character or any other law other than the fixed law of the land. Slavery is a disease that spreads by contact; and if we once permit it in the extremities of the body politic, the time cannot be far distant when it will lay its paralysing influence upon the very heart of the nation."

The writer of the review in question reminds us of the duty of the State; but there are limits to the rights of the State, and the State has clearly no right to provide securities beforehand in cases where care and prudence suffice for protection; and if a man foolishly and deliberately inoculates himself with a venereal malady, it is no business of the State's, much less has the State a right to outrage a number of helpless women, to place all the rest under the ban of a low legalised espionage, to tax decent people, and violate the Constitution in the vain hope (it has always failed in every known clime and age) of securing impunity for men who incur the risks of fornication.

I am, Sir, your obedient servant,

Charles Bell Taylor, M.D., F.R.C.S.E.

Nottingham, May 1, 1873.

PROPHYLAXIS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In page 355 of your issue of April 23rd I notice the review of a little pamphlet which urges the getting rid of syphilis by much more radical measures than even the Contagious Diseases Acts.

I have not the pamphlet before me, although I have seen it, but should like to say a few words on the review of it in your esteemed journal. With regard to the army, and examinations of the persons of our unfortunate 135,000 home troops, I must say that it is very difficult indeed to see one's way towards doing much good to the common British soldier of our time, or in any way protecting him from venereal diseases, so desperately bad is the whole system of our army service. I cannot help asking why we, the citizens of one of the freest States in the world, cannot be a little wiser, and take a leaf out of the book of the Swiss, who defend their storm-bound country against the tyrants of Europe with the greatest facility, merely by teaching their boys drill at school, and by sending out their young men for a few weeks in summer to the field, for a year or two, to learn the art of fighting for and defending their native land. I am ashamed to say how little the Swiss army costs,—less than a million sterling annually,—as we are such a wealthy nation, that we are proud of paying dearly for our soldiers; but I affirm that it is a little too dear, to pay for the misery of our troops, to add to that the further deterioration of the position of British women by such Acts as the Contagious Diseases Acts. Mark, that no one can be more a foe to celibacy than myself. There is no correct theory of human society that I can see without almost universal adult marriage, because, with very rare exceptions, neither men nor women can live a happy life without it. My experience of the dangers of late marriages in causing impotence in the male and insanity is not of yesterday; and I am firmly persuaded that abstinence from marriage causes graver evils than any other error of the present time; but no one can persuade me that you can do any good by Acts like the Contagious Diseases Acts, even in much lessening that terrible plague and abominable foe to human happiness, syphilis.

To attack syphilis at its root, we must study closely the cause of prostitution. The great cause of that pestiferous and frightful evil is, that the sex passion is so strong in men, that it somehow or other always finds vent; and, if pernicious *à priori* theories prevent marriage from being almost universal, it is, I fear, quite hopeless merely to declaim, as is so generally done by able friends of mine, against men for being so frequently unchaste. I have sometimes attempted to point out in the Medical Press and Circular why marriages are so comparatively infrequent in our day. Let me remind your indulgent readers that my theory is that marriage is often rendered unpopular, because families are so large in this and in many old countries, that men fear extreme poverty if they marry; and thus run to the hideous counterfeit of marriage, prostitution. If casuists should ever deign to be tolerant and rational (and they may become so even in our time, who knows?), and be forced to admit that the production or non-production of children among married persons is a fair question for discussion among the most refined and noblest-minded men and women, I for one shall not despair of the possibility of getting rid of syphilis; because when families shall become small, I know that very few persons will remain in the most uncomfortable and unhealthy state of adult singleness. I cannot and never could understand the argument put forward by the reviewer, about women being far more wicked than men, because the former *sell* their persons whilst the latter *buy* them. Does the able reviewer not see clearly that women would be only too glad to sell any other commodity than their persons, if only the iron necessities of industrial life would permit them? Where are the occupations, I ask, which admit of many women, as a rule, in any other way earning their living in London, for instance, save by mercenary marriage; or, failing that, by selling their persons? Men have monopolised almost all those occupations which give pecuniary independence; and when a large surplus of three-quarters of a million exists in these islands, and so many men never wish to marry, it well may be conceived that the sex-passion, often so strong even in women, assisting, women will always be found in numbers ready to sell their persons, without also securing either public esteem or even personal love for so doing.

In Turkey, and in other polygamous countries, such as Utah, prostitution, we are told, hardly exists. Shall it be said much longer that more civilised countries are always to be so powerless in putting an end to that great depraver of men, mercenary intercourse between the sexes? Homo Sapiens (Europeas) is, I am sure, too noble an animal to be content always to suffer so much without having a good discussion of the matter.

I remain, sir, your obedient servant,

Charles R. Drysdale, M.D.

77 Southampton Row, London, W.C., April 25.

P.S.—I would just add that many persons are accustomed to tell me that they see very great evils constantly arising from venereal excesses, even in married life. Mr. Acton, in his excellent works, is prone to make this remark. Well, without denying for a moment that venereal excesses in youth sometimes cause much mischief, I may say that my experience of men makes me urge that smoking, drinking, and celibacy, with the sad thoughts and foolish practices which that state engenders, do a thousandfold more harm to our race, than excesses in sex. The Turks fell from tobacco, I believe, not from polygamy, and the Mormons are, I am told, healthy men as a rule.

Literature.

THOROWGOOD ON ASTHMA (a).

The first edition of Dr. Thorowgood's practical work on asthma, was noticed at length in our columns, and as it has so soon been exhausted, our favourable judgment of it clearly is that of the reader of Medical books in general. He has taken advantage of his success to improve the work, which contains now much additional matter. Further experience has enabled Dr. Thorowgood to add many illustrative cases to those published in the former edition, and it must be gratifying to him to find that the views he propounded have stood the test of time.

(a) "Notes on Asthma: its Forms and Treatment." By John C. Thorowgood, M.D. Lond., Physician to the Hospital for Diseases of the Chest, Victoria Park. Second edition, revised and enlarged. London: J. and A. Churchill.

The theory of asthma held by the author is that of contraction of bronchial muscle, as was also held by the late Dr. Salter, whose mantle seems to have fallen on Dr. Thorowgood.

In regard to treatment, our author lays much stress on giving a preference to tonics. He speaks highly of arsenic and phosphorus. He has used the hypo-phosphites perhaps more extensively than any English physician, and it is encouraging to find that in properly selected cases, they often seem beneficial. He does not regard expectorants and opiates as of much use in asthma, and we wish all who are in the habit of prescribing these drugs to asthmatics, would carefully weigh the opinion of so able a man.

In what he calls bronchitic asthma, Dr. Thorowgood has used mercury with success. Our subscribers may remember a paper on this subject from his pen that appeared in our issue, of December 18, 1872.

There is a chapter on hay asthma, in which various remedial measures are suggested. Chapter X is entirely new, its subject being dyspnœa due to diseases of the larynx or trachea. When we remember the tendency to put down all cases of dyspnœa occurring in paroxysms as asthma, we may be glad that Dr. Thorowgood has inserted this chapter,

An appendix of useful formulæ closes the volume, which though still retained in a small compass, is the most useful recent monograph on asthma.

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THE ROYAL LONDON OPHTHALMIC HOSPITAL REPORTS (*a*).

The character and interest of the work are well maintained in this recently issued number of the Ophthalmic Hospital Reports. The periscope, chiefly derived from contemporary foreign journals, is one of its most valuable features, as it keeps the profession *au courant* with the doings of our neighbours in this department of medicine. Our space restricts us to the bare mention of one or two among several original communications. The place of honour falls to Mr. Hutchinson, who fills a very large number of pages with "Suggestions for Clinical work in Opthalmology," and cases illustrating the ophthalmoscopic appearances of syphilitic choronditis, accompanied by an excellent plate representing the fundus oculi. He also gives a number of cases in continuation of his "Report on the forms of Eye Diseases which occur in connection with Rheumatism and Gout." It is, however, in no way a new subject, as many years ago Mr. Hancock pointed out a constantly recurring form of rheumatic affection n connection with eye disease, and insisted upon the alue of specific remedies, colchicum, potash, &c., in their reatment. A somewhat rare case is placed on record y Dr. Newman, of Stamford, in which destructive ulceration of the cornea followed the removal of a malignant art on the eyelid of a lady, æt. 76, and Mr. Power rnishes the particulars of an interesting case of sympaetic ophthalmia in which perfect recovery followed a ee and energetic use of tonics.

Dr. Jackson's "Observations on Defects of Sight in iseases of the Nervous System," is of great practical alue to the physician. On running through the contents of this number of the *London Ophthalmic Hospital eports*, and observing how much the editors appear to an upon contemporary literature—as well as the fear of ese outside their own hospital—it has again occurred us, as no doubt it has to many of the readers of the urnal, to ask why a more comprehensive title is not osen; one indicating the fact, as a simple act of justice e to those who so readily, and willingly, assist in a ork which could scarcely expect to have a very enduring existence without extraneous help; we think this should be done, it would no doubt have the effect of securing a wider co-operation from those engaged in this special department of the Medical and Surgical art.

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THE LIVERPOOL AND MANCHESTER MEDICAL AND SURGICAL REPORTS, 1873 (*a*).

The two great northern schools have amalgamated their hospital reports, "for the purpose of rendering them more thoroughly reflective of the medicine and surgery of the north of England." The volume contains several papers of interest. It opens with a contribution from Dr. Inman, "On Climate and its Influences." Practitioners may refer with advantage to this paper, it contains an excellent account of Cannes, and other health resorts on the Mediterranean shores. This is followed by a short and practical paper on "Atropine in the Treatment of Short-sight," by Mr. F. Windsor, who also advocates the treatment of gonorrhœa, by means of the urethral douche.

Dr. W. Robert's paper "Clinical Remarks on Hydatid Cysts," will command the same attention at the hands of the Profession, as all the former contributions of this distinguished renologist have deservedly obtained. The paper on "Exploring and Tapping," by the same author will repay perusal. Mr. Bradley's notes on "Syphilis" possess the merit of careful clinical observation. They are, however, scarcely equal to some of his former contributions. Possibly, this gentleman is reserving his extended clinical experience for his *magnum opus*?

"Dislocation of the Patella on its Edge," by Mr. Geo. Southam, will command the same attention at the hands of the Profession as his earlier contributions on ovariotomy did. Mr. Lund contributes two papers:—One, "The History of a case in which a Knife was Swallowed and passed through the Abdominal Wall after an interval of Nine Weeks." Another—"Case of a Foreign Body in the Bladder with Stricture of the Urethra." Both these cases are very carefully recorded, and afford another instance of Mr. Lund's clinical and mechanical experience. His observations on the pathology of urethral fever are eminently suggestive, and cannot be too carefully studied by all interested in the pathology of this malady. Mr. Lund has disappointed us, however, in withholding a description of some of the instruments he has either invented or modified. The Manchester School of Surgery is second to none, and we cannot but regret, that a surgeon who resembles more than any other we can call to mind, the late Mr. Avery, of Charing Cross, should not have given a description of his aneurismal tourniquet, and other chirurgical appliances, especially do we regret it, as we have not observed Mr. Lund's name among the list of contributors to the Surgical Instrument Department of the International Exhibition.

There are many other papers carefully written and worth perusing. Space, however, compels us to refrain from saying more than that the reports are all good, and that the volume as a whole will bear favourable comparison with its metropolitan compeers.

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SYSTEM OF SURGERY (*b*).

In this, the fifth edition of this masterly work on surgery, we have presented to us the result of five years' labour in correcting, revising, and accumulating the necessary pabulum for a great system of surgery. It is hardly necessary to formally review a book of already such universally acknowledged reputation, and which has already been edited on a large scale four times.

This edition, nevertheless, has been extended by 450

(*a*) "The Royal London Ophthalmic Hospital Reports," Part iv. l. vii., 1873.

(*a*) "The Liverpool and Manchester Medical and Surgical Reports, 1873." Manchester, J. E. Cornish.

(*b*) "System of Surgery." By Mr. Gross, Professor of Surgery, Jefferson Medical College, Philadelphia, &c.

pages, and many new and original wood-cuts have been introduced, some of which, being connected with events in the surgery of the late war, are of special interest. Amongst other points the difficulties of ascertaining the exact site and feel of a bullet, such as in the late Talbot case in Dublin, and in that of Garibaldi, are referred to and fully admitted; indeed, the cases given by Stromeyer, where the fibula was cut down on in one instance and the metatarsal bone in the others, are typical.

The chapter on anæsthetics is also one of interest in these days of debate as to the comparative safety of the various agents in use; the statistics given by Dr. Andrews are introduced and credited with accuracy, as to the greater safety of etherisation to the use of chloroform, a question which has lately agitated the Medical Profession in these countries.

The sealing of arteries by torsion and the dressing of wounds by the antiseptic method have been reviewed, the author, in accordance with his prefatorial announcement, differing from some of his co-labourers, "because he finds it impossible to do otherwise," on some questions, as the author has seen in his own experience "wounds and fractures heal as readily without as under the use of antiseptic agents." In the question on the nature of syphilis the author also differs from some, even of his own countrymen, and states with regard to the question of the unicity of the poison that, so far from giving adhesion to such a doctrine, "he has had the most unequivocal evidence in numerous instances of the infecting properties of the soft chancre."

The chapters devoted to the consideration of eye affections have been greatly enlarged and rendered more interesting, as well as those on minor surgery and on morbid growths; the pathology and histology of the latter have been well illustrated and discussed.

The work presents to the surgeon and the student a comprehensive and methodically arranged treatise, full of information and suggestions of the utmost value. We can fully recommend it as a standard system of surgery which no Medical practitioner should be without for the purpose of reference or methodical instruction.

The wood-cuts are copious, telling, and well-executed, and, though uncoloured, are wonderfully illustrative of the various operative procedures and of the morbid conditions under discussion.

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THE IRISH COLLEGE OF SURGEONS.

As we are going to press we hear that, in addition to the names given in another column, Dr. Mason, co-manager with Mr. Ledwich, of the Ledwich School of Medicine, and Physician to Mercer's Hospital, has signified his intention to seek a seat on the Council. The meeting of the College to consider the annual report of the Council will be held on Monday, the 26th, the last Monday in May, at 3 o'clock. The report has been adopted by the Council, but has not yet reached the Fellows. We shall lay an abstract of it before our readers when circulated.

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IMPORTANT MEETING IN SUPPORT OF A UNION MEDICAL OFFICER.

As we are going to press we learn by telegram that the gentry of the County of Roscommon have held a crowded meeting, at which the chair was occupied by Lord Crofton, and resolutions were moved by the O'Connor Don, M.P., and several of the leading gentry of the county; the purpose of the assembly being to declare their unshaken confidence in the honour, integrity, and disinterestedness of Dr. Harrison, Surgeon to the Roscommon Infirmary, who was recently made the subject of harsh, and, we must add, unjustifiable denunciation by the Judge of the Probate Court.

Medical News.

Pass Lists at the Royal College of Surgeons, England.—At the primary examinations, held at the Royal College of Surgeons last week, 145 candidates presented themselves, of whom 105 succeeded in satisfying the examiners. University College furnished 30 candidates; St Thomas's, 23; Guy's, 22; St. Bartholomew's, 17; King's College, 7; St Mary's, 5; St. George's, 4; London, 2; Charing Cross, 2; Westminster, 2; and Middlesex, 1; provincial and other colleges, 30. It is somewhat difficult to get the exact numbers "plucked," but we believe the following will be found correct:—All from St. Mary's and St. George's passed, as also the single candidate from the Middlesex. Seven of the University College men failed, 4 of Guy's, 5 of St. Bartholomew's, 4 of St. Thomas's, 2 of King's College, 1 of the London; the candidates from Charing Cross and Westminster were unsuccessful. It is only fair to say that one of those stated to be from Charing Cross was not really a student of that hospital, having, we understand, only taken out a few months' dissection.—*Students' Journal.*

Gleanings.

Galvano-Caustic Amputation.

JAMES T. WHITTAKER, M.D., of Cincinnati, (*The Clinic*) publishes a case of galvano-caustic amputation of the neck of the womb, with perfect ease and expedition, by means of the galvano-caustic noose. It was slipped over the cervix with the greatest ease, and adjusted smoothly about it, about half-an-inch from its extremity; the wire was screwed home and touched the spring of connection with the battery. The progress of the wire as it slowly tightened under the screw was evidenced also by the sound, smoke, and savour of *cuisine* from the rapidly-burning tissue. In one minute the operation was complete, and the ring of detached cervix fell from the tube. The uterine surface was perfectly white and clear. There escaped throughout, nor afterward, no single drop of blood.

Prof. Knox and Text-books on Anatomy.

WE quote the following from *All the year Round*:—

Perhaps the most eminent teacher of anatomy in Edinburgh, or in Britain, early in this century, was Doctor Robert Knox. He was a man abounding in anything but the milk of human kindness towards his Professional brethren, and if people had cared in those days to go to law about libels, it is to be feared Knox would have been rarely out of a court of law. Personality and satirical allusions were ever at his tongue's end. After attracting immense classes, his career came very suddenly to a close. I need scarcely refer to the atrocious murders which two miscreants, named Burke and Hare, carried on for some time to supply the dissecting-rooms with "subjects." They were finally discovered, and one of them executed, the other turning King's evidence. Knox's name got mixed up with the case, being supposed to be privy to these murders, though many considered him innocent. The populace, however, were of a different opinion. Knox's house was mobbed, and though he braved it out, he never afterwards succeeded in regaining popular esteem. He was a splendid lecturer, and a man who, amid all his self-conceit and malice, could occasionally say a bitingly witty thing. It is usual with lecturers at their opening lecture to recommend text-books, and accordingly Knox would commence something as follows: "Gentlemen, there are no text-books I can recommend. I wrote one myself, but it was poor stuff. I can't recommend it. If you want a good text-book on any subject, recommend me to the man who knows nothing earthly about the subject. (That was the reason that Doctor T. was asked to write the article, 'Physical Geography,' for the 'Encyclopædia Britannica.') The result is that we have no good text-book on anatomy. We will have soon, however; Professor Monro is going to write one." That was the *finale*, and, of course, brought down the house, when with a sinister expression upon his face, partly due to long sarcasm and partly to the loss of an eye, he would bow himself out of the lecture room.

ON THE DETECTION OF MERCURY IN THE EXCRETIONS.

MM. Mayençon and Bergeret have been engaged in the study of the physiological action of mercury, its elimination by the excretions, and means by which its presence is detected. A series of papers on these subjects appear in the pages of the *Lyon Médical*, the principal points of which we now propose to reproduce. The detection of the metal is obtained—1. By fixing it in the metallic state from its salts contained in excreta; 2. By converting the metallic mercury into bichloride; 3. Rendering its presence manifest by the action of iodide of potassium, by which the red iodide of mercury is formed; and, 4. In order to be satisfied on this point, by dissolving the red iodide in an excess of the iodide of potass.

Into the urine of a patient taking mercury was placed a nail, to which a piece of platinum wire had been connected; the nail was submerged in the fluid to about two-thirds of its length; the urine was rendered acid by a few drops of sulphuric or hydrochloric acid, sufficient to cause the disengagement of some globules of hydrogen by the platinum wire. The action was permitted to continue during, say half an hour, at the end of which time mercury, in its metallic form, became deposited upon the platinum wire. The coupled iron and platinum were then removed, washed with pure water to remove the acid, then dried gently; it was then submitted for a couple of minutes to the action of chlorine, after which the wire is dried by gently moving it in the air; a piece of paper, without paste in its composition, as, for example, the paper of cigarettes, prepared beforehand with a solution of iodide of potassium, one to hundred, is taken and the wire passed over it while it is till moist. If mercury be present a red streak of biniodide vill be produced, and may be redissolved by an excess of he iodide of potass. By means of this process it is said he presence of mercury can be detected in a solution of $\frac{1}{10000}$th part of mercury to fluid.

Various experiments are recorded. In one case a centiramme of mercury was administered to a patient in the rdinary way; the urine secreted during the day on which was administered contained a considerable quantity of ercury, that of the following day none. When a centiamme of the bichloride is administered to a patient ring certain times, say ten or twelve days, the urine will *found* during all that time to contain mercury; if the ministration of mercury then ceases, mercury may still detected during the four to five days succeeding, although *decreasing* quantity. When mercury is administered just stated, its presence cannot be detected in the saliva; has not been searched for in the other excretions.

In the case of a young woman, on whom frictions with *apolitan* ointment were practised during forty-eight urs, considerable salivation was the result. The urine tained abundance of mercury, and its presence there ld be detected six days after the frictions had ceased be *practised*; the results obtained from the saliva, howr, were *doubtful*.

t is interesting to ascertain by what channels mercury liminated. Probably it is so by means of all the extions, but it is certain that the liver and kidneys are its f *emunctories*, and that through them the latest pors of the remedy contained in the body are expelled. results of experiments induce the authors to believe *inunction* of mercury by the skin might advantageously ace its internal administration, and that nothing more quired than gently to rub the ointment upon any part e skin. The result of various experiments led them onclude—1. That mercury or its salts taken in small *tity*, and only once, is promptly and completely inated; 2. But that even in small doses, if taken for time, several days are required for its elimination. xperiments performed upon rabbits, the conclusions ed at in regard to these animals were—1. That the loride injected under the skin is absorbed and impreg- the whole organism in half an hour, or even less; hat the kidneys and liver seem to be the organs where the mercury is found in greatest abundance; and 3. That five days, and perhaps less time, suffice for mercury taken in a single dose to be eliminated.

In order the more correctly to study the present subject in its bearings upon man, one of the authors subjected himself to a series of experiments, taking the bichloride of mercury during seven days, and iodide of potass during four, thus extending his experiments over eleven days. The preparation of the bichloride was ten centigrammes of that salt dissolved in ten tablespoonfuls of alcohol; the results observed being the following, in so far as the urine is concerned—viz., 1st day, a tablespoonful of the solution was taken at 10 p.m.; the urine voided at 4 o'clock the following morning yielded very sensible indications of mercury; that at 7 o'clock very little; 2nd day, a tablespoonful of the solution at 10 p.m.; mercury abundant in the urine voided early the following morning, but very little in that passed at 7 o'clock. On the 3rd day the mixture as before; in the urine voided at 6 p.m. plenty of mercury; with regard to that passed at 7 o'clock the result doubtful; 4th day, the mixture given at 10 p.m., mercury abundant at 4 a.m., little at 7 o'clock; in that voided during the day none apparent; 5th day, the mixture at 10 p.m.; urine passed at 1 a.m. indicated mercury in abundance, that at 7 a.m. gave doubtful results; bilious diarrhœa had, however, taken place in the interval, and it was believed that mercury in quantity had been thus eliminated; 6th day, the mixture at 10 p.m.; the urine passed at 3 a.m. presented mercury in abundance, that voided at 7 a.m., and during the day, doubtful; 7th day, urine at 5 a.m. presented abundance of mercury, that of 7 a.m., in perceptible quantity; bilious diarrhœa continued, then cold shiverings and slight salivations had set in. On the 8th day the urine passed in the morning presented mercury, that of the day gave doubtful results. On the 9th day no mercury had been administered during the preceding forty-eight hours, nor did the urine appear to contain it. With a view to prove whether the iodide of potassium possessed the property of expelling it, fifty centigrammes were taken at 10 p.m. of the 10th day. In the morning the presence of both mercury and iodine was abundantly evident in the urine, but that of neither in what was voided during the day. On the 11th day a precisely similar experiment was performed with similar results, and the iodide being repeated on the night of the 12th day the urine of the following morning contained abundance of iodine, but no mercury, nor was its presence any longer detected, although the iodide was continued for some days more.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Student.—The *Student's Journal* would be a more appropriate publication for your epilogue.

R. H. C. is referred to the *Lancet* of last week as our answer to his communication.

Scalpel has omitted to adhere to our invariable rule, of sending his name and address, not necessarily for publication, but as evidence of good faith. We think he has just cause of complaint, but cannot insert his letter for the reason before given.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of the Medical Press and Circular.

Sir,—May I call your attention to a mistake made by the printer in your last number. In the account printed the expenses are stated at £2,219 8s., instead of £219 8s., a great difference, and one which, if not corrected, might lead the Profession to think that the management of the society was recklessly conducted.

I am, dear Sir,
Yours truly,
W. F. B. Blackett, Secretary.

The Dangers of Enamelled Saucepans.—Messrs. Clark and Co., of Wolverhampton, have written to us in reference to a short article which appeared in our issue of April 30th, and which has been extensively copied into the lay press, to the effect that M. Martin, of the Académie de Médicine, had found that the enamel of several articles used by him in the laboratory was chiefly composed of carbonate of lead, which he considers highly dangerous. The firm before mentioned are of opinion "that such a statement in a public journal of such standing as The Medical Press and Circular, is calculated to do them serious injury unless contradicted." By no possible stretch of imagination can we see how such a contingency may happen, as no manufacturers' names were mentioned, and the existence of Messrs. Clark was unknown to us, and probably to M. Martin, who made the experiments. That such ware exists in large quantities is placed beyond doubt, but ironwork is not often stamped with the name of the maker. Our advertisement columns are open to Messrs. Clark to make any statement they please as to the genuineness of their manufactures, but we cannot open our correspondence column thereto.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Manual of Sanitation. By Deputy Surgeon-General Gordon, C.B. London: Baillière, Tindall, and Cox.

Notes on Natural Philosophy. By G. F. Rodwell, F.R.A.S. London: J. and A. Churchill.

Clinical Lectures on Various Important Diseases. Dr. N. S. Davies, M.D., Chicago.

The Induction of Sleep. By J. M. Crombie, M.D. London: Churchills.

Baths and Wells of Europe. 2nd Edition. By J. Macpherson, M.D. London: Macmillan.

Historical Notes on Beds. By J. N. Blyth.

Report of the Devon County Lunatic Asylum.

Report of the Chester County Lunatic Asylum.

The Royal London Ophthalmic Hospital Reports.

Annual Report of the Staffordshire Asylum.

The Preventive Treatment of Calculous Disease. By Sir Henry Thompson, F.R.C.S. London: J. and A. Churchill.

The Practitioner. American Journal of the Medical Sciences. Archivio di Chirurgia Pratica. La Tribune Médicale. The Student's Journal. Lyon Médical. Bordeaux Médical. The Obstetrical Journal. Gazette de Joulin. Nature. Allgemeine Weiner Medizinische Zeitung. The Clinic.

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MEETINGS OF THE LONDON SOCIETIES.

The following Meetings and Lectures are announced for the present week:—

Epidemiological Society (to-night).—8 p.m. The annual meeting for election of officers and council.

Harveian Society, to-morrow (Thursday) evening.—8 p.m. The last meeting of the Session. Dr. Ballard will read a paper "On the Signs of Congenital Syphilis."

Medical Microscopical Society, Friday.—8 p.m. Mr. Atkinson, "On the Preparation of the Brain and Spinal Cord for Microscopic Examination." Dr. Osler: "The Action of certain Reagents on White Blood-Corpuscles." Dr. F. Payne: "Some points in the Structure of the Omentum."

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APPOINTMENTS.

Ashe, Isaac, A.B., M.B., Resident Medical Superintendent of the Londonderry District Lunatic Asylum.

Barter, C. S. M.B., Officer of Health for Bath, appointed Officer of Health for Bradford-on-Avon.

Caldwell, S. J. B., L.R.C.P.Ed., M.R.C.S.E., an hon. Medical Officer to the South Dispensary, Liverpool.

Carre, F., F.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Ramelton Dispensary District of the Milford Union, and Medical Attendant to the Ramelton Fever Hospital.

Carre, G. E., M.B., L.R.C.S.I., Consulting and Visiting Physician to the Donegal County Lunatic Asylum, and Medical Attendant to the Royal Irish Constabulary, Letterkenny.

Cornish, G. B., M.D., Physician to the Taunton Hospital.

De Renzy, T., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Kilmeaden Dispensary District of the Waterford Union.

Farrant, S., M.R.C.S.E., Surgeon to the Taunton Hospital.

Fergus, J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Greatham District of the Hartlepool Union.

Hanifin, D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Darrynane Dispensary District of the Caherciveen Union, co. Kerry.

Hex, H., M.R.C.S.E., House-Surgeon and Secretary to the Royal Eye Hospital, Manchester.

Hollingshead, F., M.R.C.S.E., Medical Officer of Health for the King's Norton Rural Sanitary District.

Kerr, J. K., M.D., Medical Officer, &c., for the Coagh Dispensary District of the Cookstown Union, co. Tyrone.

Lawton, H. A., L.R.C.P.L., M.R.C.S.E., Junior House-Surgeon to the Liverpool Royal Infirmary.

Leach, J. C., B.Sc., M.R.C.S.E., Medical Officer of Health for the Sturminster Union.

M'Hardy, M., M.R.C.S., Surg'cal Registrar to Charing Cross Hospital.

M'Kay, W., L.R.C.P.Ed., L.F.P. & S. Glas., Medical Officer for the Norton District of the Malton Union, Yorkshire.

Pyle, C. J., M.R.C.S.E., Medical Officer for the Amesbury District and the Workhouse of the Amesbury Union, Wilts.

Roe, J. R., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for District No. 1 and the Workhouse of the Bridgnorth Union.

Stuart, R., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for District No. 4 of the Bridgnorth Union.

Walker, W. H., M.D., Medical Officer for the Barton District of the Darlington Union.

Walshe, D., L.R.C.P.Ed., L.R.C.S.Ed., L.K.Q.C.P.I., Senior Resident Medical Officer to the Chorlton Union Workhouse.

White, G. B., M.R.C.S.E., Assistant Resident Surgeon to the Nottingham Dispensary.

Williams, E., M.R.C.S., Medical Officer for the Llansantfraed District and the Workhouse of the Aberayron Union, Cardiganshire.

Naval Appointments.—Drs. Alfred Gideon Delmege, M.D., and Brien P. S. M'Dermott, to the *Rattlesnake*, senior officer's ship on the coast of Africa; Edward T. Lloyd to the *Vanguard*.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, May 14.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, May 15.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, May 16.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, May 17.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, May 19.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, May 20.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Bodington—Bell.—On the 5th inst., at South Place, Finsbury, Dr. G. F. Bodington, of Ashwood House, Kingswinford, Staffordshire, to Mrs. Bell, eldest daughter of F. C. Brooke, Esq., of Ufford, Suffolk.

Elliot—Coathupe.—On the 1st inst., at St. Leonard's, Exeter, Augustus Frederick Elliot, M.D., Surgeon-Major, to Amy Eliza, fourth daughter of the late Charles T. Coathupe, Esq., of Wraxall, Somerset.

Sandes—Macnamara.—On the 8th inst., by special licence, at Stephen's Green, Dublin, Thos. W. Sandes, Esq., eldest son of the late Stephen C. Sandes, Esq., of Oak Villa, Tralee, co. Kerry, to Amy, eldest daughter of Rawdon Macnamara, M.D., Ex-President of the Royal College of Surgeons in Ireland.

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Deaths.

Dingley.—On the 2nd of May, Thomas K. Dingley, M.R.C.S.E., of Winkleigh, Exeter.

Downing.—On the 30th of April, Dr. Charles T. Downing, late of Harley Street, London, aged 73.

Hodson.—On the 8th of May, at Brighton, Dr. Thomas Hodson, late of Deva Villa, Clifton Road East, St. John's Wood, aged 54.

Kelk.—On the 3rd of May, John Kelk, M.D., of Scarborough, aged [illegible]

Parmiter.—On the 29th of April, at Dorchester, H. R. Parmiter, M.R.C.S.E., of Wool, aged 29.

Perrey.—On the 29th of April, Robert Perrey, C.M., of Marden, Kent, aged 68.

Robinson.—On the 13th of April, Thomas Robinson, M.R.C.S.E., Alton, Cheadle, Staffordshire, aged 55.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1873.

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Original Communications.

ON OVERWORK AND PREMATURE MENTAL DECAY, AND ITS TREATMENT (*a*).

By C. H. F. Routh, M.D., M.R.C.P.,

Senior Physician to the Samaritan Hospital for Women and Children; Consulting Physician for Diseases of Women to the North London Hospital; Fellow of University College, &c.

IV. Those diseases produced by softening of nervous matter, or aneuresis, are precisely those which are oftentimes cured by phosphorus. An analysis of its effects on disease proves—1st. It is a renovator of nervous energy; 2nd. It may even *cure* certain forms of paralysis; 3rd. It cures those forms of eczema and analogous skin affections which are produced by functional paresis or debility of the sympathetic system; 4th. It exerts a specific effect on the brain by producing sleep and restoring its intellectual power.

1st. It is a renovator of nervous energy—

In the *Journal of Cutaneous Diseases* for October, 1868, phosphorus is spoken of as a renovator of nerve tissue and erve force, and as possessing considerable claim for curing iseases of debility and exhaustion of nerve power—speially nutritive affections of the skin, and many of congestion. A case is there given of a young man exhausted by residence in India and syphilitic neuralgia with intense ight sweats, who was cured in a very short time by it nd recovered his strength rapidly. ("Half-Yearly Abstract," vol. 48, 89.)

The nervous prostration which follows in the case of worn-out libertines is remarkable. Dr. Anthony Todd hompson has alluded to the decided results following the xhibition of phosphorus. Given in doses of a quarter of grain twice a-day it restored the sexual function. This was especially observed by the Italian physicians. Alphonse eroy and Boutratz recognised its aphrodisiac properties y experiments made on themselves. I may say I noticed some years back the same effect. Having, on the recommendation of the late Dr. McKenzie, given to a patient much weakened by severe illness, 10 grains of allotropic phosphorus three times a day, its aphrodisiac properties became so powerfully developed that I was compelled to stop the remedy.

2nd. It is stated to cure paralysis in certain cases—

In the *Lancet* for February 2nd, 1868, M. Delpech is stated to have obtained the best results from phosphorus in paralysis. Three cases are instanced, and with the exception of aphrodisiac results (such as erections which were produced), it greatly improved the mobility and sensibility of the paralysed parts ("Half-Yearly Abstract," vol. 47, 130) in all the instances.

3rd. It cures those forms of eczema and other analogous skin affections which are produced by functional paresis or debility of the nervous system—

This effect will be best illustrated by (*a*) first referring to the production of skin complications as a result of *local* injury of nerves, and their (*b*) comparison with the cure of similar diseases where no such injury is traceable, by nervine agents and specially phosphorus, which last succeeds where other remedies fail.

(*a*) Professor Fischer, in the *Berlin Klinische Wochenschrift*, vol. 8, 13, 71, in speaking of the local changes after severe nerve injuries in the extremities, says, the first effect is one of hypertrophy and increased temperature and secretion in the parts supplied. The second of atrophy, lowered temperature, and more sweat. In the first stage we have rosy and polished integument, which, on section, appears particularly opaque and shining, the exuded serum containing many white globules and the microscope revealing a profuse infiltration of small cells.

At a later period we have eczema, especially at the borders of the nails and in the palms, which sometimes leads to the formation of small slowly healing ulcers, and sometimes are relieved after an intense outbreak of burning pain in the shining portions of skin. There may be also *ecthymatous* pustules which make their appearance in succession or simultaneously at several parts of the body, and terminate in ulcers. In addition there is sometimes a thick scabbing of the epidermis, which follows in the

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(*a*) Read before the Medical Society of London.

course of the cutaneous nerves, leaving the intermediate skin normal. ("Half-Yearly Abstract," vol. 54, 106.)

These remarks are interesting taken in connection with some observations made by Dr. Handfield Jones in his Lumleian lectures on "Functional Paresis or Weakness of the Sympathetic and Vaso-motor Nerves" (*Med. Times and Gazette*, August, 1855). These nerves appear to be especially liable to paresis, which occurs always at some period of their course in febrile and inflammatory processes—for example, well marked low fever as a result of fatigue experienced by troops; and he instances several examples, which almost appear to be a repetition of Bernard's experiments on the whole sympathetic system; the nervous power of which central system seems to be entirely consumed in the motor apparatus, giving rise to their temporary paresis. "Without affirming that the elements of the tissues are not in some way affected by the *cessation* of nervous influence, it is, I think, unquestionable that dilatation of vessels plays a considerable part in many important and common phenomena of malarious disease. The cerebral congestion of the hot stage, the enlargements of the spleen or liver, the pneumonias, and the more rare ophthalmic inflammations are evidently dependent in good measure on excessive determination of blood, produced, as we may most reasonably consider, by paralytic dilatation of the arteries leading to the part. The powerful nervine which cures or abates a neuralgia, has the like effect on these vascular disorders, through its toning influences on the nerves regulating the condition of the vessels. Various common cutaneous eruptions which are controlled so markedly by arsenic—for instance, eczema, impetigo, pemphigus—are also instances of this kind. From some enfeebling cause or other, the centres ruling the vaso-motor nerves of certain districts of skin, fall into a state of paresis, and straightway the part is flushed with blood, and secretion or exudation takes place, according to the vital condition of the capillary walls and of the glandular cell structure. A patient under Dr. Sibson's care at St. Mary's Hospital, with left-side hemiplegia (the result of cerebral hæmorrhage), had for several days an eruption of a pemphigoid character on the palsied hand and foot, and nowhere else. A case has been related to me by Sir R. Martin of a lady who had suffered from frontal neuralgia and malarious fever, and in whom a largish patch of redness used to appear at intervals on the right forearm, from which such an abundant moisture flowed that several handkerchiefs would be saturated in half an hour. Such an occurrence reminds one very much of eczema ichorosum, a variety described by Mr. E. Wilson, in which large quantities of fluid are discharged from the congested surface. He recognises debility in some form, assimilative, nutritive, or nervous, as the essential cause of eczema. Now, arsenic is scarcely inferior in its nervine powers to quinine, and it is clearly impossible to associate its marked efficacy in chorea and neuralgia (disorders of the cerebro-spinal system) from that which it possesses in cutaneous eruptions, menorrhagia, and chronic diarrhœa (disorders to a great degree of the vaso-motor). Hence, he concludes that the original assumption that arsenic tends to increase and sustain failing nervous power accounts not only for its curing neuralgia, for which it might be originally framed, but also for its efficacy in chorea, ague, some other eruptions, and menorrhagia, which are apparently very different phenomena. ("Half-Yearly Abstract," vol. 42, 91.)

(*b*) These remarks made on the action of arsenic might be in measure repeated with much force for phosphorus, and in this manner the apparent contradiction in its effects reconciled. The same marked effects in the cure of skin diseases by phosphorus have been observed.

Dr. Eames, in the January number of the *Dublin Journal of Medical Sciences*, 1872, speaks of these effects. After referring to Dr. Burgess, who first recommended phosphorus as a skin remedy, and alluding to Drs. Broadbent and Tilbury Foy, who repeated these experiments, he goes on to say that "he considers phosphorus much more than a substitute for arsenic," as some previous writers have regarded it, and he alleges that it has been used with marked success in certain cases in which arsenic had failed. The mode of administration adopted by him was a solution of the phosphorus in oil, and the dose of the solution was from ♏ v. to x. ter. die, after meals. Dr. Eames relates the particulars of several cases which were thus treated, and in all the results were successful. One was an instance of acne indurata of a most severe character, which had resisted all other local and general treatment; three of the cases were instances of lupus; two of scrophula derma. In psoriasis Dr. Eames found phosphorus very efficacious, even when arsenic had proved unserviceable, and he gives three cases in proof of this statement. A case of pemphigus was also cured by the use of phosphorus. Dr. Eames found that the drug produced a coated state of the tongue, sometimes symptoms of dyspepsia, loss of appetite, mental depression, and bodily weakness; but when these symptoms appeared the phosphorus was discontinued for a time, and mineral acids substituted. Most of the cases recorded by Dr. Eames had been treated by arsenic and other drugs before they came under his care, and he regards phosphorus as far superior in efficacy to that and other vaunted specifics in skin diseases. ("Half-Yearly Abstract, vol. 55, 118.)

Of the beneficial effects of phosphorus in cases of acne, and specially those cases which have resisted other treatment, I can speak in equally commendatory terms. Young ladies and gentlemen in early life are often much disfigured by the eruption, and I may say that when the remedy could be borne (which is not always the case), the effect produced has been marked. In the case of a gentleman about forty, whose whole body was a perfect sight by reason of the extensive acne pustulosa present, and to whom I had given arsenic frequently—indeed, on and off for years—and with benefit certainly, the substitution of phosphorus had almost a magical effect. Literally his skin became as a little child's, so completely was all appearance of the eruption removed.

4th. Then, again, as to its specific effect on the brain. Dr. W. Hammond, the distinguished professor of New York, in his "Treatise on Diseases of the Nervous System," says:—"Phosphorus almost always acts well in cases where there has been cerebral congestion, and it has been necessary to allay excitement of the nervous system by use of bromides and oxide of zinc. At the end of about ten days it will be found that all symptoms of congestion, subjective and objective, have disappeared, leaving a little debility and mental depression. It then becomes expedient to give tonics and restoratives, and those which have a special action on the nervous system are to be preferred. Among them strychnia, phosphorus, and cod-liver oil stand first." Of phosphorus he says:—"Phosphorus almost always act well in such cases as those under consideration. It may be given in the form of phosphorated oil, as in the following formula:—

℞ Ol. phosphorati, ℥js.;
Mucil. acaciæ, ℥j.;
Ol. Bergamot, ♏xl.;
M. ft. emulsio dos. gutt. xv. *ter die.*

A very elegant preparation of phosphorus is the phosphide of zinc. My experience with this medicine is very extensive. I have never known it to produce the least unpleasant effect, and have rarely been disappointed in obtaining the full results to be expected from phosphorus in corresponding doses.

The chemical formula of phosphide of zinc is $6Zn_3$ and consequently one grain represents a little more than 1-7th of a grain of phosphorus. The proper dose is therefore 1-7th of a grain. I usually prescribe it in cerebral congestion according to the following prescription:—

℞ Zinci phosphidi, gr. iij.;
Ros. conserv. q.s. ut fiant, pill xxx.
Dose, 1, *ter die.*

Instead of the conserve of roses, gr. x. of the ext. nucis vomicæ may be substituted if strychna is not being administered in some other form. ("Half-Yearly Abstract," vol. 55, p. p. 155-6).

5th. It is not surprising, therefore, that phosphorus should, in certain cases, prove a remedy for wakefulness. During sleep there is less blood in the brain, and phosphorus, by relieving brain congestion, produces sleep. Dr. Hammond recommends twelve grains of phosphorus to be boiled in ℥j. of almond oil, and filtered. Half of this is mixed with one and a-half oz. of gum arabic, adding fifteen drops of some aromatic. Of this mixture the dose is fifteen drops, containing 1-24th of a grain of phosphorus. Three doses are given before bed-time, sleep being generally produced on the second day, if not on the first. The dose may be increased one drop daily until twenty drops are taken, or signs of gastric irritation supervene. ("Half-Yearly Abstract," vol. 54, p. 58).

While recommending phosphorus, therefore, as an excellent Medical agent in these cases, I am bound to guard others against too heroic an employment of the remedy. Not every person can take it, and especially if administered on an empty stomach. It produces even in doses of fifteen drops, occasionally, most acute pain, a sensation of excitement on the brain, which, though transient, is agonizing for the time, and great sickness and vomiting. Sometimes these effects do not recur after the second or third dose. Another effect occasionally produced is a burning sensation on the skin. The suspension of the remedy for a day or two, and the resumption at the end of this period is all that is required. For these reasons it is perhaps wiser, in some cases of weak and delicate women, to use the phosphide of zinc in doses of 1-3rd of a grain with ext. gentian. Both these preparations, the solution phosphori medicati, and the phosphide of zinc, have now been prepared for me by Mr. King, of Crawford Street, and are to be depended upon.

Among some of the good effects noticed, the improvement of memory and mental power under its use have much pleased me. In the case of a young lad who had been badly overworked by an indiscreet master, and who became very dull and stupid, and so liable to headaches as to be incapacitated from work, these last entirely disappeared under its use, and his intellect so brightened, that he obtained the second place in the school. His own expression was "I could face my examinations this time, and wrote very differently than I did before." To ladies at the change of life, with great mental disturbance, it has acted so enlivingly, that they have refused to discontinue it. It certainly possesses tonic powers to a marked degree, and if such patients become so convinced of this effect that they often do not like to leave it off for another tonic.

It is remarkable that in those rare forms of disease of brain—hardening of it—phosphorus aggravates all the symptoms, increasing headache and cerebral disturbance. In one case, distinctly diagnosed as such by W. H. Tuke, the effect was so severe, even when administered in the allotropic form, that it had to be suspended.

V. The special treatment indicated in these cases.

The extreme length to which this paper has reached precludes me from doing much more than indicate in general terms the treatment recommended. Fortunately the preceding observations will in measure suggest it. They are—1. Complete rest, and especially abstention from all occupation resembling that upon which the mind has been overworked. This is a rock upon which many split. A friend of mine, an obstetrical physician of great eminence and practice, thought to take his holiday in Ireland, but in doing so could not resist the temptation of visiting the Irish hospitals. His two months passed pleasantly enough, but not so the following winter. He came out with an œdematous eruption, and lost his nails, and continued ill till Swiss air and Swiss mountains, during his next holiday, restored him. It is important however, to give a patient some occupation. To let a man who has been in harness many years, degenerate at once into perfect idleness is most unwise. But the work supplied should be altogether different from his former occupations. Where a new fancy has been adopted, and it is not likely to injure the person, it is well to encourage it. It calls forth into action new powers of the brain, while the previously overwrought parts have time to recover. I know a case where the weak man took to writing poetry. It was a perfect phrenzy. Day after day he wrote wondrous effusions remarkable both for their beauty and pathos. I encouraged him. He completely recovered in the year.

Such a plan of treatment is, after all, only carrying out the principle so accurately laid down by my friend Dr. Richardson, when he states, that the brain "is an organ that can rest in parts where jaded, and work in parts that are not jaded, at one and the same time."

2. It is essential to ensure tranquillity to the senses which especially give incorrect impressions, and only to put those objects before them which will tend to soothe the mind. Before that of sight, green fields are most conducive to rest. There is no colour which like green is so soothing to the eye. The hearing, likewise, must be soothed; noisy places avoided. Sea change, so often advantageous by reason of the bromine inspired, is to be avoided, if the waves be stormy or otherwise than in a state of calm. Smell and touch, likewise, are to be calmed; quiet, sweet-scented, zephyr breezes are the best. A host of quieting mesmeric influences may be produced thereby, just as sleep can be induced by looking fixedly at any object, or hearing a monotonous voice, or feeling a gentle breeze playing on the face. Taste is gratified in like manner by simple, nutritious diet, but especially fish diet, and that fish diet, for the reasons before stated, of those varieties richest in phosphorus. The best internal medicines are iron, as improving the sanguineous plasma; but phosphorus, whether as atlotropic phosphorus, or as the solvent phosph. med. ♏x. to xv. ter die, or as phosphide of zinc, affords the best chance of restoration.

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THE WATER SUPPLY OF RATHMINES AND RATHGAR, DUBLIN.

By L. Studdert, LL.D., Ex-S.T.C.D., &c., &c.,
Student in the Laboratory of the Royal College of Science, Dublin.

As readers of this paper may be unacquainted with Dublin and its environs, it seems well to premise that this water is supplied to the townships of Rathmines and Rathgar, a district south of Dublin City, extending from one and a half to three miles from the General Post Office, in Sackville Street. The supply is from the Grand Canal, which runs from the centre of Ireland to the Sea, south of the City; and the point on the canal where the water is taken is at Gallenstown, between the eighth and ninth lock, where is a mile level, and where the neighbouring springs of Johnstown flow into the canal.

It is said that £8 000 was expended on a reservoir and filtering bed, preparatory to supplying this water to Rathmines and Rathgar district.

As to the methods I employed to determine the substances estimated in the water, and to ascertain its *hardness*, I may state that the ammonia, both free and albuminoid, was determined by Wanklyn and Chapman's method; the chlorine, by a standard solution of silver nitrate; the sulphuric acid existing as a sulphate, was precipitated by baric chloride, and weighed, after ignition, as baric sulphate; and, lastly, the hardness of the water was determined by the well-known method invented by the late Dr. Clarke.

It seems to me preferable when giving the results of an examination of a water used for domestic purposes, to state the weights in grains, not in grammes; and to calculate the amount on the gallon (=70,000 grains), rather than on the scientific *one million parts*; since, with the exception of strictly professional men, grains and gallons are the weight and measure, respectively, that we are most used to in these countries; water is supplied to us by gallon measure, and the consumption refers to the gallon or its multiple and divisions.

The following are the constituents I estimated; and the weights of the substances found are, accordingly, given in grains for one gallon of the water:—

	Grs. per gal.	
Free AMMONIA	0·0014	
Albuminoid AMMONIA ...	0 0091	
NITROGEN, in the form of *Nitrates* and *Nitrites*	0·1904	
CHLORINE...	1·243	= 2·048 of *Chloride of Sodium.*
SULPHATE of Lime ...	2·442	
Total *Solid Matter* ...	25·550	
Permanent HARDNESS, 5° ·5		=16° of TOTAL HARDNESS.
Temporary HARDNESS, 10° ·5		

Some years ago water, such as this, would be considered of average goodness; but with the sanitary improvements which recent years have witnessed in supplying houses with purer water--for instance, the Vartry water for Dublin and some other of its townships, or the water supplied to Glasgow City from Lock Katrine—and with more correct analytical methods for examining waters—it must be allowed that the canal water, estimated above, is of an inferior class. It cannot, indeed, be termed absolutely bad; but it is, surely, a water that ought not to be supplied by a municipal body as fit for drinking, when a much better, in every way, can be cheaply obtained near at hand.

The foregoing examination was conducted in the Laboratory of the Royal College of Science, under the direction of Professor Galloway.

NOTES ON PHTHISIS PULMONALIS.

By CHARLES R. DRYSDALE, M.D., M.R.C.P.,

Physician to the North London Consumption Hospital.

DR. JACCOUD, of Paris, has published a work (*Leçons de Clinique Médicale*) in which he adopts the ideas of Niemeyer about phthisis. It has been thought by most Medical men since the days of Lænnec that phthisis pulmonalis is a disease often hereditary, whose prognosis is almost always fatal, and against which, consequently, therapeutics are almost useless. Dr. Jaccoud says no: slow ulceration of the lung is what constitutes the chronic condition called phthisis. But there exist, he thinks, two very distinct kinds of phthisis:—1st. Pneumonia or cheesy phthisis, which arises without previous tuberculosis. 2nd. A tubercular phthisis, due to pneumonic lesions secondary to the evolution of granulations. Thus, M. Jaccoud opposes duality to the unity of phthisis; and, in his eyes, if tubercular phthisis constantly, or nearly constantly, ends in death, this is not the same with pneumonic phthisis, which is curable at all periods of its evolution, that of excavation comprised. He admits, and without any contest, the statistics of Colberg and Slavjansky, who, of 100 phthisical patients, found the first 90, the second 88, cheesy pneumonias without tubercles, and he also professes, without giving the statistics, that pneumonic phthisis is far the most common kind.

We are thus able to understand that M. Jaccoud insists on the differential characters which separate the two species of phthisis, and speaks much of the treatment of the pneumonia which produces the phthisis. But we must say that M. Jaccoud's statistics neither prove the non-fatality of simple phthisis, nor any other point advanced by him. He is even obliged to confess that even when cases of cheesy pneumonia are at first entirely independent of tuberculosis, those which produce phthisis are often complicated in a variable space of time with a secondary production of granulations. On the other hand, he admits that in true tuberculosis, the primary granulations may disappear up to the very last one, from necrobroses and ulceration; on this fact rests the argument that, although no granulations exist at present, they have existed. This is the argument of those who speak of the unity of phthisis.

The last works of MM. Cornil, Grancher, and Thaon tend to prove that we may always, in cases of caseous pneumonia ascertain the presence of tubercular granulations. M. Thaon, who has made a minute study of 250 autopsies of phthisical persons, has arrived at being quite doubtful as to the existence of essential cheesy pneumonia, and is still looking about for the first clear case of it.

So that it seems that neither M. Jaccoud, nor those able speakers who recently approached this subject in the Pathological Society of London, have done much to convince us that the views of Niemeyer, &c., are true. Dr. C. R. Drysdale's own experience is quite an opposition to that of M. Jaccoud and others of the new German school; and in accordance with the views promulgated by M. Louis and his disciple, Dr. Walsh, that phthisis is always, or *almost* always, due to the formation of tubercular granulations in the lung substance, which soften, leave cavities, and are accompanied often by pneumonia. Syphilitic cavities do occasionally, but very rarely, occur.

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THE CONVULSIVE DISEASES OF WOMEN.

Abstract of the Lumleian Lectures delivered at the Royal College of Physicians,

By ROBERT BARNES, M.D. Lond.,

Obstetric Physician to St Thomas's Hospital.

II.

IN his second lecture Dr. Barnes illustrated in a most graphic manner the law of augmented centric nervous irritability. This he stated thus:—

"When the nervous centres are in a state of exalted tension, irritation telling upon whatever part, of the brain through the emotions, or of the cord through reflex action, seems liable to spread and involve the whole cord. And if one part, as in pregnancy, be especially irritable, this part will be excited to its special action. Or we might express it in another way. We may imagine the spinal cord to be a conductor along which an impression made at any point is transmitted rapidly to the rest, testing and calling into action any part which is in an especially excitable condition."

Although there is no condition to parallel that marked by albuminuria in the proclivity to convulsion, yet we find other conditions which strongly predispose to similar outbreak. The very difference in nature of these conditions supplies further evidence of the truth of the fundamental law, that in pregnancy there is a special and intense accumulation of nerve-force.

The relations of epilepsy to pregnancy were illustrated by six cases. Two cases of Chorea in Pregnancy were related. It was next remarked that the relation between a fit of ague and convulsion is too striking to be overlooked. Pregnancy and labour seem to exercise the same influence in causing a relapse as they do in the case of chorea.

Analysing these cases, amongst other lessons which they teach, Dr. Barnes gave the following:—

1. There is the fundamental state of nervous tension or erethism due to pregnancy and labour.
2. There is a degraded state of the blood, often vaguely called anæmia, but which is more strictly a form of toxæmia.
3. In some cases to a degraded state of the blood is added a morbid diathesis, which in all probability involves a peculiar organic modification of the nervous centres.
4. Then there comes an emotional or physical shock, or a peripheral irritation, which, acting upon a system prepared to explode, determines the convulsion.

Thus, in Case 1 there was the syphilitic diathesis—a condition well known to be capable of evoking or leading up to epilepsy in men. But in this case labour was necessary to determine the convulsions.

In Case 2 epilepsy followed on the exhaustion produced by suckling. It is in cases of over-suckling that we see most strikingly the influence of exhaustion—say, of anæmia. The thin blood, deficient in red globules, can hardly afford proper nourishment to the nervous centres. But the term "anæmia" or "spanæmia" imperfectly describes the kind of blood-impairment found in these cases. Dr. Barnes observed that blood which, from its poverty, is incapable of nourishing the organs, and of stimulating them to the adequate performance of their functions, necessarily soon becomes contaminated by excrementitious matters. Spanæmia then implies toxæmia. Excretion is always imperfectly performed. Almost any animal poison in the blood seems to possess the property of unduly exciting the nervous centres. There is hardly a fever which does not manifest evidence of cerebro-spinal irritation, by delirium, or by that form of convulsion known as *subsultus tendinûm*. The poison of spanæmia is different from the specific poisons of fevers; but, like them, it irritates the nervous centres, and, like them, it is likely to cause various irregular, involuntary muscular actions, recognised as spasms, cramps, twitches. Returning to epilepsy provoked or evoked by over-suckling, Dr. Barnes said the case was a type of a considerable class. The mother goes through perhaps one or two pregnancies and lactations without serious ailment; but under repeated wear and tear, as in this case, at the third lactation, she breaks down. The blood is degraded, the nervous centres are ill-nourished; but, the function of lactation going on, there is maintained an inordinate centric irritability. Under these conditions, convulsion is near at hand. If there be present a convulsive diathesis, it is pretty sure to break out. If she have at any time been "subject to fits," it is almost certain that they will reappear now. That convulsions should occur, even where they had never occurred before, and where we can trace no evidence of convulsive diathesis, affords very strong presumptive evidence of the independent adequacy of the conditions we are discussing to produce them.

Lactation, like pregnancy, imposes upon the mother the double duty of supporting two beings, implying a corresponding increase of nervous energy. Nor is this all. Throughout this work, of itself sufficient to tax the mother's powers to the utmost, the ovarian stimulus is commonly acting. In married women, especially, the ovaries can hardly be kept in abeyance. They are always struggling to renew the cycle of the function of reproduction. The effort at ovulation frequently determines menstruation in spite of lactation; and even where the blood-flow—the outward manifestation of ovulation—does not occur, there is reason to believe that ovulation more or less complete goes on. This state, added to the excitation of the sexual act, causes a constant renewal of exaggerated cerebro-spinal irritability. Hence it is that we see, in some cases, a periodical recurrence of epileptic fits, although there may be no visible menstruation.

Protracted lactation apart from ovarian excitement is not nearly so likely to lead to nervous exhaustion or to convulsion or insanity. Thus, it is no uncommon thing for women who lose their husbands whilst they have a child at the breast to go on suckling for an indefinite time. Concentrating all their emotional and other nervous expenditure upon this vicarious duty, the ovaries are kept in subjection; and there is no excessive development of spinal irritability. Dr. Barnes has known poor women, badly fed, hardly worked, continue to suckle for two, three, and even seven years, exhausted, it is true, in strength, but free from convulsions or insanity. The nervous diathesis was wanting.

Still it is in pregnancy, when the tension of the nervous centres is at the maximum, that we see the most striking proclivity to epilepsy.

A most interesting case was related by Dr. Barnes as illustrating, in several repeated series of experiments instituted by Nature, almost all the points upon which he had dwelt, and which he thus summed up:—

1. There was probably an hereditary predisposition to nervous disease.

2. She never had fits unless when pregnant, except during the ten months between her eighth and ninth pregnancies, when she had a slight fit at each monthly period.

3. The menstrual or ovarian nisus produced fits, shown by periodicity of recurrence during lactation and pregnancy.

4. She had fits during the climax of coition, but never except when pregnant. This last fact or experiment affords striking evidence of the increased efficacy of irritation during the inordinate spinal erethism of pregnancy.

5. The increasing preternatural irritability of the spinal cord is manifested in the repeated abortions following the first pregnancy.

6. These abortions and the protracted lactations induced a gradual blood-deterioration, the effect of which culminated after six years of reproductive troubles, in the first epileptic fit during the nervous tension of pregnancy.

The urine, examined at four different times, never showed any albumen. The case was one of pure epilepsy.

Although, as in this case, epilepsy will frequently excite abortion, it is not nearly so likely to bring on labour as eclampsia, showing that the blood-poison in the latter case is a special cause in augmenting the irritability of the nervous centres.

Turning to the subject of *vomiting in pregnancy*, Dr. Barnes said that up to a certain point it seems to fulfil a useful physiological purpose. It is usually the first evidence of the cerebro-spinal erethism produced by pregnancy. Its action may be compared to that of a safety-valve discharging the superabundant nerve-force, which might otherwise result in convulsion, abortion, or other mischief. Its constant occurrence in the morning seems to imply that at this time there is a maximum of central nervous irritability, so that comparatively slight peripheral causes will then act with more effect. The immediate irritating cause he believes to be the stretching of the uterine muscular fibre under the eccentric pressure of the growing ovum, and the turgescence of the uterine vessels. In many cases, after three or four months the balance is restored, and the vomiting either ceases or is so moderate as to be easily tolerated. It is remarkable, however, that in not a few cases vomiting appears to set in almost from the moment of conception. These cases may be explained by the facts—(1) that conception has taken place, as it most commonly does, at a menstrual epoch—that is, when there is an exalted central nervous tension; (2) by the stimulus or irritation of coition.

Three groups of cases were separately considered. The first group—comprising cases of severe vomiting within the first three months,—includes cases of women who have borne several children, as well as primiparæ; although probably the primiparæ are the majority. In these, the preponderating condition is the extreme convulsive tension of the nervous centres. The subjects are generally "nervous," susceptible to emotional and physical impressions. In some, there are predispositions of a kind similar to those which operate in the production of convulsions. In some, and this may be especially predicated of those women who have already borne children, there is probably blood-deterioration. Sooner or later, indeed, blood-deterioration supervenes; but the influence of this factor does not appear to be necessary to produce vomiting in primiparæ in the first month.

In the second group—including cases of continuous vomiting increasing in severity—the initial conditions are those which mark the first group. But very soon another condition arises: obviously, continuous vomiting implies impaired or arrested nutrition. The influence of this seems to be to increase the irritability of the nervous centres. It is a matter of observation that if the strength can be roused the susceptibility is diminished. But this is not all. The condition is not simply the negative one of want of nutrition. If food be not supplied from without, the starved system feeds upon itself. Absorption goes on actively. The proceeds of tissue-change find their way into the blood, and empoison it. At this point the danger is extreme. The blood-poison still further increases the irritability of the nervous centres; it oppresses the brain; delirium supervenes; and utter prostration is at hand. Every fit of vomiting acts as a shock, and leaves the system more open to the next attack. At this point the slightest emotional impression, the gentlest touch on the skin, the offer of food or drink, will act as they will upon the sufferer from tetanus. At this stage diarrhœa is not uncommon. It bears further evidence of toxæmia. The indications of danger are—extreme emaciation; a pulse small, easily put out, exceeding 130 in the minute; hollow, staring eyes; hippocratic aspect; and delirium. Dr. Barnes has not seen a patient recover in whom the last symptom had persisted for a few days, supervening on the rapid pulse. The vomiting may now subside; even premature labour may take place; but the patient will sink notwithstanding.

In some cases, and the observation applies particularly to these first two groups, the urine is albuminous.

In the third group—that in which the vomiting becomes obstinate in the latter stages of pregnancy—the etiology becomes clear. The explanation offered by Dr. Barnes is this:—

Normally, the uterus *grows pari passu* with the development of the embryo. The adaptation is so well balanced that there is no strain. But if the contents of the uterus be suddenly augmented, the harmony of correlation is destroyed. The uterus cannot suddenly grow to keep pace with the eccentric pressure within. Its fibres are stretched, in some cases torn, and vomiting results. Stretching of the uterine fibre is enough to cause vomiting, even where there is no pregnancy; *a fortiori* it is enough when the irritability of the nervous centres is exalted by pregnancy.

In comparing some of the common features of resemblance or of relationship between the different forms of convulsive disease which occur in pregnancy, Dr. Barnes says, we ought to include the relationship of syncope, vertigo, migraine, apoplexy, paralysis, delirium, insanity. They often form links of one chain or of different chains. Syncope and vertigo should be studied in their frequent relations to epilepsy; apoplexy in its occasional relations to uræmic eclampsia; paralysis in its relations with apoplexy and epilepsy; and insanity in its relations with epilepsy, eclampsia, and chorea. Dr. Barnes said, all these diseases, or symptoms, or pathological results, must be studied together in order that their true individual and cognate significance may be understood, and leaving aside the deeply-interesting subject of puerperal insanity in its more usual forms, he called to mind that all the convulsive diseases may culminate in mania or dementia.

What is it, then, that determines epilepsy in one case, vomiting in a second, chorea in a third, tetanus in a fourth? We must of necessity invoke a peculiar antecedent condition of the nervous centres, lying dormant, probably quite unknown or unsuspected, until it declares itself under the magical ordeal of pregnancy. In the case of epilepsy this is almost certainly so, and this proved by those cases in which the subject had previously been known to be epileptic herself, or to have come of epileptic parents. That pregnancy should reproduce epilepsy in those known to be predisposed to it is strong presumptive evidence that there has been a similar predisposition, although hitherto latent, in those in whom epilepsy appears for the first time during pregnancy.

In the case of chorea this dormant morbid something is even more clearly proved. In a considerable majority of the cases in which chorea has broken out in pregnancy the disease had existed in childhood. Pregnancy could only be regarded as a renewing cause.

But the postulate of an antecedent condition is most indisputably settled by the case of ague. We cannot conceive the possibility of ague being evolved solely out of the conditions of pregnancy. We know that other debilitating causes may also act in reproducing ague in persons who have once been under the influence of the paludal poison.

But it is not so clear that an antecedent predisposing cause is necessary to the production of eclampsia or obstinate vomiting or tetanus. In some cases of eclampsia, at any rate, it has been impossible to trace a history of convulsive affection, or to establish hereditary taint; whilst, in many instances, the convulsion has begun and ended with one particular pregnancy, the recovery being perfect, and leaving no mark of special nervous diathesis behind.

As to obstinate vomiting, though more common in women of known so-called nervous or susceptible temperament, Dr. Barnes has not been able in some cases to make out any presumable nervous proclivity.

The influence of loss of blood in producing convulsions has often been dwelt upon, and an essential factor has been thought to be found in anæmia, but Dr. Barnes thinks clinical observation will not support this hypothesis, at least not in its general application.

As to convulsions he said:—The convulsive movements sometimes, but by no means constantly, observed in subjects dying from hæmorrhage differ materially in character from the ordinary epileptic fit. The observations of animals bled to death have only a limited application. Yet it appears to be chiefly from such observations that the advocates of this theory have drawn their conclusions.

Probably few practitioners who do not practise obstetrics, and not even, it appears, many of these, have seen several cases of bleeding to death. It has been my fortune to see a considerable number. In most of them death was preceded by general tremor, a kind of universal shuddering; consciousness was sometimes not abolished, and in none was there trachelismus or congestion of the face. There was often vomiting, always distressing dyspnœa, and the pulse was rapid, scarcely felt or even extinct. These signs constitute a picture differing essentially from convulsions.

In all these convulsive disorders the nutrition of the nervous centres is affected by some abnormal state of the blood; but the abnormal state is not the same in all. In epilepsy, in chorea, in hysteria, and, up to a certain stage, in vomiting, the alteration probably consists chiefly in that degradation which results from the impoverishment caused by excessive demand, and in the impoisonment of defective excretion. In eclampsia, supervening upon this, there is undoubtedly a special empoisonment by the elements of urine.

For the evolution of any one of these convulsive disorders the development of a peculiar tension of the vis nervosa seems to be a fundamental condition. For, unless pregnancy supervene to produce this peculiar condition, neither epilepsy, eclampsia, vomiting, nor chorea, would, in most cases, ever appear.

We pass now to the consideration that the rise of convulsive diseases in pregnancy puts to the test the various theories respecting the genesis of these diseases. This theme the learned lecturer thus treated:—

"Many are the theories, and discordant, of the pathogeny of epilepsy, of chorea, of tetanus, and of hysteria. Now, be these essential conditions what they may, anæmia, congestion, change of structure of the nervous centres, embolism, pregnancy must produce them all, and all must vanish suddenly with labour. Are these conditions so created and so disposed of? Great as I believe the pathogenic potency of pregnancy to be, I cannot go so far as this. We cannot, at any rate, admit that a gross structural change in the nervous centres is of the essence of epilepsy or chorea, when we see complete recovery ensue as soon as the pregnancy is over.

"We are, then, driven to conclude, with Voisin and others, that the visible alterations found in the brain and cord, in persons who have died of epilepsy or chorea, are consecutive on, not antecedent to, the disease.

"In a memoir I wrote some years ago on 'Chorea in Pregnancy,' (*a*) I adduced reasons for concluding that the graver symptoms—the paralysis, the mania, death—were produced by the repeated shocks of convulsion.

"No one who has watched a case of puerperal convulsions, or of obstinate vomiting, or tetanus, or who has himself experienced the torture of sea-sickness, can have failed to observe how each repetition of the fit weakens the power of resistance, rendering the nervous centres more and more susceptible to those impressions which started the affection. This increasing susceptibility is obviously the result of shock, aggravated no doubt by exhaustion from want of food.

"In the case of tetanus it can hardly be questioned that the fatal prostration is almost purely the result of the repeated shocks. The blood-poison, if any exist, and I believe it does, mainly acts by increasing central nervous irritability; it scarcely complicates the problem; and the mind often remains singularly clear. In uræmic convulsions, again, notwithstanding the complication with blood-poisoning, the effect of shock is clearly seen in the exhaustion following the fit, in the general muscular resolution, in the relaxation of the sphincters, and in the gradual return of nervous power during the intervals, under the influence of rest. I have seen almost sudden death in labour which could be ascribed to no other cause than the shock of pain, and the convulsive action of the uterus. In some cases of paraplegia arising in labour it seems reasonable to attribute the paralysis to exhaustion or shock upon the spinal cord. It is certain that some of these cases cannot be accounted for on the theory of pressure upon the nerves in the pelvis.

"It is greatly by the influence of shock that I would account for the cerebral disorder which so often attends the progress of puerperal convulsions, of epilepsy, and of chorea. The fits act as repeated shocks which stun the nervous centres. These shocks are equivalent to concussions. The *ictus epilepticus* is as real a blow as the apoplectic stroke. They exhaust and divert the nervous force, and after a time impair the nutrition of the nervous substance.

"In the case of chorea proceeding to mania, we have to note that the cerebral disease is almost always *secondary and progressive*.

"In cases of puerperal mania breaking out after labour,

(*a*) Obstetrical Transactions, 1868.

where there has been no convulsion, it may seem that some other factor than shock must be invoked. In some of these cases there is albuminuria: that is, there is blood-poisoning; and this may be taken to be the chief factor. But in other cases there is no albuminuria. But in all there is the shock of labour, with its attendant exhaustion, its severe physical and psychical revolution, acting upon a nervous system wrought up to a climax of irritability. It seems to me that convulsions, collapse, insanity, are not, indeed, interchangeable or convertible, but that the issue in any one of these conditions is determined by idiosyncrasy, or antecedent peculiarity existing in the nervous centres."

The Medical Press
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> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. VI.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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PHYSIOLOGY.

Schafer and Boehm.—"On the Physiological Action of Arsenic." ("*Verhandl. der Physikal-Medicin. Gesellschaft in Würzburg.*" New series, iii., 3.) The object of the experiments instituted by these investigators was to ascertain whether arsenic interferes with digestion; they regard their experiments as proving that arsenic does not prevent the stomachic or pancreatic digestion of albumen.

Philipeaux.—"On the Formation of Bone from Periosteum." *Soc. de Biol.*, Nov. 4, 1872. The author adduces experimental proof that the new bone formed from transplanted periosteum is not permanent unless it remains connected at some part of the pre-existing bone. See Dr. Beck's summary in *Lond. Med. Record*, Feb. 12.

Easey, Edward.—"On the Diurnal Variation of the Temperature of the Body." *Lancet*, Feb. 8.

Duret.—"On the Arteries of the Medulla Oblongata." *Soc. Anatomique.* See Dr. Watson's *résumé* in the *Lond. Med. Record*, Feb. 12.

Rudinger.—"On the Histology of the Tympanum." ("*Beitrage sur Histologie des Mittleren Ohres.*")

MEDICINE.

GENERAL DISEASES.

Behier.—"Experiments on Rabbits relative to the Septic Virus." *Acad. de Med.*, Feb. 4. These experiments which were, for the most part, a repetition of those instituted by M. Davaine, demonstrated the extreme susceptibility of the rabbit to the septic infection, and, moreover they show that this susceptibility is regulated by varying and numerous conditions.

FEVERS.

Lewis, J. R., and Cunningham, D. D.—"A Report of Microscopical and Physiological Researches into the Nature of the Agent or Agents producing Cholera." This very valuable report will not admit of being given in abstract, we can but refer to the excellent epitome of it in *Br. Med. Jl.*, Feb. 22 and March 22.

Maclagan, J. P.—"Hæmorrhage from the Bowels in Enteric Fever; its Varieties and Significance." *Lancet*, Feb. 8. The author says that for practical purposes the varieties of intestinal hæmorrhage "might be divided into the salutary, the trivial, and the serious. The salutary is that which is due to the giving way of the distended vessels of the congested mucous membrane; the trivial is that which occurs in small quantity during the process of ulceration of the mucous or sub-mucous coat; the serious is that which results from the involvement of one of the larger vessels of the muscular coat in the ulcerative lesion." The paper is a very instructive one.

DISEASES OF THE ORGANS OF CIRCULATION.

Williams, C. Theodore.—"Aneurism of Arch of Aorta partially Cured." *Path. Soc. Lond.*, Feb. 4. In this case the filling up of an extensive aneurismal sac took place under very unfavourable circumstances—the reverse of those generally considered necessary for the process.

Pollock, Julius.—"Embolism producing Dry Gangrene." *Path. Soc. Lond.*, Feb. 4. The aorta was plugged just above its bifurcation; both iliacs were plugged on the right and the external on the left side. There was gangrene of the right foot. In the heart, especially in the left auricle, were found many flocculent clots. The patient was the subject of rheumatic endocarditis.

DISEASES OF THE ORGANS OF RESPIRATION.

Green, T. H.—"Sarcoma of Lung and Brain." *Path. Soc. Lond.*, Feb. 15. The masses seemed spindle-celled sarcomata with some myeloid cells.

DISEASES OF THE ORGANS OF DIGESTION.

Moxon, W.—"Cancer of Ileum causing Dilatation and not Contraction." *Path. Soc. Lond.*, Feb. 4.

DISEASES OF THE LIVER.

Moxon, W.—"Simple Stricture of Hepatic Ducts associated with Vitiligoidea." *Path. Soc. Lond.*, Feb. 4.

DISEASES OF THE KIDNEYS.

Johnson, George.—"On the Pathology, Diagnosis, and Treatment of Bright's Disease." *Br. Med. Journ.*, Feb. 22. Dr. Johnson concludes his third lecture, in which he treats of local and general symptoms of contracted granular kidney—the frequent micturition, pain in the back—dyspepsia as a cause and consequence of renal disease—dropsy—hypertrophy of the heart—inflammation of serous membranes—hæmorrhage from various surfaces—cerebral hæmorrhage—impairment of vision—cerebral symptoms the result of uræmia—theory of uræmia—nervous dyspnœa—disease of the liver—diagnosis and prognosis.

DISEASES OF THE NERVOUS SYSTEM.

Headland.—"Case of Diptheritic Paralysis." *Charing Cross Hosp.* Reported *Lancet*, Feb. 8th. This case illustrates the fact, that a recurrence of the throat symptoms occasionally precedes the improvement in the paralysis.

Sawyer, S.—"Hydatid Cyst in the Meninges of the Brain." *Queen's Hosp., Birmingham.* Reported *Lancet*, Feb. 8.

Russell, S.—"Disease (? Tumour) of the Optic Thalamus; probably independent Epilepsy preceding the Disease, the Symptoms changing presumably with the Formation of the Tumour, and an Aura appearing temporarily—Optic Atrophy—Sudden Death." *Birmingham Gen. Hosp.* Reported *Med. Times and Gaz.* Feb. 15.

SURGERY.

PROCESSES OF LOCAL DISEASE.

Carmalt.—"On the Development of Cancer." *Virchow's Archiv.* Vol. 58. The author believes that the epithelium of the hair-follicles forms a point of departure for cancerous growth, and he thinks that every cancerous growth originates in the epithelial elements of the part. He also determined that cancer cells exhibit the phenomenon of spontaneous or amæboid movement. Dr. Chreighton gives a good *résumé* in *Lond. Med. Record.* Feb. 12.

VENEREAL DISEASE.

Spillman.—"On the Treatment of Syphilis." *L'Union Med.*, Feb. 1. The author is not in favour of hypodermic injections of mercury. Of all the preparations of mercury he gives the preference to the proto-iodide. He combats salivation by chlorate of potash and an astringent gargle.

Sturgis, F. R.—"On Two cases of Syphilitic Contagion." *Amer. Quar. Jour. Med. Sci.*, Jan.

AFFECTIONS OF THE NERVOUS SYSTEM.

Rhett, B.—"Cases of Injury to the Nervous System by the Explosion of a Shell." *Amer. Quar. Jour. Med. Sci.*, Jan. Refers to nervous affections resulting from explosions *near the persons injured.*

AFFECTIONS OF THE EYE.

Ball, C. S.—"Report of Three Cases of Choroiditis following Cerebro-Spinal Meningitis." *Amer. Jour. Sci.*, Jan.

Bessay.—"Amaurosis treated by Hypodermic Injection of Strychnia." *Canada Med. Rec.*, Vol. 1. No. 6.

Hogg, Jabez.—"Clinical Remarks on Belladonna in the Treatment of Iritis." Medical Press and Circular, April 30. A very interesting article.

Little, D.—"Tabular Report and Remarks on Two Hundred Cases of Extraction of Cataract by Von Gräfe's Modified Linear Section." *B. and F. Med. Chir. Rev.*, Jan. 4.

Richelot, M.—"Sarcoma of the Choroid." *Mouv. Méd.*, Jan. 4.

AFFECTIONS OF THE TONGUE, &c.

Whitehead, Walter.—"Removal of the Entire Tongue for Cancer by the Galvanic Ecraseur." *Lancet*, Feb. 8. No bleeding occurred either during or succeeding the operation, and immediately after the effect of the operation had passed off, the patient sat out of bed for a quarter of an hour.

Holden, E.—"Case of Disarticulation of Inferior Cornu of Thyroid Cartilage." *Amer. Quar. Jour. of Med. Sci.*, Jan.

HERNIA.

Duhay, N.—"On Hernia from Congenital Malformation of Mesentery." *Virchow's Archiv.*, Vol. 56., parts 1 and 2.

Wood, John.—"Cause and Curability of Inguinal Hernia, with an Outline of his own Operation and its Results." *Med. Times and Gaz.*, Feb. 15.

INJURIES OF ABDOMINAL ORGANS.

McEwen.—"On Contusion of the Intestine." *Glasgow Med. Jl.*, Jan., 1873. Two cases are recorded in which the bowel was bruised by a blow on the abdominal parietes; each case proved fatal, sloughing of the bowel resulting from the injury.

DISEASES AND INJURIES OF RECTUM.

Smith, Henry.—"Treatment of Hæmorrhoids and Prolapse of the Rectum, by the Clamp and Cautery." *Med. Soc. Lond.*, Feb. 10. In the discussion which followed the reading of this paper, Mr. Allingham stated that the ligature, used as it ought to be, was a better method of operation. Mr. W. Adams had obtained satisfactory results with the écraseur.

Verneuil.—"Operation for the Cure of Stricture of the Rectum by Linear Rectotomy." *Gaz. Med. de Paris*, Jan. 4. This operation consists of section of the stricture and rectum below it, together with the anus, the bowel being divided in its entire thickness, and the incision being in the dorsal median line to avoid hæmorrhage and injury to the peritoneum. This operation is only admissible in cases where the stricture is within 3½ or 4 inches of the anus, and in which treatment by dilatation has been unavailing.

DISEASES AND INJURIES OF URINARY ORGANS.

Bœckel.—"On Urethro-Prostatic Calculi." *Gaz. Med. de Strasbourg*, Jan. In the case recorded three masses of phosphate of lime were deposited in the prostatic, membranous and bulbous portions of the urethra; collectively they weighed 2·24 onnces.

Croft.—"Strictures in the Anterior Part of the Urethra—Penile and Perineal Fistula—Internal Urethrotomy—Cure." St. Thomas's Hosp. Reported *Med. Times and Gazette*, Feb. 15.

Croft.—"Stone in the Bladder—Lithotomy—Melancholia—Recovery." St. Thomas's Hosp. Reported *Med. Times and Gaz.*, Feb. 15.

Croft.—Traumatic Paraplegia—Cystitis—Urinary Fistula—Vesical Calculus—Lithotomy and Urethroplasty—Cure." St. Thomas's Hosp. *Med. Times and Gaz.*, Feb. 15.

Dolbeau.—"On Perineal Lithotrity" ("De la Lithotrite périneale, ou nouvelle Manière d'opérer les Calculeux.") The author makes a small incision through the skin, and opens the urethra as nearly as possible at the membranous portion; he then enlarges the opening by dilatation. He had five deaths in thirty cases.

Squire, T. H.—"Advantages of the Vertebrated Catheter in Prostatic Retention." *New York Med. Record*, Jan.

Teale, Pridgen.—"Retention of Urine; Relief by the Pneumatic Aspirator." Gen. Infirm., Leeds. Reported *Lancet*, Feb. 8.

AMPUTATIONS AND MISCELLANEA.

Macnamara.—"On the Operation for Elephantiasis Scroti." *Indian Med. Gaz.*, Jan. 1. This is an able account of an operation, the object of which would seem to be to avoid the ulceration which frequently takes place in the cicatricial tissue, resulting from the ordinary operation.

Arnott, H.—"On Scrofulous Tumours in the Brain and Testicle after Excision of the Elbow." *Trans. Path. Soc. Lond.*, Vol. 23, 1872.

Carothers, A. E.—"On Amputation at the Hip-joint." *Amer. Jl, Med. Sci.*, Jan. Dr. Carothers concludes "That where gunshot fracture of the trochanters, neck, or head of the femur is complicated by wound of the great vessels of the thigh, or where they are included in a slough of the wound, causing secondary hæmorrhage; it is the duty of the surgeon to give the patient the chance for life that lies in amputation at the hip-joint.

Lizars.—"On Pirogoff's Amputation." *Canada Lancet*, Jan. Lizars relates a case in which he performed this operation on both feet; the patient recovered. The author considers this operation superior to Syme's, and easier of performance.

Perassi.—"Malignant Onychia successfully treated by Nitrate of Lead." *L'Indipendente*, Jan. 15.

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ANALYTICAL REPORTS ON WINES.

It is according to our view of Medical jour[illegible], hardly the function of an editor to advise his rea[illegible] the relative merits of whiskeys and wines, whether [illegible] in the parlance of the journal of the British [illegible] Association, "new inventions," or not. We [illegible] however, in the present instance from the pract[illegible] cation of this rule, because we are aware that M[illegible] Specialité Sherry has been recommended to the [illegible] by the *British Medical Journal*, as a therapeutic [illegible] that it was one of the medicaments or Medical [illegible] admitted by the Council of the Association to its "museum," or tasting-room at Birmingham.

We have been favoured with samples of the following wines, with polite requests of notices in our columns, on the score that they are introduced specially for Medical purposes; but we have thought it right, as we have done in our Food Reports, and in all other analytic enquiries—not to make the presentation sample the subject of our examination, but to procure specimens of the wine as supplied direct from the importers' to an independent member of the Profession, and to let them stand or fall on their own merits, as proved by chymical analysis, instead of giving them the "puff" for advertising, which is, unfortunately, so often done. We deprecate entirely any inference that we mistrust the identity of the sample with the ordinary supply, but, inasmuch as we have to express an opinion on the article our readers may expect to receive, we desire to avoid any cavil as to the inaccuracy of our source of information.

We purposely avoid passing an opinion on "bouquets," as, with certain exceptional cases, this is a question which must be left to the discrimination of the *cognoscente*, who, as regards wines, are rather scarce. It must also, in a great measure, be left to individual taste. In fact, considerable knowledge is affected upon the part of the consumer, who, in the majority of cases, knows nothing about it. We except, however, instances where artificial flavouring having been resorted to, rightly come within the province of the chymist.

The function of the chymist is to determine adulteration, the alcoholic value of the wine, and the relative amount of saccharine matter and acidity.

SHERRY—FELTOE AND SONS' "SPECIALITE."

The *British Medical Jourual*, 17th February, 1872, writes :—

"Its specific gravity at 60 deg. F. is 0·9902; and its alcoholic strength (by weight) 16·6 per cent. Considering the very moderate price at which it is sold, it is one of the most recommendable wines with which we have met."

The *Medical Times and Gazette* writes, March 8, 1873 :—

"We should pronounce the 'Specialité Sherry' one of the best and least brandied specimens of Spanish Wine, at a moderate cost, which it has been our lot to encounter. It is exceedingly pleasant to the eye; the taste is soft, round, and not acid; the flavour is vinous and dry, without any suggestion of artificial bitterness."

The sample of "Specialité" Sherry was analysed by us with the following results :—

The specific gravity at 60° Faht. was 0·989.

Alcohol, per cent. (by weight) was 16·7, or it contained in the 100 parts 36·4 parts of proof spirit.

Extractive per ounce, 17·67 grains.

Sugar, 8·5 grains.

Acid, calculated as tartaric acid, 2·26 grains to the fluid ounce.

It presented the appearance of a pale brown sherry of that character, as regards the alcohol. Although the sugar rather low it can hardly be called a dry sherry. (The sugar in sherries range from 4 to 12 grains per ounce). We do not include in this some of the very dry Mansanillas, which are exceptional wines. The acidity of this wine is low, and much under the average sherries.

We note that the cost per dozen for this wine (including case and bottles as per invoice) is £1 11s. for *prompt cash*, but that "if not paid within 14 days the price is 40s." Nine shillings (or 750 per cent. per annum) is a severe penalty for a fortnight's dilatoriness in the payment of a guinea and a-half.

CHAMPAGNE BRUT, OR NATURAL SPARKLING WINE. EXTRA VINTAGE 1868.

(The Wine Commission Agency, 53 Charing Cross.)

"These wines are the original productions of the choicest vineyards of the districts in which they are produced. With a fine natural flavour (being entirely unsweetened or liquered) they are eminently suited to those who like a pure natural wine, and being themselves free from acidity, or the cause of it, they must prove to the connoisseur or invalid what has long been wanting."

The analysis of this "Champagne Brut" is as follows :—

The specific gravity, after the escape of the carbonic anhydride, was at 60° Faht. 1·0077.

Alcohol per cent. (by weight) 9·5, or parts of proof spirit in 100, 21·7.

Extractive, per ounce, 23·6 grains.

Sugar, 20·1.

Ash, ·63 grains.

Acid, calculated as tartaric acid, per ounce, 3·3 grains.

ST. PERAY, GD. MOUSSEUX SUPERRES MALET FAURE.

(The Wine Commission Agency, 53, Charing Cross.)

"This sparkling wine is produced in the district of the Ardèche, in the South of France, and is grown in a sulphur soil and partakes of its properties. It is a most agreeable wine, and can be drank by people who could not partake of any other stimulant. It is particularly suited to gouty people."

The specific gravity at 60° Faht. was 1·004.

Alcohol, per cent. (by weight) 10·26, or 23 per cent. of proof spirit, by measure.

Extractive, per ounce, 21·7 grains.

Sugar, 20·41 grains.

Ash, ·818.

Acid, calculated as tartaric acid, per ounce, 3 grains.

The Champagne Brut is, as will be seen from the analysis, what would be called a moderately dry wine, for it differs considerably from the sweetened wines of the first quality, which, as a rule, give from 24 to 28 grains of sugar per ounce. This point in connection with the amounts of alcohol and other characteristics, shows that this wine is neither brandied nor sweetened. Thomas Shaw, in speaking of the subject, says "Till lately champagne was considered thin and poor, unless altered from its natural state, and the only kind in vogue was such as no man in Champagne, and few anywhere else, except England, would drink." We cannot go entirely with him in restricting this taste for liqueured wines to the British Isles. Mdme. Cliquot's celebrated wine is liqueured with syrup of capillaire, yet she could sing with a good conscience—

"Notre Champagne a fait le tour du monde."

These remarks equally apply to the St. Peray, which is somewhat of the same character of wine as regards composition, although the "*bouquet*" is perfectly distinct. Some drinkers unaccustomed to such wines, might, on the first acquaintance, be inclined to translate the term "brut" (unsophisticated) as rough diamond, but after a bottle or so, the consumer will rarely return from choice to the sweeter champagnes—there cannot be a doubt that the wine grown on the sulphur district would be a desirable beverage for gouty people. These wines are unique, and compared with the ordinary champagnes, are very pure. They are not of the still character, but

"Il rit joyeux, sous la mousse qui tremble."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 21, 1873.

ADMINISTRATION AND INSPECTION OF IRISH LUNATIC ASYLUMS.

HIS Excellency the Lord Lieutenant, or whoever writes from Dublin Castle under his Excellency's name, has brought the question of the management of the Limerick Lunatic Asylum and its official inspection to an end by a final letter addressed to the Governors, which we published in the Irish Supplement of this Journal last week; and if we are to regard this communication in the light of a reply to our indictment, it is entirely unconvincing and irrelevant.

The reply of Dublin Castle to the Governors may be exhaustively epitomised in the words *Tu quoque*, and it would appear from this letter that His Excellency has nothing to say in favour of the system of discipline and supervision, which was born and cradled at Dublin Castle, except that management by one Resident Superintendent under official supervision is no worse than management by Governors in Limerick. If this plea were true, which we doubt, it would not go towards palliating the failure of that official watchfulness which is provided for the checking of Governors as much as of any one else. It is certainly no reply to the charge of negligence and obstructiveness to enquiry brought against the Inspectors to say that, if other parties had done their duty, no inspection would have been necessary.

The Lord Lieutenant's letter informs the Governors that, if they disapprove of Dr. Gelston's conduct, it is for them to deal with him; that the refractory cells should have been inspected and improved by them, such improvements having been, from time to time, suggested by the inspectors, and lastly, a reprimand is administered for the remissness of the board in the matter of visitation of the Asylum.

Without at present at all entering on the question, whether the board has or has not been negligent of its duties, it is plain that their proved remissness would be no answer whatever to the charge of routineism or wilful blindness, which has been brought against the inspecting authorities. We may, however, allow the Governors to speak for themselves in answer to the charge. In addressing the board in defence on a former occasion, Mr. Spillane, the High Sheriff, expressed himself as follows:—

"Dr. Nugent seems to have forgotten that the Governors are not paid for their supervision here, while he is, and that even though each and every one of them, which I distinctly deny, neglected his duty to the unfortunate lunatics confided to his care, this excuse—even if true—could not, and should not, be accepted by *his* superiors for *his* neglect of duty. Have the Governors been unmindful of the responsible position they occupy? Has Dr. Nugent any other explanation to offer the public for his defective supervision, or does he flatter himself that it needs none? Who brought under the notice of the board the fact, that the female patients, upwards of 200 in number, were systematically excluded from their recreation field for periods of nine consecutive months, and their places occupied by cattle, not the property of this institution? Governors.—Who reported that men and women, aged seventy years and upwards, were compelled to remain without stockings in most inclement weather? Governors. Who revealed to us the tragedy of last December? Governors. Who shocked us by the description of the fourteen refractory cells at the female side, constantly occupied, reeking with wet, to quote Dr. Gelston's words, and who have called our attention to-day to the condition of the fourteen refractory cells at the male side, with their wet flagged floors, and their almost as wet clothes? Governors. But who reported year after year that the condition of this house was most satisfactory, that the patients were treated most humanely, and that—save that the clothing of the women was rather slight—he had no suggestion to offer? Dr. Nugent. Who failed to discover in his four official visits, since the occurrence, the tragic fate of Danford. Dr. Nugent! Who never observed—nor explained his negligence ever since—the important and indefensible erasures, by the Resident Medical Superintendent—of the entry of that awful death? Dr. Nugent. Who never informed us—if he knew it—that the twenty-eight refractory cells were frequently, throughout the winter months, for the last quarter of a century, wet as flags were ever known to be, utterly unfit for human habitation, so fatal to life, as Dr Gelston now admits. Dr. Nugent. Further illustrations are unnecessary."

His Excellency's scribe appears, however, to consider that the detection of irregularities, such as the High Sheriff alludes to is entirely too low a function for the government inspectors, for the letter points out that the duty of the Castle officials is to "enquire into and report on the condition, discipline, and management of the Asylum," a phrase which certainly fixes the inspectors with the gravest responsibility for all abuses of administration. And yet His Excellency considers that there is no ground for enquiry into the conduct of Dr. Nugent in this matter. We most respectfully, but most decidedly differ from that view, for we can deduce no other conclusion from the whole affair, than that either the system or the officer is grossly at fault. If Dr. Nugent's jurisdiction is too narrow to allow of his seeing and taking notice of such matters, it is plain that his powers should be at once enlarged, and if a minute surveillance over the management of the Asylum is his duty, we venture to say that that duty has been grossly neglected. But such neglect is not the worst aspect of the matter, for now that all is said and done, the feeling is universal that the whole of Dr. Nugent's influence was used to discourage investigation and to impede reform, and, in fact, that the re-organisation of the Asylum has been effected by an energetic section of the Governors (to whom the greater honour is due), in the teeth of official opposition and superciliousness. Dr. Nugent, in fact, appears to have felt it to be necessary to uphold at all hazards the infallibility of the Resident Medical Superintendent, and he has displayed little discretion or tact in carrying this policy into effect.

Lastly, His Excellency's letter invites the Governors to point out those amongst the Privy Council rules which have had the effect of transferring the powers of the Governors to the Resident Superintendent, and it infers that it will be impossible to do so. We may confidently leave that task—for it is an easy one—to the Governors, with the hope that "when found" His Excellency will be good enough to "make a note on." We invite the Irish Government to a calm re-perusal of the whole case, and a search for the *teterrima causa* in Dr. Nugent's regulations for the government of District Asylums.

Let them remember that the irresponsibility of the Resident Medical Superintendent has been, year after year, fructifying, and has borne its first fruit in the Limerick Asylum. Let them argue with themselves, that the least suitable place for a semi-despotism is in a Lunatic Asylum, and as the result of this reasoning let us hope that we shall achieve a partial restoration of the public confidence that the management of these important institutions and the treatment of the inmates shall be in future in all cases such as will bear enquiry.

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THE ARMY MEDICAL PROMOTIONS.

We do not feel bound to offer any apology to our Civilian readers for the amount of space recently occupied in the Medical Press by the affairs of this department, knowing as we do that the majority of its members come from our own schools, and that many are the sons or relatives of Irish Medical men. We accordingly desire to estimate the exact value of the "big gazette" which has at last appeared.

In the Indian Medical Service promotion is fixed at the conclusion of the twelfth year, and in the Naval Service, by the equable flow which is maintained, promotion is attainable in the same time; whereas in the Army Medical Department the occupants of the most junior rank are only rescued from a tedious service far advanced into the sixteenth year, by a sensational gazette. However gratifying this may be to those immediately benefited, it brings little confidence to the seventy-eight surgeons who, before the end of 1874, will have passed into their sixteenth year of service, and who, since they have been denied any guarantee of a similar boon, will be driven to those devices of appeal, complaint, and agitation, which are so completely incompatible with military discipline or professional work, and which do so much present and prospective injury by warning off zealous and industrious men from the ranks of a discontented service.

We cannot understand why the Secretary of State, when he has already given an official pledge, and so far ratified it by the late gazette, should hesitate to make the condition of promotion in fifteen years absolute, considering that thereby he only ensures the members of the Army Medical Department *against being more than three years* behind either of the other public Medical Services.

We would also specify as the other most serious grievance that loudly claims redress, the sudden ignoring of the rights of the Artillery and Regimental Surgeons who had been compelled to contribute the same subscriptions as other officers, as well as to provide themselves with expensive uniforms, and who had been permitted up to the last moment to pay money for exchanges, but who on the 1st of April found that by an unjust act of official despotism their money was confiscated, their privileges cancelled, and that their places in their regiments knew them no more.

We are not forgetful of the power which the Officers of the Guards and Cavalry exercised on the purchase question of last year, and we can only infer that there is a descending scale of justice proportioned to the parliamentary influence of those to be dealt with.

We would, nevertheless, hope that the Secretary of State and his advisers will recollect that, although by reducing the Medical Department by the Unification Warrant down to the lowest limit of a peace establishment, they may stave off the need of present candidates, yet the day may come when the English army will have again to pay the sad tribute of countless victims to insufficient surgeons and indifferent surgery; and when the resignation of those who have perpetrated the treacherous economy, will be a poor consolation to the mourning survivors.

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THE NEW SYSTEM OF EXAMINATION AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

It may be remembered by those of our readers who are interested in Medical education in Ireland that—as was recorded in the Medical Press and Circular at the time—a revised scheme of examination which had been formed and recommended by a Special Committee was adopted by the Council, on the motion of Dr. Jacob, on the 10th of August, 1871. By a subsequent resolution the operation of that scheme was restricted to students who should commence their studies after October, 1871. Such students will have completed their second summer session—the period specified for their first examination—next July; and, as no public notification has been made by Council as to the intention to conduct the summer sessional examination under the new scheme, we thought it proper—being aware that some students had prepared themselves for the new primary examination—to make enquiry as to the intention of the Council. We have received a letter from Mr. Colles, Secretary of the College—which informs us that "the new system of examination is being carried out." As the first examination under the new system cannot be held until July, we understand this intimation to signify that the necessary arrangements are being made to bring the new system into operation at that date. The following is the portion of the scheme adopted by the Council which refers to the primary examination:—

"All students who shall have commenced their professional studies on or after the first day of October, 1871, shall be required, in order to entitle them to the Letters Testimonial to this College, to produce satisfactory evidence of having passed the sessional examinations herein-provided. Students who have commenced their professional studies previous to the 1st of October, 1871, will also be permitted, should they so wish it, to avail themselves of these sessional examinations for the purpose of obtaining their Letters Testimonial.

"The first examination is for students who have completed their second summer session of Medical study.

"No student shall be permitted to proceed to either the second or pass examinations without having passed the preceding examination.

"THE FIRST EXAMINATION.

"For this examination the candidate shall be required to produce the following certificates :—

"*(a)* Preliminary Examination ; *(b)* Practical Anatomy, with demonstrations and dissections, two winter sessions ; *(c)* Physiology, two courses ; *(d)* Theoretical Chemistry, one course ; *(e)* Practical Chemistry, one course ; *(f)* Materia Medica, one course ; *(g)* Botany, one course ; *(h)* Surgery, one course ; *(i)* Hospital Attendance, eighteen months (comprising two winter sessions of six months and two summer sessions of two months).

"*Subjects for Examination.*

a. Anatomy (bones, muscles, articulations, Descriptive Anatomy of the chest, abdomen, urinary and genital organs).

b. Chemistry (chemistry and physics as applied to pharmacy and medicine).

c. Materia Medica and Pharmacy (not including Therapeutics).

d. Fractures and Dislocations.

"Fees for this examination, £5 5s. for Registration, and £5 5s. for Examination.

"At the conclusion of each of these several examinations the candidate shall be informed of the result by letter, forwarded to him by post or otherwise, as may seem to the Council for the time being most expedient.

"'Each candidate rejected at any of these examinations seeking re-examination shall pay for such re-examination a fee additional to that which he has already paid, of two guineas."

The details of the entire system will be found in the Students' Number of the MEDICAL PRESS, and in the Irish Medical Directory.

Notes on Current Topics.

Injections of Spirits of Wine into Adipose Tumours.

DR. HASSE, of Wordhausen, recommends the injection of alcohol into the substance of adipose or lipomatous tumours. He gives one case of a female who had a large fatty tumour reaching from the shoulder to the armpit. He injected alcohol into this at four different sittings, with fifteen days' interval, directing the syringe into different parts of the tumour. In a few days there was some slight inflammation. The tumour became at first firmer, but soon softened and fluctuated at several points. In three weeks an incision was made into the tumour, and the fatty matter could be pressed out in a liquid form. In another case of a man, æt. 40, similar treatment was adopted with similar result.

Treatment of Tetanus by Injections of Chloral Solution into the Veins.

PROF. ORE reports successful treatment by this method. A young man, æt. 26, had his thumb crushed by machinery, and was attacked by acute tetanus. Chloral was given in solution in large quantities, but as the symptoms became intensely urgent, Prof. Oré determined on introducing chloral into the veins. The cephalic was opened, and a careful injection made with a hypodermic syringe (seventy-five centigrammes of chloral). When the injection was made the patient gave a spasmodic cough and expectorated freely. In two minutes he said he was relieved, the pulse, which before was 92, fell directly, first to 80, then to 76, 72, 68, and in seven minutes he was asleep.

The spasm became subsequently less frequent, the trismus diminished, and he slept well at intervals. For several days he got relief, but finally got inflammation of the arm and a recurrence of the symptoms with great prostration and sweating. He died on the 15th December, the accident having occurred on the 15th November, the tetanic evidences appeared on the 1st December, and the first chloral injection was practised on 6th December.

Death by Chloroform.

A DEATH by chloroform inhalation has been reported during the past week by M. Lefort, in Paris. It adds another illustration of the uncertainty of the action of this agent, though every precaution was used. It was administered scientifically ; the patient was young, and robust, and every means was applied to restore animation, but a life was lost, where a trivial operation only was intended.

We hope next week to be able to report on the information which is being collected in Dublin, on the use of ether in lieu of chloroform. We believe that it will be most favourable, and will stimulate to the further use of ether as the safest method.

Chronic Peritonitis forming a Cyst, which simulated an Ovarian Tumour.

A WOMAN was admitted to St. Louis Hospital, who had been tapped some months previously, for what was thought to be an ovarian cyst, by which four to five litres of fluid were evacuated. On examination, there was found an abdominal tumour half solid, half liquid, extending to the epigastrium, vaginal examination proved that the uterus was hypertrophied to double its size ; the posterior wall of the vagina was pushed down by a soft fluctuating tumour. The patient was in a very prostrated and weak condition, and had pulmonary complications of tubercular pneumonia. She shortly died. At *post-mortem* examination, the intestines were found to be greatly agglutinated by inflammation, and a large peritonitic cyst had been formed, circumscribed and well-marked, which extended as low down as the recto-uterine *cul de sac.* Sometime before death the bowel had given way, and communicated with the cyst, as fœcal matter was to be found in it.

As illustrating one of the difficulties of accurately diagnosing ovarian tumours suited for operation, the case presents the peculiarity, that the cyst had absolutely been tapped a considerable time previously.

Transformation of Fishes.

A **remarkable** phenomenon has been lately observed by M. Muller, as to the transformation of the ammocite, which has been hitherto described as related to the lamprey.

It is now found that the ammocite is nothing else than the young of the lamprey. Having gathered and artificially fecundated the eggs of the lamprey, he observed that the yolk segmented as in batrachians, and these after eighteen days' incubation, gave exit to the ammocite; these were kept two years in a reservoir, when they unfortunately died. M. Muller then obtained other ammocites, which towards the third year of their existence, assumed all the characters of the true lamprey.

The Use of Chloral as a Topical Application for Bed Sores.

M. **Martineau** has found that the sloughing of the integuments over bony parts can be treated, if not prevented by the use of a solution of chloral, 1 in 100 parts of distilled water. He lays this on with a feather and lint, and in a few days the wound heals.

Phenic Acid in the Treatment of Intermittent Fever.

M. **Dedat** has reported that phenic acid supplies the place of quinine in the treatment of agues and marsh fevers. He gives a series of twenty-nine observations where he used the method, which consisted in small hypodermic injections of the acid, of its administration internally in the shape of a syrup and lotions on the surface.

Should this treatment prove successful, a most important addition will have been made to our means of combating the pest of our troops and residents in tropical and marshy climates, its low price, ample supply, and indestructibility, will amply commend the remedy, which should be amply tested without delay.

The Use of Glycerine in the Treatment of Diabetes.

D. **Schultreu**, Professor at Dorpat, recommends glycerine to be given largely in the treatment of diabetes, as supplying the combustion principle which the system requires, and at the same time to withdraw the starchy substances which are liable to transformation. The glycerine should be given freely; in combination with citric acid it answers well, and its use may be continued for months without inconvenience.

Recent Discovery of Natural Cow-pox.

The *Gazette de Joulin* (No. 13) contains the interesting information of the discovery of a case of natural cow-pox at a farm in the department of Ille-et-Vilaine, France, by Dr. Gautier. He vaccinated two persons at the farm unsuccessfully, as one had already been three times vaccinated without result, and the other once, successfully. His own son, æt. 6 months, was next done. On the third day after vaccination a little elevation ("élevure") was noticeable on the left arm; on the fourth day a pustule appeared on the right arm. These two pustules became developed, and followed a similar course to that produced by humanised lymph. Another child, showing no signs of a successful result on the 7th day, was revaccinated. On the 11th day one good pustule was to be seen out of six punctures made. A third child was vaccinated with lymph taken from Dr. Gautier's child on the 11th day. On the 4th day one pustule existed. Two fresh pustules commenced to appear four days later. A fourth child, vaccinated with lymph of the 3rd day, had only one pustule to four punctures. In all these cases the progress was normal, after the vaccination showed signs of having been successful. The period of incubation was irregular. Dr. Joulin, who obtained some tubes and points from Dr. Gautier, experienced a similar irregularity in the progress of his cases. The lymph he used was taken however on the 10th day. In all his cases the development was prolonged beyond the usual term.

Thoracentesis.

Dr. Tutschek has contributed a valuable article on this subject to the *Aerzt. Intelligenz-Blatt*, of April 3. He refers to the history of five patients suffering from fibro-albuminous pleuritic effusion, on whom he operated eight times (four times on one, and once each on the others). He employs a modified form of the operation of Blachez and Reguard (described in the *Gazette Hebdomadaire*, 1872, No. 18). He is of opinion that it is wrong to wait until the dyspnœa is so bad that death is imminent; and that the lung of the affected side should be freed as early as possible from the pressure of the fluid which compresses it, and prevents the performance of its function. Instead of waiting, as is usually done, until the cessation of the accompanying fever, Dr. Tutschek has operated while the temperature of the axilla was 39·5° C. (representing a blood-temperature of 40° C.), and while the pleura were in a high state of inflammation. The instrument employed consists of a hollow needle, joined air-tight to a piece of india-rubber tube twelve or fourteen inches long, the other end of the tube being provided with a stop-cock. The aspiration of the fluid is effected by means of a tin syringe, 250 cub. cent. in capacity. The quantity of fluid drawn in the eight operations was respectively (in cub. cent.) 840, 850, 1,220, 1,130, 1,230, 1,450, 1,570, 2,130. All the operations were successful. Scarcely any pain was felt, and chloroform (which Dr. Tutschek regards as contra-indicated in such cases) was never given. One patient, when asked if he had felt pain, asked in surprise if the operation was done. The points of puncture all healed in two or three days, without any trace of inflammatory action.

The University of London.

Last Wednesday was the Presentation Day at the University of London, and a great number of people assembled to see the degrees, &c., conferred on the successful candidates.

The Chancellor of the University, Earl Granville, was in the chair, and seated on his right and left respectively were Mr. Lowe, M.P., and Sir John Lubbock, M.P. The students who had obtained first and second exhibitions were introduced to Earl Granville by the Professors, and on the conferring of the degrees his lordship shook hands with each student. Dr. Carpenter having read the report, which stated that seven women had passed the general examination of the University, the noble chairman said that the degrees given in the universities of Scotland were excelled by those given in their University; and, in fact, that their degrees were equal to those given in any University. Their examinations were now very severe, in fact, as severe as those in the two leading Universities in England. He congratulated those students who had succeeded, and condoled with those who had failed.

Mr. Lowe made a few observations, observing that the Government had lately brought in an University Bill, in which they had "come off a little scratched." He greatly regretted that women were not permitted to take part in the whole curriculum of the University, and he did not see by what rule they were forbidden, when they themselves were willing to compete with men.

Case of Pneumo-Pericardium.

In the *Transactions of the New Hampshire Medical Society* for 1871, the Secretary, Dr. G. P. Conn, of Concord, reported a remarkable case. A man æt. 41, died in the State Prison, after a brief illness. He had been a free drinker, and for some years had slight paralysis agitans, and occasional "cramps" in the chest, with cold surface; but he was able to work most of the time. He was attacked in the night, ten or twelve hours before his death, and when seen, early in the morning, was cold; pulse 130, weak and fluttering; respiration 25, laboured; unable to lie down, the attempt causing violent cough, with profuse expectoration, tinged with blood. "Auscultation did not reveal the condition of the lungs and throat so as to afford a satisfactory diagnosis; the throat being filled with mucous râles, while the heart, though feeble in its action, seemed to be struggling against some unseen force, which was slowly but surely overpowering its action." Examination eighteen hours after death:—Body in perfect preservation; lungs congested; pleura healthy, no effusion. "From the bladder-like appearance of the pericardium, it was suspected there might be hydro-pericardium. However, on puncturing that membrane, we were surprised to hear air escaping with an audible hissing sound, and in a moment's time the pericardium assumed its natural relation to the heart itself, there being no effusion, or any trace of inflammation." Nothing abnormal was found in the heart, lining membrane, or valves.

Dr. Conn appends some comments on the supposed cause of the phenomenon and on its rarity. In some reported cases, decomposition after death affords an explanation. But there was no decomposition here. Professor Gross to whom the case was reported, did not venture an explanation.

Use of the Stomach Pump in Dilatation of the Stomach.

In the *Gaz. Hebdomadaire* of Jan. 31st is a report of two curious cases, in which the reporter, M. Leven, made application of a method of treatment used in Germany by Kusmaül. This gentlemen used the stomach pump in twelve cases of obstruction of the pylorus from cicatrices and from degeneration of the walls, &c. M. Leven appears to have been the first to apply the œsophagean tube and syringe for the purpose of removing the contents of the distended organ. After the manner of Kusmaül, he injected Vichy water into the stomach and washed with it the mucous membrane. The first of the two patients referred to had an enormous dilatation of the stomach and filled two or three wash-bowls with his daily vomitings. He was incapable of being nourished, and was threatened with death from inanition. For two months aspiration was practised and the contents drawn off daily. From the beginning of the treatment the patient was able to digest his food, and he was completely cured by the treatment. In the second case, the improvement was well marked.

The liquid which had accumulated in the stomach and distended it was carefully examined. In the first case, it was acid and contained no albumen. In the second case, it was neutral. M. Leven, calling attention to these facts, was inclined to return to the ancient classification of dyspepsia into acid and alkaline, seeing that quarts of neutral liquid may accumulate in the organ. In either case the distension is amenable to the same simple treatment.

Another member of the Biological Society, in which the discussion took place, M. Charcot, had reported the same method in distension of the stomach of aged persons, but without satisfactory results.

Inundations at Versailles.

Dr. Lapeyrere (*France Médicale*, May 3rd, 1873), says that those who are still sceptical as to the influence on the public health of substances contained in drinking waters, should consider the evil effects produced on the town of Versailles by recent inundations in that city. Since January last, during the first three months of this year, the thirteenth part of the population paid a tribute to gastro-intestinal affections, and the deaths which last year at this time were only 12 from diarrhœa, and 7 from typhoid fever, rose for the first to the number of 39, and for the second to that of 58. Such facts require no commentary.

Sutures in Operation for Hare-lip.

Dr. Brigham (*The Western Lancet*, March, 1873), says that some surgeons advocate the use of sutures of wire, of cat-gut, or of silk, while others use the twisted suture of pins and silk thread. He much prefers sutures, and wishes to bring before the notice of the Profession an idea which he believes original, the use of sutures of horsehair, taking the hairs fresh from the horse's mane or tail. The advantage which these seem to possess over other sutures lies in the little irritation which is excited by their presence. He has repeatedly left a suture of this sort in a flap during three weeks, without its showing a disposition to slough out. To be sure, we have not unfrequently a similar result with wire sutures, but he thinks not so often as with the horsehair; the horsehairs, two or three being taken together should be thoroughly waxed, and then the knot is as easily tied, and remains in place as well as any silk ligature.

Reduction of a Dislocation Five Months after Injury.

Dr. Toland (*The Western Lancet*, March, 1873), mentions the case of a boatman, æt. 54, who went to bed one night in good health, but on rising found that his shoulder had become dislocated. Several attempts to reduce the dislocation were made with no avail; and the patient came to San Francisco to consult Dr. Toland. The roundness of the shoulder had disappeared, and the head of the bone was felt beneath the coracoid process of the scapula. The scapula was fixed by pressing a wide bandage around and over the shoulder and fastening both ends to the opposite bed-post; another roller being passed through the axilla and diagonally across the chest and back and fastened to the opposite upper bed-post. A sheet was then fastened to the arm and it was raised (under chloroform) from the side and drawn straight up until the head of the bone was elevated into its socket, an assistant keeping up at the same time a downward pressure on the shoulder.

Laminaria in Stricture of the Urethra.

Dr. Newman (*New York Medical Record*, July 1) makes the following remarks with regard to the use of laminaria in cases of stricture of the urethra:—

"The bougies should be of an unblemished piece taken out of the middle of the plant. That part of the bougie which is to occupy the portion of the urethra below the last stricture must be varnished, and mastic-varnish may be used for the purpose. No oil should be used, as it hinders the expansion of the laminaria. The bougie, before introduction, is placed in cold water, until it gets a soft, velvet-like touch. The measure of the urethra must be carefully taken and the seat of stricture noted. When ready, the bougie must be introduced at once without any hesitation, or twisting, or stoppage, since dilatation commences at once. When inserted it must be left alone for two to four hours, the patient lying down during the operation. When removing it the operator is to use firm and gradual traction. The treatment is most indicated when the stricture is very small, almost impermeable, and no time can be lost, as No. 1 bougie of laminaria can be introduced easier than the usual sounds or catheters. In a few hours the patient is relieved, and can micturate without difficulty. No bad result can follow, nor will it interfere with his attention to business. This latter is a great consideration, as the treatment with dilators almost always causes pain, suffering, and detention in bed and from business. As soon as the stricture is dilated so far as a steel sound of large calibre can be introduced, the laminaria has done its duty, and it is better to abandon its further use, and continue with other means. These are either steel sounds or galvanism."

Medical Officers of Health.

The *Somerset County Gazette* has a leader on the need of caution in appointing Medical Officers of Health. Other influential papers are also becoming alive to the subject. We fully appreciate the feelings of publicists in reference to economy, and think they have full right to discuss the appointments on that ground. We appeal to them, however, to be careful not to sacrifice efficiency. Mere inspection is not what is wanted, but ample supervision.

The Visitation of Examinations.

The bodies whose examinations are to be visited are the Apothecaries' Society of London, the University of London, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the University of Glasgow, the Royal College of Surgeons of Ireland, and the Queen's University in Ireland.

Halifax Small-pox Hospital.

We observe a letter on this subject in the *Halifax Times*, from which it appears that an old house in a densely-populated part, has been fitted up for the reception of cases. But even this accommodation seems not satisfactory, and is but an addition to that of the union. The writer of the letter in question says:—

"The Corporation, then, will not admit any one who cannot pay; hence the necessity for two distinct hospitals.

"It is a matter of regret that any cases of small-pox should be sent to the Halifax Union, both owing to the dense population around it and the danger of its spreading through the house. If such a misfortune occurred, Halifax for years to come would suffer materially, as it would be extremely difficult to disinfect such a large institution, and thoroughly eradicate the disease.

"We may safely lay down the following propositions:

"I.—No cases of small-pox should be sent to the Halifax Union.

"II.—The situation of the present hospital is one of the worst that could be selected, and there is a natural repugnance on the part of the public to enter it; the house itself is unfit for its object. Another site should be selected outside the town, and a well-constructed, well-ventilated shed should be put up.

"III.—The hospital should be thrown open free of charge. This plan is adopted in most towns, and it is a matter of legal uncertainty whether the Corporation can take a man from his home and then compel him to pay for his support.

"IV.—As at the Halifax Infirmary, one or two Medical practitioners of position and experience should be appointed to attend the patients, and relieve them of this serious expense."

Stimulated by the above, Mr. T. M. Dolan publishes his opinion in the same medium. He is the Medical Officer of the Union, and he feels the impropriety of having two distinct hospitals—each a focus of infection, and one very unsuitable for the purpose. We trust his opinion will be accepted by the authorities.

Mr. Timothy Holmes has employed galvano-puncture in a case of thoracic aneurism, now under his care in St. George's Hospital.

There are fifty-one non-collegiate students at the University of Cambridge.

Professor Sharpey has undergone an operation for cataract, by Mr. Streatfield.

STEWART INSTITUTION FOR IMBECILES, LUCAN.

Amongst the many institutions, from time to time, projected for alleviation of the various forms of human suffering and disease, those which have been established for the protection and training of idiots must be regarded as of the utmost value. The great success of the Asylums at Earlswood, in England, and at Baldovan and Larbert, in Scotland, has gone far to refute the long-prevalent idea that all efforts to improve the idiot were hopeless. With these examples before us, not to speak of many others which can be pointed to on the European and American continents, it is certainly surprising that Ireland remained so long without a similar institution, considering that the large number of 7,033 idiots was found amongst her population in 1851. Some years since, however, the matter was taken in hand by a number of gentlemen of high professional and mercantile eminence; and the result of their efforts was the establishment in 1869, of "The Stewart Institution for Idiots" at Lucan. Although a liberal response was made by the public to their applications, yet the expense of properly starting and maintaining such an Institution was so great, that the project must have fallen through but for the liberality of a member of the Medical Profession, Dr. H. H. Stewart, who, with unexampled generosity, voluntarily handed over the source of a comfortable income to further the object in view.

A high degree of success has attended the working of the Institution, and at the moment we write, there are forty-two pupils under training, many of whom have made progress in different branches of education, which may well be called astonishing.

The premises at Lucan, however, are extremely inconvenient, both as regards size and distance from Dublin, and in view of extending their facilities for improvement of their increasing number of pupils, the committee have purchased a large house with a farm attached, at Palmerston. To adapt the house to their purposes, a sum of money will be required much in excess of the capital now in hand. To aid in this object, a generous friend to the Institution has promised £1,000 if £4,000 in addition be subscribed before 12th August, 1873, but although the most strenuous efforts have been made by the committee, they have been able to obtain only about £2,980 to the present.

We feel that we have said sufficient to bring this valuable Institution under the favourable consideration of our readers. There is none so fully cognizant of the value of such an establishment as the Medical practitioner, and we are sure that no efforts will be wanting on the part of the Profession to enable the committee to receive the promised donation, and to proceed at once with the building, so as to render it a credit in completeness and in management, to the country to which it belongs. The office of the Institution is at 40 Molesworth Street, Dublin, where all communications are to be addressed to the secretary, who will be happy to supply collecting cards and any information required.

THE LATE PROFESSOR PARTRIDGE.

[A Reminiscence.]

The death of Prof. Partridge, Professor of Anatomy in the Royal British Academy is announced. On the establishment of Charing-cross Hospital, or soon after, Mr. Partridge became attached to it, and was ultimately elected surgeon; here he remained until the foundation of King's College, when he became Demonstrator and ultimately Professor of Anatomy; here he soon came into public notice, owing to his great sagacity in the detection of a gang of murderers, whose career was cut short by the apprehension of Bishop, Williams, May and Shields. The two first named were professed "body snatchers," who had followed the business for twelve years, and had sold from 500 to 1,000 bodies. They confessed however, to only three murders, the last being a poor little Italian boy, one Carlo Ferrari, which led to their detection, as Mr. Partridge, then Demonstrator, when the body was taken to the dissecting-room at once suspected, from the general appearance, foul play, increased when one of the men volunteered an obvious falsehood in saying that it had been taken "in the regular way," meaning from a grave. Mr. Thomas, the superintendent of Bow Street Police Station, was sent for, and, to detain the suspected men until he came, Mr. Partridge produced a £50 note for their payment and asked for change; this they offered to go and procure, but the Demonstrator preferred going himself, and, telling them to wait and read the newspapers, went out to hasten the arrival of the police. When Mr. Thomas arrived, he felt sure it was the body of a youth about whom some inquries had been made. The men were at once arrested, and at the trial, May having turned King's evidence, Bishop and Williams were sentenced to be hanged, their bodies were given to dissection, and the skeleton of the former now stands in the museum of King's College, holding a bit of his own tanned skin, the body having been presented to Mr. Partridge by the Council of the Royal College of Surgeons, who at that time, by an act of Parliament, claimed the bodies of all persons hanged at the Old Bailey for murder, distributing them to the various anatomical schools in that metropolis.—*Med. and Surg. Rep.*

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Foreign Medical Literature.

TRANSFUSION OF BLOOD.

Notes by Dr. C. R. Drysdale.

Dr. Volkmann, of Hamburg, says that of all operations, that of transfusion is the simplest. In case of need any syringe answers, and a bistoury and forceps is all that is needed. To hesitate is out of place; every moment is precious when the patient is dying for want of blood. In 1666 Lower tried this operation in dogs; and Denis in Paris first employed it in man in 1667. James Bleandell, in 1824, revived the operation, and Panum, in 1863, showed that only human blood, defibrinated, ought to be used. The indications for transfusion are in cases of hæmorrhages of parturient women, or in loss of blood after operations. In placenta prævia or abortions, the operation may be indicated. Eshmarch made transfusion on a person during the extirpation of a fibro-cavernous tumour from the base of the skull, when much blood was lost, by pumping back new blood into the arm. It is also indicated in anæmia succeeding typhoid fever. He also speaks of its use in chronic catarrh of the stomach, when small quantities of blood may be injected. Repeated transfusions might possibly be of service in cases of pyæmia. Poisoning by gaseous poisons, such as sulphuretted hydrogen, or oxide of carbon may be an indication for transfusion.

Defibrinated blood should be used, because undefibrinated blood may cause embolism. A clean wooden stick is used to stir the blood for a few minutes, and it is then strained through fine linen and stirred anew, until no fibrine adhere to the stick; it is then strained a second time, the blood being kept in a vessel surrounded by water at 100° F., or thereabouts. In case of need any syringe answers, and a knife would do the rest. We must only take care not to inject air into the veins. In acute anæmia seven ounces of blood may be injected. We draw the blood from a strong healthy male's arm, defibrinate it, and open the patient's median basilic or caphalic vein, tying its distal end to prevent blood obscuring the field of operation. The syringe is then filled and its end introduced into the vein through an incision in it; the blood is very slowly made to enter the vein, watching its effect on the pulse and breathing. When the injection is completed, the canula is withdrawn, the vein tied above the incision and cut through between the ligature. Arterial transfusion is more perilous.—From Volkmann's "Clinical Lectures."

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Literature.

MANUAL OF HUMAN AND COMPARATIVE HISTOLOGY (*a*).

This great work consists of articles contributed by over forty histologists of acknowledged accuracy, and many of them contain discoveries therein for the first time announced. Professor Stricker confesses that "a review of the whole work, however, compels him to admit that

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(*a*) "Manual of Human and Comparative Histology." Edited by S. Stricker. Translated by H. Power. "New Sydenham Society," 3 vols., 1873.

it does not present the same uniformity that it would otherwise have done, had it been the out-come of a single master mind. Some pages glow with the results of the long continued industry of the best investigators of our time, and sometimes again these nodal points so to speak, appear jointed together by the labour of younger hands." In the first volume perhaps the most valuable article is that by Schultze, on "Nerve Tissue," and the illustrations are especially clear. Peripheric terminal organs are described on the nerves of the organs of smell and taste, as well as on those of the organ of touch, well known since their discovery by Pacini. In many fishes, the continuity between the nerve fibres and the ganglions is most fully demonstrated, the bipolar form being the most frequent. The article on the retina is contributed to the third volume, by the same observer who records with historical minuteness the labours of his countrymen. On not one of the seventy pages wherein he describes the retina, does the name of Jacob occur, although our illustrious anatomist is universally recognised as the discoverer of the basillar layer more than fifty years ago. Although, improved means of microscopic research have increased our knowledge of the minute structure of the membrana Jacobi, nothing has been added to the description of its appearances and relations given by the discoverer. In many of the essays it would appear to us, that interest is taken in objects far more for histological than for physiological reasons, and the descriptions of such objects as the micropyle of the ovum are very meagre. The physiological import of this remarkable opening is allowed for, Waldeyer states "Where a micropyle is present it would appear to be constantly subservient to the passage of the spermatozoa into the interior of the ovum." It has been found in the ova of many insects and fishes, but among mammals, in that only of the cat, by Pflüger, and his observation, made in 1863, has not been corroborated by other microscopists.

A short account of the functions of each subject so far as at present ascertained, would have relieved the tediousness of mere anatomical details, and have added to the usefulness of the work, especially to those who cannot command extensive libraries. Professor Stricker himself is the writer of the two first chapters on the methods of investigation, and on the general character of cells in the first volume, and of the concluding chapter of the work on the development of the simple tissues.

These portions of the manual excel in clearness and accuracy. The style and arrangement of Kölliker's "Manual of Human Histology" translated for the old Sydenham Society, by Busk and Huxley, and republished in 1860, will always secure for it numerous readers, but by the present comprehensive treatise, our language is enriched by a work of greater fulness, and one which embodies almost every observation made by continental histologists up to the present year. The index, typography, and woodcuts, are deserving of the utmost commendation.

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Correspondence.

CHRONIC ALCOHOLISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The very interesting discussion on alcohol which took ace recently in one of the Dublin Societies, has emboldened me to ask, why any Medical man either himself habitually partakes daily of some alcoholic beverage, or permits any of his friends or relatives when in health to do so, without warning them of the dangerous consequences that may ensue from reiterated small doses of such fluids. For my own part, I have all my professional life refrained on principle entirely from the use of any form of alcoholic drink, because I had early in my career seen so very much mischief caused by beer-drinking and spirit-drinking, in Londoners of all classes.

It was my fortune once to be clinical clerk to Dr. Garrod, and to witness the miseries inflicted on so many unfortunate beer-drinkers by that painful affection, gout, which so often makes life a perfect curse to the patient, crippling every joint, souring the temper, and destroying the *morale* and whole character of the man. I have now-a-days continually to lament the use of alcohol in causing tubercles in the lungs, in very many cases that come before me in the North London Consumption Hospital; and the *post-mortem* observations read by Dr. Dickenson, at the Royal Medical and Chirurgical Society last year, show this to be very frequently the case in persons who are employed in taverns.

I furthermore observe from the report of an assurance company, called the "Temperance and General Provident Institution," that total abstainers who insure there seem to die far less frequently than the moderate drinkers of the said society, and I believe that the same result was obtained by other insurance societies. (*Vide* Neison, "Vital Statistics.")

Taking these things into account, I must say that I am often very much surprised to find some of the cleverest men in our beloved Profession living like the members of the outer world, and consuming their daily quantum of port, sherry, claret, or beer. Either I must have reasoned ill from the results of the above-stated facts, or have left out some facts which tell to the contrary, or it seems to me that those Medical men who drink wine, beer, or spirits every day, are acting contrary to the interests of their health, and misleading the laity, by practically teaching that daily potations are innocent.

Perhaps, Mr. Editor, you will kindly tell me candidly whether you yourself are in favour of daily use of some alcoholic beverage, or whether you content yourself, as I and others do, with modern aromatic infusions such as tea. I ask simply for *light*, for in this question I do really feel, either that I must be wrong, or that others should imitate my practice, or give reasons why they do not, in order that I may imitate them.

I remain, Sir,
Your obedient servant,
Charles R. Drysdale, M.D.

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A NEW INSTRUMENT FOR VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I see by your journal that Dr. John Shortt, of Madras, has exhibited, and claims as having invented—and no doubt truly—an instrument for the purpose of vaccinating.

My object in noticing the matter, is simply to mention that I have been using for the last four years, an instrument for vaccinating, the same in every essential as the one described by Dr. Shortt. It was given me by an unprofessional friend, who had it in his possession for many years, so that it has been in existence before Dr. Shortt's instrument.

My "vaccinator" consists of four common sewing needles, No. 5, held together by being placed between two pieces of ivory about three inches in length, in one of which are four parallel grooves, and which are held firmly together by two small rivets. Of course the points of the needles protrude about two lines beyond the ivory. The needles are quite easily removed and replaced.

I may mention that with the instrument, I got a small leather case something like a woman's needle-case—in which there were two compartments, one for the vaccinator, and the other for capillary tubes. I am sure many of your readers have an instrument such as I describe, and can inform Dr. Shortt who the inventor of it is.

Yours very truly,
P. M. Rice, L.R.C.S.I., &c.

Galway.

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Medical News.

Dr. Robert James Lee has been appointed Assistant Obstetric Physician and Assistant Lecturer on Midwifery and Diseases of Women at St. George's Hospital.

Dr. William H. Allchin has been recommended as Assistant-Physician to the Westminster Hospital.

Medical Artists.—In noticing the Old Water-Colour Exhibition, the *Times* says :—" We have already more than once had to notice with deserved praise the contributions to the Royal Academy of one of our most distinguished surgeons, Sir Henry Thompson. Mr. Seymour Haden, another eminent member of the same profession, stands high in the very first rank of contemporary etchers. The late Mr. S. Solly was no mean artist in water-colour. And now we have to add to the list of hands cunning at once with scalpel and pencil, a name not less distinguished than the most distinguished of these—Mr. Prescott Hewett, lately elected an honorary member of the Society, and a contributor to the present exhibition of two beautiful drawings (229, 242) from the banks of Poole harbour, under the suggestive title of 'A Surgeon's Holiday.'"

The Royal Society.—The following names of members of the Medical Profession selected by the Council of the Royal Society, together with the statement of their claims appended to their names, are included in the list :—William Aitken, M.D.Edin., M.R.C.S.E. ; Professor of Pathology in the Army Medical School, Netley. Author of "Treatise on the Science and Practice of Medicine," 2 vols., sixth edition, 1871 ; Joint Report with Dr. Lyons, "On the Pathology of the Diseases of the Army in the East, &c.," 1855-56 ; Papers "On the Pathological Connexions and Relations of Epidemic Diseases in Man and the Lower Animals" (1857) ; Monograph "On the Growth of the Recruit and Young Soldier" (1862) ; and various papers on Pathology, &c., in the Reports of the Army Medical Department, Transactions of Societies, and Journals. Distinguished for his acquaintance with Anatomy, Pathology, and Pathological Anatomy.—Sir Alexander Armstrong, M.D., K.C.B., F.R.G.S. ; Director-General of the Medical Department of the Navy. Hon. Physician to the Queen and to H.R.H. the Prince of Wales. Author of "Personal Narrative of the Discovery of the North-west Passage," and also of "Observations on Naval Hygiene and Scurvy." Distinguished for his acquaintance with the science of medicine and naval hygiene. Eminent as a physician and naval Medical officer. Was Medical officer of the Xanthian Expedition, and also of H.M.S. *Investigator*, at the discovery of the North-west Passage, and was for nearly five years continuously in the Arctic Regions. Gazetted for war services in the Baltic during the Russian war. Has been Deputy Inspector-General of the Naval Hospitals, Malta, Haslar, and Chatham, and to the Mediterranean Fleet.—John Beddoe, B.A., M.D., Physician. Mem. Anthrop. Soc., Paris and Berlin. Author of "The Stature and Bulk of Man in the British Isles," and of papers on the "Physical Characteristics of the Ancient Germans" (Trans. Brit. Assoc.) ; "The Physical Characteristics of the Jews," "The Head-form of the Danes," "The Relation of Temperament and Complexion to Disease," "The Comparative Mortality of England and Australia." Distinguished as an anthropologist and Statistician.—George Edward Paget, M.D. (Cantab. and Dub.), D.C.L. (Oxford and Durham), LL.D. (Edin.) Regius Professor of Physic in the University of Cambridge. President of the General Medical Council of the United Kingdom. Formerly Fellow of Caius College, Cambridge. Physician. Author of a Paper "On Morbid Rhythmical Movements" (*Edinburgh Medical Journal*, 1846) ; Notes of an unpublished MS. of Harvey, 1862 ; The New Grain, 1862 ; and other papers.—George West Royston-Pigott, M.A., M.D. (Cantab.) Late Fellow of St. Peter's College, Cambridge, Wrangler, F.C.P.S., F.R.A.S., Member of the Royal College of Physicians (Retired Physician). Author of paper in *Phil. Trans.*, 1870 ; of "The Harrogate Spas ;" of various articles in *Popular Science Review*, *Quarterly Journal of Microscopical Science*, *Monthly Microscopical Journal*. Has for many years prosecuted original researches in High-Power Definition and Aberration, with a view to the detection of delusive microscopical phenomena, and to develope new powers of resolution in minute organic structure. Attached to philosophical pursuits.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

SURGICAL INSTRUMENTS AT THE INTERNATIONAL.

To the Editor of the Medical Press and Circular.

Sir,—In reading your report in last Wednesday's issue on the surgical instruments in the Exhibition, we were somewhat surprised to see the names of several non-exhibitors quoted, and then a regret that their absence would exercise an effect upon foreigners detrimental to the English interest.

Now, so far as our branch—artificial limbs—is concerned, there is little room to doubt that England is fairly represented. We presume to think that within the last twenty years we have made more improvements in the manufacture of limbs than all the other English makers together, and we challenge anyone to show that they have made more progress than ourselves. Perhaps, some of those who, through fear or parsimony, have never ventured into public competition, will accept this challenge, and prove whether their absence from the present Exhibition is to be regretted or not.

By inserting this letter in your next issue you would confer a favour on

Your obedient servants,

M. Masters and Sons.

210 New Kent Road, London.

⁂ In our Report we scrupulously avoided passing an opinion upon the superiority or the reverse of any manufacturer, so as not to prejudice in any way the decision of Her Majesty's Commissioners. We are aware that this has been done by a contemporary, and that several members of the Profession, together with the instrument makers, have complained at what they consider an unjust usurpation of prerogative. We simply expressed our regret at the absence of some of the principal firms from the Exhibition, without passing an opinion that the manufactures of those who were represented were either superior or inferior.

THE *LANCET* AND ITS EXHIBITION CRITIC.

To the Editor of the Medical Press and Circular.

Sir,—Your contemporary, the *Lancet*, is so determined to be first in the field, that it often either fails to hit the mark, or greatly oversteps the bounds of prudence. In writing hurriedly and recklessly, as it has done, on the instruments in the Exhibition, it manages, as usual, to tread upon the toes of some of the most respectable makers. I enclose you a letter cut from the columns of the *Standard*, of the 5th inst., very justly complaining of a want of fairness on the part of the *Lancet* critic. I think you will agree with me that the writer has just cause of complaint of a gross attempt to forestall the judgment of those who have undertaken the task of adjudicating upon the merits of the work of the several exhibitors of surgical instruments. But what is, if possible, worse, the would-be great critic does not fail at the same time to seize upon the opportunity to puff in a most flagrant manner a maker who does not exhibit, and talks of the productions of well-known firms as exhibitors of obsolete instruments, and so forth, and whilst deprecating the fixing of Medical men's names to certain inventions (and with which, as he must have known, they have no more to do than he has), notwithstanding, he flouts in a rather barefaced manner, in the name of a contributor to the journal of the kind of stuff complained of, and who, if report speaks truly, is the writer of this very questionable criticism. When will a little like fairplay and honourable dealing be infused into the writers for the *Lancet*?

I remain, Sir, your obedient servant,

Scalpel.

May 7th, 1873.

Dr. Charles Kidd again.—Although we condemned this gentleman to silence in regard to what he facetiously calls his chloroform "facts," we cannot have the heart to refuse him the publicity he importunes us for. We have received the following communications from him, written on two post cards, both on the same day. We print them *verbatim*, omitting only private names :—

May 12.

More poltroonery and deceit of Dr. ——'s Editor in Dublin, or equivocation of Mr. —— (our Publisher) in London, in a very simple matter, may succeed with Mr. ——, but not so in the case of Dr. Kidd, so shamefully held up to ridicule by such noisome ? scribblers, or ——, the London Editor. C. K.

One insult more of Dr. —— (the Editor) to cure other insults (not apologies) may suit trades folk of his printing office; poltroonery and meanness of Dr. —— to remedy wrong and falsehoods of his London Editor—but what right has Dr. ——'s Editor to tell falsehoods about Dr. Kidd, and then follow them up by ridicule and these insults, not deserved.

May 12. C. K.

Dr. Kidd has, we observe, established a new journalistic *locus*, having been taken into the columns of the London *Students' Journal* as, strange to say, one of the greatest living authorities on Anæsthetics, and where the peculiar medley—*de omnibus rebus et quibusdam aliis*—which is inseparable from his pen, appears as an original communication on Chloroform. The Editor of the *Students' Journal* has not yet, we presume, arrived at the polite post card stage of Dr. Kidd's communications.

The Dangers of Enamelled Saucepans.—Messrs. Clark and Co., of Wolverhampton, favour us with a second communicatiom, to the effect that, as in our last issue we refused to state that they guarantee their productions to be free from lead or other deleterious substance, they have handed the matter over to their solicitors, who will do as they think best. We thank them for the information, and hope their legal advisers will politely tell them "to mind their own business," and not attempt to teach us ours.

Lincoln Gentlemen.—The United Friendly Societies' Dispensary of Lincoln is advertising its need of a Medical Officer, at a salary of £150 per annum, with house rent, taxes, gas, &c., paid by the said society. The emolument is not grand, but it is much more respectable than that frequently offered for similar appointments. But what is the meaning of the foot note appended to the advertisement "No Lincoln gentleman's application will be entertained." Is it an illustration of the Fox and Grapes Fable, that no "Lincoln gentleman" considers it good enough, and the grapes have in consequence turned sour upon the stomachs of the members of this Friendly Society? We can conjure up no other explanation, as from personal knowledge, Lincoln can boast of some highly respectable members of the Profession. Of course, we do not deny to any association to elect whom it chooses, and from whence its fancy leads, but we do object to so sweeping a reflection in a public journal upon the whole members of our Profession in a town. Having several subscribers therein we are rather curious to know the why and wherefore of this strange announcement, and hope some of our friends will kindly favour us with explanations.

Dr. C.—We hope to have time to give to the subject before our next.

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VACANCIES.

London. Strand District. Analyst of Food, &c: Salary £100 per annum. Applications by letter only, to be addressed to the Clerk.

Great Yarmouth Hospital. House-Surgeon. Salary £100 per annum. Address, R. B. Norman, Esq., Great Yarmouth.

Huddersfield Infirmary. House-Surgeon. Salary £100, with board and residence. Also an Assistant House-Surgeon. Salary £40, with board. Address Mr. W. R. Smith.

Worcester Dispensary. Resident Surgeon and Secretary. Salary £150 per annum. Application before the 7th prox.

King's College, London. Chair of Anatomy. Applications to be addressed to J. W. Cunningham, Esq.

North London Consumption Hospital. Physician. Honorary.

University College Hospital. Dispenser.

Westminster Hospital. Assistant Surgeon. Honorary.

Kingston-on-Thames. Medical Officer of Health. Salary £150 per annum. Applicants must address Mr. R. F. Barthrop.

Chelsea Dispensary. Apothecary and Secretary. Salary £95 per annum, with residence. Address the Secretary.

Macclesfield. Medical Officer of Health. Salary £60 per annum.

Salford, Manchester. Medical Officer of Health, at a Salary of £400 per annum, with fees extra for the duties of Analyst. Applications to be addressed at once to the Town Clerk.

County of Leicester. Medical Officer of Health, under the New Act, at a minimum salary of £450. Applications to be addressed to T. Sheppard, Esq.

Driffield Union, Yorkshire. Medical Officer for the Kilham District. Salary £25. Also for the Wetwang District, at £21 per annum. Fees extra.

Fever Hospital, Dublin. Resident Apothecary and Accoucheur. Salary £90 per annum, with a fee of £1 upon each accoucheur case. (See advt.)

Sligo Union. Medical Officer, at a salary of £100 per annum. (See advt.)

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Royal Institution of Great Britain. On Friday, May 30th, the Earl of Rosse, D.C.L., F.R.S., M.R.I., will read an important paper "On the Radiation of Heat from the Moon, the Law of its Absorption by our Atmosphere, and its Variation in Amount with her Phases," at 9 o'clock.

OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, May 21.

Middlesex Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
St. Thomas's Hospital.—Operations, 2 P.M.
St. Mary's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 2 P.M.
Great Northern Hospital.—Operations, 2 P.M.
University College Hospital.—Operations, 2 P.M.
St. George's Hospital.—Ophthalmic Operations, 1½ P.M.
London Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Cancer Hospital.—Operations, 3 P.M.

Thursday, May 22.

St. George's Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
University College Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Royal Orthopædic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Friday, May 23.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal South London Ophthalmic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Saturday, May 24.

Hospital for Women, Soho square.—Operations, 9½ P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal Free Hospital.—Operations, 9 A.M. and 2 P.M.

Monday, May 26.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Mark's Hospital.—Operations, 2 P.M.
Metropolitan Free Hospital.—Operations, 2 P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 1½ P.M.
Charing-cross Hospital.—Operations, 2 P.M.

Tuesday, May 27.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Guy's Hospital.—Operations, 1½ P.M.
Westminster Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
National Orthopædic Hospital.—Operations, 2 P.M.
West London Hospital.—Operations, 2 P.M.

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Marriages.

Bateman—Dance.—On the 14th inst., at St. Mary's, Reading, Francis Bateman, M.B.Lond., to Julia, only surviving daughter of the late Benjamin Dance, of Pimlico.

Hall—Young.—On the 14th inst., at St. Clement Danes, London, S. Hall, M.R.C.S., of Lymington, Hants, to Emily Caroline, eldest daughter of Dr. Edward Young, of Salisbury.

Sawyer—Hill.—On the 13th inst., at Cranoe, Leicestershire, James Sawyer, M.B., of Birmingham, to Adelaide Mary, fourth daughter of the Rev. J. H. Hill, B.A., F.S.A., Rector of Cranoe, and Vicar of Welham.

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Deaths.

Brickwell.—On the 1st of May, T. Brickwell, M.R.C.S., of Amersham, aged 86.

Brooking.—On the 1st of May, at Colnbrook, Bucks, S. Brooking, M.R.C.S.E., late of the Madras Medical Service, aged 68.

Dunbar.—On the 16th of May, at St. Alban's Place, London, F. H. Dunbar, M.D., late 67th Regiment, aged 31.

Falkner.—On the 8th of May, A. Falkner, L.R.C.P.Ed., L.R.C.S.I., of Longford Terrace, Kingstown, Co. Dublin, aged 33.

Wild.—On the 4th of May, at Rhyl, James Wild, M.R.C.S.E., formerly of Sheffield, aged 67.

Williams.—On the 2nd of May, Wm. Williams, M.R.C.S.E., of Farnborough, formerly of Redcar, aged 40.

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ROYAL HOSPITAL FOR DISEASES OF THE CHEST.

On Monday evening His Royal Highness the Duke of Edinburgh presided over the fifty-fifth Annual Festival of this charity at the London City Terminus Hotel, when he was supported by a considerable sprinkling of notabilities, and by the staff of the Hospital. His Royal Highness in the course of his speech remarked that this was the oldest established Institution for Consumption in Europe, the out-patients numbering during the past year nearly 5,000, and the in-patients 156. He pleaded for funds to extend the usefulness of so necessary a charity, and adverted to the improved management which had taken place during the past few years. During the evening the secretary announced subscriptions in the room amounting to about £2,000, and a vote of thanks to the noble chairman closed the proceedings.

[*The following arrived too late for insertion in its proper place.*]

WHITNEY *v.* HARRISON.

We have thought it due to Dr. Harrison, of Roscommon, to refrain from any comment on the observation which fell from the Judge of the Probate Court in reference to his relation to a recent will case, and as we did not think it just to him, or calculated to encourage a dispassionate consideration of the matter to reprint the abusive pronouncement of the Judge, we have left the subject very much to the judgment of our readers. There are, however, some aspects of the matter which may not have occurred to those who have thought on the subject, and which it is just to Dr. Harrison that we should suggest to them. It will, we believe, be agreed by all who read the very violent denunciation of Judge Warren, that even under circumstances of peculiar aggravation the charge was little else than a contribution to the series of philippics by the composition and deliverance of which the Irish judicial bench has recently distinguished itself. It lacked even the calmness and dignity which is considered appropriate in an address to a convicted murderer, and as an expression of disapproval as to the conduct of a defendant in a Court of Equity, it was, to say the least, as unjustifiable as it was extraordinary. In expressing this opinion of Judge Warren's charge, we have looked at its phraseology as if its subject was one to justify the extremest limit of judicial freedom of speech, but, from what we have heard of the case and what we knew of Dr. Harrison's character, we are strengthened in the opinion that the exordium of the Judge had very little justification, and would probably never have been delivered if his Lordship had had time coolly to think over his verbiage and to acquaint himself with the qualities of the person with whose character he made so free. Dr. Harrison was, it appears to us, the victim of his own indiscretion, and it is quite compatible with the facts, and entirely consonant with his known character that he should be perfectly guiltless of the exercise of undue inference over the testator which was imputed to him. He would have been less than human if he had refused the voluntary proposal of a man whom he knew to have no independent relative to leave his property to him. That proposal coming from a patient, who owed the prolongation of his life to him was perfectly natural, and though it could not honourably be prompted, might honourably be accepted. There was not the slightest evidence that Dr. Harrison had even limited at such a transaction, but when the friendless patient urged it upon him he consented to aid in carrying it out. It was in so consenting, and in lending himself to the desire for secrecy so strongly evinced by the testator that he erred, and that error was magnified into an appearance of guilt by his inopportune withdrawal from the legal contest with the testator's niece.

If such a chain of circumstances and such a pitiless denunciation had enveloped any ordinary man, it would have dealt a hopelessly crushing blow to his social rank and professional character; but it happens that Dr. Harrison has achieved a character in his county which such an accusation cannot mar. Ridiculously, even Quixotically disinterested, it has been his professional demerit—for which we have already found occasion to rebuke him—to display a faulty disregard for his own monetary interests, and occasionally those of his brethren. Long years of pursuit of this unselfish path have earned for him a niche in the affection and admiration of the county gentry, who have not been slow to show that suspicion of his motives cannot exist in their minds. The wording of the resolutions which appear in our advertising sheet sufficiently evidences this feeling.

We must not be understood as in the remotest degree modifying our unreserved condemnation of any interference by a Medical man in the making of wills. It is quite to be expected that gratitude for kindness or the relief of bodily misery may prompt a patient to reward his Medical friends in this way, and, without doubt, he may usually more reasonably thus dispose of his property than by the endowment of his attorney. But if he sees fit to do so he should be left to effect his object without help or influence from his doctor. If the confidence which the Medical adviser ought to bring with him into the family circle of a dying man is to remain unshaken, if the high honour and character for disinterestedness which, we venture to hope, are now the attributes of our Profession, are to be maintained, a Medical adviser must resolutely turn his back upon will-making.

Advertisements.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1873.

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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

GENTLEMEN,—It is now my pleasing duty and privilege to address you, and I think, in commencing, no subject could be more useful or interesting, after all the lectures delivered this session by my distinguished colleagues who have preceded me in rotation, than the subject I intend to occupy your time with for the present month. Orthopædic surgery, I need hardly say, is a subject that has greatly engrossed my attention, and it is one that is fraught with many obstacles and difficulties; but, to encourage you, I can safely say it well repays the time and trouble taken by the satisfactory results obtained.

I know the study to you may appear novel; but I trust before I have concluded my course I shall be able to show how necessary it is for the educated surgeon and physician to understand its nature and treatment, and also to learn how much can be done by the art of surgery and by a correct knowledge of the most suitable appliances recommended for its relief, and not leave the subject of Orthopædy entirely in the hands of the mechanician or instrument-maker, which seems very much the fashion of the present day in this country.

As yet there is no Orthopædic Hospital established in Dublin, for which reason you find patients suffering from various deformities distributed through the different hospitals of the metropolis, and therefore you have not the advantage of seeing a great number of cases collected together and treated at the same time; also, as they occur generally in hospital practice amongst the very poor, who are quite unable to purchase any instrument or appliance so useful and requisite in the after-treatment, and as there is no fund set apart in the hospital for such a purpose, you can easily understand why surgeons in general are not very fond of undertaking the treatment of such cases, which, in the end, find their way to the instrument-maker to be insufficiently treated if they are able to pay for any mechanical appliance; but if not, to continue still unrelieved. Hence the many deplorable objects we see daily in our streets suffering from all kinds of distortions and deformities.

It is quite a mistake to suppose you require expensive and elaborate instruments for the cure of every case. After a certain time you will find you will be able to contrive simple instruments yourselves, suitable for any individual case that comes before you, and you will begin to learn the truth of the fact that the more simple the instrument or contrivance is, the more efficacious and useful it will be, coupled with a proper line of surgical treatment and a correct knowledge of the anatomical points of the case, which, I maintain, is indispensable in every branch of Orthopædics.

Gentlemen, the foregoing remarks, I trust, are quite sufficient for the purpose of introducing a subject which is comparatively new to you, and I will, with the greatest possible brevity, give you a short account of its history from the earliest records up to the present time.

History.—Doubtless, gentlemen, the history of deformities is as old as man himself, existing long before any correct ideas had been suggested for its relief; and men and nations in the earliest times had recourse to the ruthless practice of placing little infants thus affected in caves, to be devoured by wolves and wild beasts. Such was the course adopted,—such was the degradation of human nature, until a bright star appeared on this earth in the person of Hippocrates, the Father of Medicine (B. C. 400), who gave a very fair account of the deformities of the spine and limbs in his book on Articulations; and it is curious to remark that many of the observations of this great man have in a very slight degree been improved upon, so accurate was he in all his investigations, although there were little or no facilities for acquiring a correct knowledge of anatomy. And not in this subject only but in many others did he pre-eminently excel, and his works (*a*) will well repay your careful perusal. Five hundred years later, Galen wrote his commentaries upon this as well as all other passages of Hippocrates; but, as he added nothing new more than what has been already mentioned, we pass on without further attention, leaving the subject unnoticed and unknown, till we come to the sixteenth century, to the days of Ambrose Paré, for from Galen down to this a dark age of superstition and obscurity was fast overspreading the world. Nothing in the way of science seems to have been thought of, and medicine and surgery were involved in clouds of ignorance and barbarity. About the year 1650 appeared the twenty-second book of Ambrose Paré's works (*b*). Of this book we are now especially interested in considering the present subject. In the eighth chapter the heading runs thus,—"De Gibborum Corrigenda Deformitatem," viz, "Of amending the deformity of such as are crook-backed." Paré suggests two plates made of iron—a posterior and anterior—to be laced together in the form of a corset, to be worn by those affected with distorted spine, and gives directions in order that it may be changed every three months if necessary according to the age and rapidity of growth. In the eleventh chapter we find a description of the distortions of the lower extremities, headed thus,—"De Corrigendis Varis et Valgis," "Of helping those that are vari or valgi, that is, crook-legged or crook-footed inwards or outwards."

Paré, no doubt, seemed to have very odd impressions concerning the causes of such deformities; but it matters little if he had correct ideas of suitable appliances for its cure, which we know he had, for he suggested boots and shoes, which might be used even in the present day in some cases.

From Paré we take another step in our history till we come to Fabricus Hildanus, early in the seventeenth century, in whose work (*c*) splints are figured very much like the appliances used at the present day for straightening contracted knees and elbows, consisting of two splints hinged together, and by means of a screw the splints were adjusted to any angle required. Hildanus also wrote concerning the deformities of the fingers arising from severe burns, and the mechanical treatment for their relief. In 1656 we find the name of Scultetus, and he recommends a number of splints for the cure of crooked limbs; he also suggests an apparatus which is nearly identical with that invented by Oribasius many years before for distortion of the spine; it is sometimes called the Torquen, and consists in a kind of wooden framework, in which the upper and lower part of the body is slung with tight ropes, and then the protruding spine is pressed in with a lever beam,—a barbarous idea, to say the least of it. Also at this time there was a method very much in vogue for treating children affected with distorted spine, and that was by suspending them, so as that their own weight produced sufficient extension. Furthermore, it was recommended to straighten the trunk of the body by breastplates of whalebone sewn in the clothes, and kept constantly applied.

The management of other deformities besides spinal distortions progressed with an even pace, for a little earlier we hear of a surgeon named Isaac Mincius being called on to treat a case of wry neck, which he did first by applying caustic over the integument, and in the same situation denuding the sterno-cleido-mastoid; and I may say that this operation can be performed with the greatest ease in the present day, and without much fear of untoward results, which was so much thought of when the operation was first suggested.

After Isaac Mincius there is but little to arrest our attention in the history of deformities till we hear of a contrivance recommended by one named Heister (*a*), which consisted in a plate of iron in the form of a cross,—very ingenious, no doubt, in theory, but most useless in practice. It was used for spinal support. Perhaps the greatest step in the right direction was a work (*b*) written by M. Andry in 1741, which he entitled "Orthopædia," and I believe from this term was suggested the word orthopædic, which has been adopted ever since to designate this branch of surgery. Andry was particular about the term, for he takes the trouble to explain it, and I will introduce his own words:—

"As to the title in question, I have formed it from two Greek words, namely, from *Orthos*, which signifies *straight*, free of deformity according to rule, and from *Paidion*, which means *child*. I have composed from these two words that of Orthopédie, to express in a single term the plan of this work, which is to teach different methods of preventing and correcting bodily deformities of children."

M. Andry's work was an important era in the treatment of deformities, for by him we may say the subject was placed on a scientific basis, and by his example many others followed in the study of so important a branch of surgery. M. Andry recommends strong cardboard, or wood, or little plates of iron made into the form of splints, as he thought them far better than the boots generally applied for club-feet.

In the year 1779, Percival Pott, of St. Bartholomew's Hospital, published his "Remarks on that kind of Palsy of the Lower Limbs which is frequently found to Accompany a Curvature of the Spine," and the whole gist of these remarks seems to be to urge on a peculiar line of treatment, that is, caustic issues at each side of the curvature. In the same year we find M. David, of Rouen, publishing some remarks on the subject. In 1784 was published Le Vacher's account of a machine which he invented, consisting of a corsage strongly bound with whalebone and carrying a metal socket, in which rides a staff. In 1794 Schmidt described an appliance which he invented for spinal support, and it seems a good example of a suitable contrivance, combining the principles necessary in all curvatures in instruments of this kind. It consisted in a metal band passing round and embracing the pelvis, and this acts as a foundation for upright supports, which run up to below the arm-pits, and terminate like crutch-handles, which are kept in place by another band of metal that runs round the back of the shoulders. Also certain spring pads may be attached to this to press on the convex portion of the spine. The above spinal support seems to be the instrument of which all the others since were but modifications, for we know that every special writer on this subject suggests an invention of his own, claiming for it numerous advantages over his neighbour's. Hence we hear and read of Glisson's splinted stays, or Schmidt's before-mentioned *support*, Chessher's collar (he also used powerful extension with a windlass), Shaw, Verral, Heine, Guérin, and, in our own time, Tamplin,—each, as I said before, was supposed to have various advantages, which, of course, practice and experience can only determine. About this time, 1796, also for spinal affections, we hear of Mr. Darwin inventing two machines (*c*), one for the sitting posture and the other for the recumbent position, which were based on very scientific principles, and therefore very useful; in fact, the mechanical *couches* now in use are nothing more or less than modifications of Mr. Darwin's principle of the inclined plane. We find in all I have described for spinal curvature the four great principles aimed at, viz., *extension*, *support*, *rest*, and *counter-irritation*, recommended by Pott, and it would be far too tedious to enumerate more

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(*a*) The genuine works of Hippocrates, Sydenham Society's edition, Vol. I.

(*b*) Works of that famous Chirurgeon, Ambrose Parey, translated out of Latin and compared with the French by Thomas Johnson. London: printed by Richard Coles and Willie Du-gard, 1649.

(*c*) "Observationum et Curationum Medico-Chirurgicarum Centuria."

(*a*) "Chirurgie," 1739.

(*b*) "L'Orthopédie, ou l'Art de Prévenir et de Corriger dans les Enfans les Difformités du Corps; le tout par des Moyens à la portée des Pères et des Mères et de toutes les Personnes qui ont des Enfants à Elever." Par M. Andry, 1741, Conseiller du Roy, Docteur et Professeur en Médecine au Collège Royal à Paris.

(*c*) "Zoonomia," Vol. II., p. 90. 4to. Ed. 1796.

minutely the different appliances recommended from time to time. The condition of distorted limbs some years after Andry's book seems to have been in a very backward state, and surgeons seemed to be quite unable to treat them successfully if they did not happen to take them in hands when the children were very young; but this state of things was not to continue long, for at the same time there arose in England, France, and Switzerland, men who devoted themselves entirely to the cure of club-feet. In the first country, we hear of Jackson; in the second, Tiphaisne and Verdier flourished, and acquired great notoriety for their successful method of treating distorted feet, which, I may add, was always kept by them as a profound secret. Not so with Venel, who was a duly-qualified practitioner, and lived in Canton Berne, and was prompted by the purest principles of benevolence; and he established an institution a short distance from Berne, where he treated many children under seven years old. His method was by a very complicated shoe, composed of moveable plates and screws, &c., for the purpose of pressing into normal position the distortion. He kept this apparatus to a certain extent secret; but it was made public by a clever patient, who made a cardboard model of it, and thus it became universally known.

(To be continued.)

ON OVERWORK AND PREMATURE MENTAL DECAY, AND ITS TREATMENT (a).

By C. H. F. Routh, M.D., M.R.C.P.,

Senior Physician to the Samaritan Hospital for Women and Children; Consulting Physician for Diseases of Women to the North London Hospital; Fellow of University College, &c.

(Concluded from page 441.)

Case I.—An officer, æt. about 40, was much troubled about some pecuniary embarrassments. He was therefore obliged to work unusually hard at the profession he had selected, up very early, late at night. For the last eight months he had been gradually failing. He was weak in body, easily, and on the least exertion, put in a perspiration; his muscular power seemed gone; his appetite was very uncertain; his virile power gone also; his spirits were depressed; his temper irritable; his loss of intellectual power was that which gave him most concern; he could scarcely remember the most trifling events. When going from one room to another for anything, he would forget altogether for what he went; sometimes he would not be able to remember it at all; sometimes after a conscious exertion of the brain he would remember it again, but unless he put it down at once on a piece of paper would probably forget it again in a few minutes; it was the same thing with names, dates, and engagements; his whole aspect was that of a man of worn-out constitution. I learnt he had been as a young man rather gay, but had led a steady life for several years back, ten or twelve, during which he had been a married man. As he walked he had lost the precise military erectness; he walked rather as one affected with a very slight degree of locomotor ataxia. I diagnosed the case to be one of simple overwork and mental decay. I ordered in the main a fish diet, chiefly of crustacea and oysters, and gave him first Parrish's food, and lately combined it with ten grains of allotropic phosphorus twice daily. His habitual amount of stimulant being but moderate I made no change in that. He gradually and sensibly improved, and in about three months he had regained all his muscular power and intellectual activity. His virility was intact; his memory as good as ever.

Case II.—More acute form. Mrs. B., æt. 42, widow. Thinks she is labouring under "neuralgia" of the brain. Complains generally of headache, a "heavy feel of brain." This comes on at varied periods, more suddenly as "an attack"; head is unusually heavy; then giddiness and sickness follow, and a little something like froth comes up; last attack was unusually marked; after the headache and sickness became confused; was not quite insensible; could speak a word now and then; head feeling as if it would open and shut. Has been worrying herself much lately, having a large family, small means, and troublesome creditors. She is obliged to work very hard, keeping late and early hours, and to superintend almost exclusively the education of her children; has a tendency to fall backwards; is intensely nervous, starting at the least noise; memory exceedingly defective, cannot remember a single thing for more than a few minutes; is very weak in body, very soon fatigued and overdone; is relieved by a little brandy, or by lying down, and keeping the head as low as possible; pulse soft and weak, but slow; has taken from time to time a good deal of chloroform medicinally; digestion appears slow; feels a sinking, as from want of food, but has no appetite; catamenia occur very regularly, last six or seven days, very copious, has been so all her life; in her confinements has also lost a good deal of blood. This patient had been ably treated in the country, and taken the usual remedies, but to no effect. This case I diagnosed as one generally of deficient phosphatic element in the nervous centres. I ordered her a little bromide of iron and quinine, but as the sickness was so marked a symptom I directed her chiefly to attend to a fish diet, particularly crustacea and oysters.

I saw my patient a fortnight after. There was very little giddiness left, and only occasionally, still a slight tendency to fall backwards; she felt uneasy when she leans forward; all sickness was gone; had not taken nor needed any brandy; felt very decidedly better; to use her own expression, had eaten no end of shell fish and oysters; pulse 80 to 84, regular; much stronger; memory greatly improved; no tremulousness left; in fact, her relief was so marked that she considered herself cured. She only complained of a little constipation. Ordered a pill of superphosphate of iron, colocynth and hyoscy. āā oi., ex. nux vomicæ, g. ¼, pill *ter. die.* This was a more acute case, yet, in the main, it readily yielded to the fish treatment.

Case III.—July 1. Rev. T. H. F., æt. about 60, has been a clergyman for many years, preaching with notes only, but lately has become confused, whilst preaching forgetting the thread, seems also to have experienced lately want of power to grasp subjects. Recovers himself after a time, but the fear of this makes him very nervous; sleeps fairly, not troubled by dreams; lives in Cheshire, in a damp, cold neighbourhood; loss of memory occurs frequently at other times than when preaching; no recollection, especially of names and figures; urine normal, no sediment; total loss of virile power; no backache, but a creeping sensation up from the nape of the neck; no loss of muscular power on either side; eyesight weak; no indigestion, cannot digest lobster; first sound of heart rather prolonged, especially at base; bowels regular in London, more so than in country. Ordered Parrish's food, oyster and other shell fish, excepting lobster. As his teeth are bad, use a small digestive sausage machine.

July 31.—Greatly better. Had profited greatly from the treatment. The mental faculties much improved. States is not the same man. He was now ordered allotropic phosphorus, g. x. daily, after his dinner. My last account from this gentleman was that he had completely recovered.

Case IV.—Mrs. Y., æt. about 42, consulted me in November last for loss of mental power and strength. The catamenia had stopped twelve months, and she too had a large family, with small means, and was much worried by creditors. Her memory is very defective, indeed, gone; she can't remember anything, nor when she puts away any articles of dress. When she has a good night she is rather better for a few hours, and then the same state recurs. She is always worse if she has had her attention forcibly called to anything; is very restless at night; her feet being drawn up as if she was going to have a convulsion; is become shockingly bad-tempered; will become violent on the slightest contradiction; feels very anxious and unhappy; bowels open; tongue clean; no leucorrhœa at present, although five months back she used to have them copiously for two or three days in lieu of the catamenia.

(a) Read before the Medical Society of London.

Ordered mustard to nape of neck; feet in hot water; half a drachm of bromide of potassium every night in water; sol. phosph. used m. x. *ter. die.* A week after (November 12) was generally better, except that she had one bad day.

On the 19th she was better, but she stated that she had taken the bromide very irregularly, finding she could sleep without it, and the head was much less giddy.

This patient I saw for several weeks after. The treatment was interrupted by a bilious attack, which obliged me to suspend the phosphorus; subsequently it was resumed. She is now greatly better; feels that the phosphorus acts as a sort of tonic, or rather, as she expresses it, can't sleep without it. Memory greatly improved; some days not so good; but the intervals are longer, and generally her improvement is marked, and she is in fact convalescent.

Case V.—Mr. ——, a professional gentleman, consulted me some time back for general debility and loss of mental power. He had been a very studious man in his day, but also somewhat gay in his youth. He was accustomed to sit up late and study. For some time back his memory had become very defective; when speaking he would lose altogether the thread of his discourse; forget where he put things; forget people's names and dates; use wrong nouns and adjectives the very reverse of what he intended; he seemed, however, to retain all his powers of recognising the individuality of persons, although he forgot their names; in writing a prescription he did not forget the doses, but the names of drugs, so that he was frequently at a loss to know what to write. On one occasion, while travelling on foot in the neighbourhood of his own residence, he forgot altogether where he was, and was obliged to ask his way; in about ten minutes he recovered himself. There was no giddiness, headache, or defective muscular power, and all this while he was quite conscious of his entity, and remembered the names of some streets in the neighbourhood, so that he could manage to make some way homewards. He slept well, ate well, looked a little tired and haggard, but otherwise nothing was remarkable about him. There was entire loss of virile power. All the senses were perfect.

This case was again diagnosed as a case of phosphatic want in the system. He was put on allotropic phosphorus, g. x. *ter. die.*, and fish diet, specially crustacea and oysters. In three weeks he had recovered his tone; memory was much improved; virile power returned in full force. He is now an active member of our Profession, in full mental vigour.

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TREATMENT OF PNEUMONIA.

Notes by Charles R. Drysdale, M.D., M.R.C.P.,

Senior Physician to the Metropolitan Free Hospital.

The treatment of pneumonia varies a great deal, each case must be considered carefully on its own merits. Age is the most important point to be considered. Children and old persons very frequently die, however treated; and hence, it is chiefly in young adults that any great latitude is permissible on trying experiments in treatment. Such patients are often treated by "expectation" by physicians of modern times, and allowed to go on with attention to the general rules of hygiene, such as simplicity in diet, plenty of fresh cool air, &c.

With regard to the use of bleeding in the pneumonia of young adults, it would seem that statistics are as favourable to this mode of treatment as to any other. But statistics group together all sorts of cases, and are, therefore, apt to lead in the end to complete scepticism and expectant practice. Physicians who formerly bled in cases of pneumonia, proposed, firstly, to diminish the quantity of the blood for a time. Such bleedings sometimes seem to have done service in the first stage of pneumonia, whilst the crepitating râle is heard, and M. Bouillaud used to say, that we might thus "strangle the pneumonia at its birth." But in strangling the disease it was possible also to injure the patient, for the bleedings he practised often produced serious prostration, and favoured the onset of the stage of red hepatisation of the lung.

The more bleedings that are made the more does the fibrine in the blood increase, since the proportion of blood-globules keeps always diminishing.

It was said that, by blood-letting, the temperature of the body was lowered, and the heart's action lessened. This is all true, but the good result does not last. The pulse, feeble at ten in the morning, after a bleeding, rises at noon. And to effect the end, we should require to draw blood every four hours. The inflammation of the lungs is a multiplication of cells and a proliferation of the tissue of the lungs, a process of new formation of cells. Bleeding can do nothing against this. Resorption cannot ensue until the exudation has become fatty and granular, that is, demi-liquid, which takes place only on the sixth or ninth day.

So that bleeding is useless, except in the first days of pneumonia, when the crepitating râle is present; after this time it produces only anæmia.

Slight blood-letting sometimes diminishes the dyspnœa in pneumonia, and sometimes softens the pulse in sthenic cases. It should not be used in the delirium of pneumonic patients; for, as Dr. Magnus Huss has shown, such cases of delirious pneumonia occur usually in drinkers, or in the aged. "Bleeding" (says Van Swieten) "kills drinkers." Children should not be bled, for expectant treatment does best in their case; and, if bled, children may be rendered anæmic for long. Old persons, again, should not be bled. The inhabitants of towns are rather paler than countrymen; but bleeding suits neither citizens nor country people. Country people are often reddened by the sun, and also by alcohol, and bleeding soon exhausts their strength as well as that of townsmen.

Perhaps, then, the true treatment of pneumonia, even of the most sthenic form, consists in low diet, cold fresh air, frequently renewed; and, for drugs, the use of small doses of tartarised antimony in fit cases. Whether hot fomentations or cold applications (ice to the part affected) should be used is not, perhaps, quite clear. The former are less formidable, and often do great good in relieving the dyspnœa. The wet sheet will reduce the temperature sometimes from 104° F. to 102°, and gives great relief in fit cases. Alcohol is of no service in pneumonia, or in fevers which, when treated carefully by attention to temperature, food, and plenty of cool air, do usually very well indeed; unless, indeed, in worn-out and aged persons, in whom pneumonia is often from the first clearly destined to end fatally, or in young children when the fever runs very high.

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THE CONVULSIVE DISEASES OF WOMEN.

Abstract of the Lumleian Lectures delivered at the Royal College of Physicians.

By Robert Barnes, M.D. Lond.,

Obstetric Physician to St. Thomas's Hospital.

III.

Dr. Barnes opened the third lecture with a [illegible] of convulsive diseases in the non-pregnant state, [illegible] that the ovaries are now again in the ascendant, [illegible] the phenomena of menstruation are not unlike [illegible] nancy. During pregnancy, the seat of the highest [illegible] activity is the uterus; the ovaries and breasts are greatly though not absolutely, in abeyance. During lactation, the breasts exert, or should exert, the supremacy; but, as we have seen, the ovaries are constantly striving to regain the predominance of which they have been temporarily deprived.

When lactation is over, the reign of the ovaries is undisputed. Such phenomena, then, as we have seen to take place during pregnancy, we may expect to find reproduced during menstruation. And this deduction is amply justified by clinical experience. The chief point of difference lies in the fact that menstruation does not occasion those marked changes in the constitution of the blood which play so important a part in the history of pregnancy. We may, then, expect to find in connexion with pregnancy the more purely reflex nervous phenomena, minus especially the eclampsia which is so intimately dependent upon uræmia.

In obstructed or morbid menstruation a fit of epilepsy or of hysteria, according to the constitution of the patient, may explode. If the organic predisposition be strong, such a fit may break out under the simple irritation proceeding from the ovaries, and their appendage the uterus. That is, it does not appear to be necessary to postulate an attendant unhealthy condition of the blood, although such condition is so frequently present at the onset of menstruation.

Dysmenorrhœa commonly includes two factors. There is first, in many instances, difficulty in the performance of the proper ovarian function, mal-ovulation, or, to coin a more expressive term, *dysootocia*. This is a prime cause of pain. The other factor is the disturbance in the secretion and excretion of the menstrual blood, the proper function of the uterus. Impeded secretion and excretion almost infallibly entails disorder in the quantity of the discharge. Menorrhagia is a frequent attendant upon dysmenorrhœa; and in many other cases the flow is deficient. But there is another condition which has attracted less attention, but which is not less real. Dysmenorrhœa, in a large proportion of cases, implies retention of some portion of the secreted blood in the cavity of the uterus. This adds uterine pain to ovarian pain, doubling the force of the irritation, and introducing a new element of blood impairment. Retained blood is liable to undergo a degree of decomposition, and hence to be a source of toxæmia. Thus we may have, and very frequently do have, as the consequence of dysmenorrhœa a double degradation of blood going on, through hæmorrhage or loss, on the one hand, and through empoisonment by absorption of foul matter, on the other.

Todd said no nervous disorder is more certainly due to blood disorder than hysteria; and Briquet says the influence of defective hæmatosis over the nervous susceptibility is nowhere more evident than in the action which chlorosis exerts over the economy, and in the predisposition to hysteria which results from this action. Out of 430 hysterical patients he found 152 in whom chlorosis existed in a marked manner before the appearance of hysteria. This is quite true so long as we regard the blood-disorder as simply a provoking cause.

The like explanation or statement will apply with equal point to neuralgia, which, in the large majority of cases in women, is produced by dysmenorrhœa and other ovario-uterine disorders attended by pain and exhausting discharges, which induce degradation of the blood and therefore morbid utrition of the nervous centres, and increased susceptibility external impressions.

If it be true that dysmenorrhœa, menorrhagia, leucorrhœa, d other ovario-uterine disorders lead to blood-disorder which often precedes the outbreak of convulsive and other nervous eases, it follows logically that we ought to begin by removg, if we can, these debilitating and irritating causes. By ing this we may often succeed in restoring the nervous stem to the *status quo ante morbum;* thus proving the rectness of the observation that the utero-ovarian diseases duced the nervous disorders.

It must be remembered that ovulation is a distinct function m that of menstruation. Menstruation is the outward in-ation of the ovarian process; but it is not a necessary conuence. It is not always coincident in time. It may not place at all. The ovarian nisus may begin a week or e before the menstrual flow. And it is the ovarian nisus ch is the chief cause of the central nervous erethism, and h at the same time supplies the centripetal irritation. is no *petitio principii* invoked to bring apparent exceptions in a general law. There are abundant facts to prove this osition familiar enough to those who observe closely the omena of the ovario-uterine functions.

The periodical action of the ovarian nisus is frequently observed in the arousing or exacerbation of mania, delusions, and other insane phenomena, in the inmates of lunatic asylums.

The climacteric perturbation is often even more severe and more marked than what is observed at any previous period of life. Thus many women may have passed through the trials of puberty and of child-bearing without serious nervous disorder, and will break down at the menopause. Often, no doubt, this is the climax, the last ounce of a long troubled sexual life. Exhausting labours, consequent uterine disease, the cares incident to the rearing of a family, tell at last so that when the irregular and futile efforts which mark the close of sexual life are made, the nerve-force, missing its proper destination, breaks out in various aberrations. These nervous aberrations commonly entail irregular deviations from the proper order of the blood-distribution, as well as alterations in the quality of the blood. That menstruation exerts a depurating action on the blood is an old idea. I believe it is a correct one. At any rate, when there is no longer a normal attraction or afflux of blood to the pelvic organs, the subject becomes liable to irregular determinations of blood to the head.

About the climacteric the aberrant nervous distribution is attended by disorder of digestion, by disordered or obstructed secretion and excretion. The unsteady brain favours the general disposition to physical inertia. Want of exercise increases the sluggishness of the great depurating organs. The liver, the kidneys, the intestinal canal, the lungs, the skin acting imperfectly, allow the products of tissue-waste and of the mal-assimilated excess of food to accumulate in the circulation. This is marked by the urine becoming loaded with phosphates, and sometimes with uric acid. In some cases which Dr. Barnes has had special opportunities of watching closely, the outbreak of a fit of convulsions had been preceded by more than usual accumulation of phosphatic matter and of uric acid. It is interesting to remember that uric-acid crystals are not seldom found in the urine and in the blood in the albuminuria of pregnancy. Dr. Barnes is not aware of any distinct evidence in support of the conjecture that uric acid, as such, is the exciting cause of convulsion, and he is not prepared to accept the doctrine of Frerichs that the cause is ammonia resulting from the decomposition of urea. He thinks it wiser to be content with the general conclusion that the poisonous convulsion-provoking element cannot be specified; but that it is to be found amongst the products that ought to be excreted through the agency of the lungs and glandular system.

In rather a large proportion of cases, including not a few in which the climacteric has not been reached, this loading of the urine with phosphates and uric acid is greatly occasioned, or increased, by the habit of resorting to stimulants. In these cases, vomiting is a frequent complication; and in subjects not specially prone to epilepsy, constituting the chief nervous disorder. Occasionally albuminuria even is caused by the combination of alcoholism and phosphatic accumulation; it may persist so long as to give ground for concluding that it depends upon permanent Bright's disease. But it may vanish rapidly when alcohol is cut off, and the glandular system set to work, the nervous symptoms subsiding simultaneously.

The principles of treatment flow logically from the view taken of the etiology and nature of the diseases we have to deal with. Four cardinal principles were laid down by Dr. Barnes:—

1. To moderate central nervous irritability.
2. To cut off emotional irritants or excitants.
3. To cut off peripheral irritants or excitants.
4. To eliminate all complicating morbid conditions.

The simplest measure which involves the least possible irritation is the best. That is, to puncture the membranes and leave the rest to Nature, at least, until we see she fails to carry on the process. And since even the gentlest examination is often enough to provoke a fit, I would advise the previous induction of anæsthesia by chloroform. Under the cover of this state, the catheter should first be passed to secure an empty bladder, and to procure a good specimen of urine for testing. Then at the same sitting, the membranes should be punctured by a quill, stilet or other suitable instrument. The diminution of the volume of the uterus by the draining off of the liquor amnii, lessening the pressure upon the vessels and the vascular tension, gives sensible relief. But another good effect generally follows; one it is true not without occasional drawbacks, but still a risk which must be encountered. The good effect is this; the moment labour is started a call is made upon the nervous centres for nerve-force to be expended upon the uterus. This is its physiological destination; and if it can be kept steadily directed to this, its proper work, we may hope to obviate its diversion to convulsion or other morbid action. It is, indeed, a matter of observation that uterine action will often excite a convulsion. But, upon the whole, I am disposed to think that it acts beneficially; and we shall be the less afraid of calling it into operation if we reflect—first that labour must take place, and that it cannot be effected without this uterine action; and, secondly, that we can greatly diminish the excess of irritability by the use of chloroform.

The expediency of inducing labour when there is albuminuria without convulsion is more doubtful. As we have seen, it is not certain that convulsions will break out.

The induction of labour is the means of carrying off, or of discharging, the excess of nervous tension. But something more is commonly required. We cannot complete labour all at once. Sometimes we must wait, and not seldom, when the nerve-force has once got into a wrong channel we shall fail to turn it all to the proper direction. Measures for moderating the excess of central irritability are almost always useful. The most available of these is the induction of anæsthesia by chloroform. It should be carried to the surgical degree—that is, to the extent of rendering the spinal cord irresponsive to irritation of the sphincters. The beneficial effect of this is sometimes very striking. The convulsive fit is rendered less violent; it is shortened. When anæsthesia is induced in anticipation of a fit, this may be almost entirely averted, and is sure to be moderated, The evidence in favour of chloroform has been greatly accumulating since Simpson's time. Chloroform blots out memory, one source of emotion; it cuts off perception, another source of emotion; it lessens reflex irritability. When chloroform or equivalent anæsthetics cannot be given we must act on the same indications. We must procure absolute rest; exclude noise, light; avoid all suggestion of disagreeable ideas; avoid all irritation of the skin. All this is especially necessary at the acme of spinal and cerebral irritability when a fit is on or impending.

The second indication, to cut off emotional excitants, is one that is generally studied. The means of accomplishing it are entirely dictated by the surroundings of the patient. The third indication, that is to cut off physicial peripheral excitants, demands more attention. The first impulse of many when they see a person in a fit, no matter of what kind, is to dash cold water in the face. There may be no great objection to this in hysteria; in syncope it is undoubtedly beneficial; but in eclampsia it is decidedly injurious. Dr. Barnes added—I have seen it provoke a fit. Another not uncommon error in eclampsia is to apply blisters to the nucha, or mustard poultices to the calves. These applications do exactly what ought not to be done. The irritation they produce when the whole surface is in a state of hyperæsthesia, is doubly prejudicial. The immediate effect is often to excite a fit; and the continuous irritation set up in the skin can only keep up irritation of the nervous centres. There is no fact in medicine of which a stronger conviction has been forced upon me by observation than this, that all peripheral irritation is injurious in eclampsia. It is a sin against physiology. Hence the rule, when the situation dictates manipulation of any kind, to lull the system in the artificial sleep of anæsthesia before passing the catheter, before making a uterine examination, or proceeding to induce labour.

These principles of action apply with almost equal cogency to the treatment of epilepsy in the pregnant state; they apply with quite equal cogency to the treatment of obstinate vomiting in pregnancy.

In the chronic state of the menstrual or climacteric epilepsy—that is, when the fit has passed away, and when the indication is to break the morbid chain by preventing future fits—bromide of potassium, belladonna, and various metallic preparations, and a carefully ordered hygiene, are our chief allies.

The indication to cut off all complicating morbid conditions is one that rarely admits of being fulfilled in the urgent cases of eclampsia and of the vomiting of pregnancy.

The elimination of all complicating morbid conditions is especially necessary in the prevention and treatment of the convulsive and other nervous diseases of non-pregnant women. In a large proportion of cases, indeed, this constitutes the greater part of the treatment. This applies particularly to neuralgia, to hysteria, and, in a lesser degree, to the epilepsy of the climacteric period.

The particular form of dysmenorrhœa which is most commonly the attendant and forerunner of nervous disorder is that which depends upon obstruction or partial retention of the menstrual fluid. It would be too wide a digression from our theme to enter with any detail upon the pathology and treatment of dysmenorrhœa.

1. Beginning with the menstrual function, there is the pain which is one of the features of dysmenorrhœa.

2. There is gradual wear and tear of the nervous system, attended by degradation of the blood.

3. Increased susceptibility to physical and mental impressions, marked in many cases by the outbreak of hysteria, or neuralgia, and in a more limited proportion of cases by epilepsy.

4. Where marriage ensues, it is generally unfruitful; proving again, by another test, that there exists an impediment to the due performance of the ovario-uterine functions.

5. Where the obstruction is removed, as in most cases it can be, we find the preceding conditions gradually disappear. When menstruation is performed easily, the nervous complications, which are really epiphenomena, subside.

If, on the other hand, the dysmenorrhœa be cured early—that is, before hysteria, neuralgia, or epilepsy have shown themselves,—these disorders will, in high probability, not appear at all. The presumption is great that they will be prevented; and that any *inherited* predisposition to them will remain dormant. The treatment then, both prophylactic and curative, must be directed against the dysmenorrhœa.

In single women dysmenorrhœa is the most frequent attendant or exciting cause of hysteria or epilepsy. In a certain proportion of cases, however, no abnormality of structure or function of the ovaries or uterus is apparent. The exciting cause may spring up elsewhere; but in all there is a special proclivity developed by the normal ovario-uterine stimulus.

In married women, and in those who have borne children, not only may dysmenorrhœa arise, but metritis, congestion, displacement, and other affections are more frequent. They hardly ever fail to induce that general debility and nervous prostration which predispose to nervous disorders. It is generally a hopeless task to cure these nervous disorders, unless we begin by relieving the local disorders upon which they so greatly depend.

Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

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History of Laryngoscopy.—Early Efforts of the Author.—Laryngoscopal Therapeutics. — Horace Green.—Czermak.—Türck.—Garcia's Prior Discovery.—H Paper.

The history of the laryngoscope closely resembles that of many other inventions. We find that several persons at various intervals were intent on the endeavour to obtain a view of the interior of the larynx during life. Some, indeed, seem to have actually seen the glottis, others, without clearly defining them, discerned in a mirror parts otherwise invisible, and all succeeded more or less, according to the patience they brought to bear on the problem, and the methods and instruments they employed. Thus it is that several persons only just missed being recognised as the inventors of the laryngoscope, and when at length the instrument was perfected and its value demonstrated, more than one claimed a share in the honour of discovering so great an additi to our means of investigating and treating disease.

In what we may call the pre-laryngoscopic era, I had been much interested in diseases of the respiratory organs, and in one case had succeeded, as recorded in my work on "Sore Throat," in bringing into view and curing disease by the aid of reflected light. This established the principle of the laryngoscope; but at that period I had not the opportunity of following up the subject, nor do I profess to have foreseen its importance. The instruments I had constructed for an individual case were laid aside without any effort to improve them, so as to render them of daily use. This case was treated by me in 1856, and was recorded in the first edition of my work, which, though written in the interval, was not published till the end of 1859. In fact, on the announcement of the brilliant results obtained in Vienna by the very plan I had employed, the issue of the work was naturally delayed, in order to include in it an account of the subject.

It will be seen in the sequel that I put forward no claim to priority; though being, at that time, unaware of what others had accomplished, I may feel justified in accepting the credit that is usually accorded to originality. Moreover, though anticipated by others in the use of reflected light for the purpose of diagnosis, it is not disputed that I was the first person to apply topical remedies by the aid of the faucial mirror. The development of laryngoscopal therapeutics has since been such that any one may well feel gratified at having taken a part in it at the very commencement; and here I cannot miss the opportunity of expressing once more my admiration of the late Dr. Horace Green, of New York, who had anticipated laryngoscopal therapeutics by working without the mirrors at all. In truth, I had only used mirrors to enable me to see what I was doing when attempting to carry out local treatment, as recommended by him (a). This much premised, I continue the history as it presented itself to my own observation.

In 1858 Czermak's first announcement was made in the *Wiener Mediz. Wochenschrift*, immediately after which he submitted to the Vienna Academy of Science an account of his experiments in a paper entitled "Physiological Researches with Garcia's Laryngoscope" (*Physiologische Untersuchen mit Garcia's Kehlkopfspigel*).

The title of this paper is very striking. Czermak here calls the instrument with which his first experiments were made *Garcia's* laryngoscope or larynx-mirror. He had, as we know from his own statement, borrowed Garcia's instrument from Professor Türck, who had previously attempted to utilise it for diagnosis in the wards of the General Hospital at Vienna.

Garcia, an able professor of singing still living, had used his mirror to investigate the physiology of the voice, and that so successfully that he had four years previously described to the Royal Society of London the appearances presented by the human larynx during life, as determined by experiments made on himself. He had, in fact, discovered and applied the art of auto-laryngoscopy. Nay, more, we are now told by Dr. Mandl (b) that in sending him a copy of his paper, Garcia had urged upon him to apply his method to the investigation of diseases of the larynx.

This paper of Garcia's was read at the Royal Society, and printed in the "Proceedings." Notices of it appeared in the continental papers, and attracted the attention of Professor Türck, who set to work to test the method. He does not seem to have been very successful, and this need not surprise us when we learn that he confined his efforts to the use of direct sunlight which, even in Vienna, is not always at the service of experimenters. Czermak soon found out the value of the mirrors Türck had lent him, and set to work to improve the method. He rendered himself independent of the weather by using artificial light, and he availed himself of the ophthalmoscopic mirror to bring the rays to a focus on the laryngoscope. Following up the discovery with the utmost enthusiasm, he perfected the apparatus, drew the attention of the Medical world to the extensive field of research thus opened, and received in all directions the credit of being the discoverer of the laryngoscope. It is clear, however, that he was much indebted to others. But for Türck he might never have heard of Garcia's laryngoscope. While, therefore, we accord to Czermak the highest praise for his indefatigible efforts to popularise the method, and for the many improvements he effected in it, it is impossible to ignore the immense services that Garcia has rendered to our art, or to deny him the honour of priority in the discovery.

Garcia did not merely make a suggestion and leave others to test it. He completed the discovery of auto-laryngoscopy, and further, by means of that, he described to the most critical scientific body in the world the physiology of the human voice as demonstrated by his method. In the light of all that has since been done, the accuracy of the descriptions first recorded by this ingenious and scientific professor of singing is most remarkable. His paper would have done credit to expert anatomists and physiologists, and reading it now one cannot but wonder that the Royal Society did not confer some signal reward on the accomplished author.

Apart from its historical interest, this paper is so valuable that, as it is somewhat inaccessible, I here reprint it in full from the "Proceedings of the Society."

"Observations on the Human Voice." By MANUEL GARCIA, Esq. Communicated by Dr. SHARPEY, Sec. R. S. Received March 22, 1855 (a).

The pages which follow are intended to describe some observations made on the interior of the larynx during the act of singing. The method which I have adopted is very simple. It consists in placing a little mirror, fixed on a long handle suitably bent, in the throat of the person experimented on against the soft palate and uvula. The party ought to turn himself towards the sun, so that the luminous rays falling on the little mirror, may be reflected on the larynx. If the observer experiment on himself, he ought, by means of a second mirror, to receive the rays of the sun, and direct them on the mirror, which is placed against the uvula. We shall now add our own deductions from the observations which the image reflected by the mirror has afforded us.

Opening of the Glottis.

At the moment when the person draws a deep breath, the epiglottis being raised, we are able to see the following series of movements:—The arytenoid cartilages become separated by a very free lateral movement; the superior ligaments are placed against the ventricles; the inferior ligaments are also drawn back, though in a less degree, into the same cavities; and the glottis, large and wide open, is exhibited so as to show in part the rings of the trachea. But unfortunately, however dexterous we may be in disposing these organs, and even when we are most successful, at least the third part of the anterior of the glottis remains concealed by the epiglottis.

Movement of the Glottis.

As soon as we prepare to produce a sound, the arytenoid cartilages approach each other, and press together by their interior surfaces, and by the anterior apophyses, without leaving any space, or intercartilaginous glottis; sometimes even they come in contact so closely as to cross each other by the tubercles of Santorini. To this movement of the anterior apophyses, that of the ligaments of the glottis corresponds, which detach themselves from the ventricles, come in contact with different degrees of energy, and show themselves at the bottom of the larynx under the form of an ellipse of a yellowish colour. The superior ligaments, together with the aryteno-epiglottidean folds, assist to form the tube which surmounts the glottis; and being the lower and free extremity of that tube, enframe the ellipse, the surface of which they enlarge or diminish according as they enter more or less into the ventricles. These last scarcely retain a trace of their opening. By anticipation, we might say of these cavities, that, as will afterwards appear clearly enough in these pages, they only afford to the two pair of ligaments a space in which they may easily arrange themselves. When the aryteno-epiglottidean folds contract, they lower the epiglottis, and make the superior orifice of the larynx considerably narrower.

(a) "A Treatise on Diseases of the Air Passages." By Horace Green, M.D. New York, 1849.

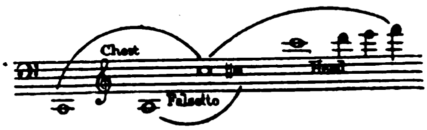
(b) "Traité Pratique des Maladies du Pharynx et du Larynx." Paris, 1872.

(a) From the "Proceedings of the Royal Society of London," Vol. VII., 1856. Meeting of May 24, 1855. Page 399 to 410,

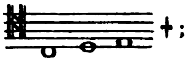
The meeting of the lips of the glottis, naturally proceeding from the front towards the back, if this movement is well managed, it will allow, between the apophyses, of the formation of a triangular space, or intercartilaginous glottis, but one which, however, is closed as soon as the sounds are produced.

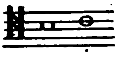
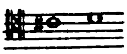
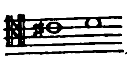
After some essays, we perceive that this internal disposition of the larynx is only visible when the epiglottis remains raised. But neither all the registers of the voice, nor all the degrees of intensity, are equally fitted for its taking this position. We soon discover that the brilliant and powerful sounds of the chest-register contract the cavity of the larynx, and close still more its orifice; and, on the contrary, that veiled notes, and notes of moderate power, open both so as to render any observation easy. The falsetto register especially possesses this prerogative, as well as the first notes of the head-voice (a). So as to render these facts more precise, we will study in the voice of the tenor the ascending progression of the chest-register, and in the soprano that of the falsetto and head-registers.

Table of the Human Voice in its full extent.

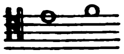


Emission of the Chest-voice.

If we emit veiled and feeble sounds, the larynx opens at the notes do.$_2$ re.$_2$ mi.$_2$  +; and we see the glottis agitated by large and loose vibrations throughout its entire extent. Its lips comprehend in their length the anterior apophyses of the arytenoid cartilages and the vocal cords; but, I repeat it, there remains no triangular space.

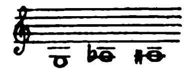
As the sounds ascend, the apophyses, which are slightly rounded on their internal side, by a gradual apposition commencing at the back, encroach on the length of the glottis; and as soon as we reach the sounds si.$_3$ do.$_3$ , they finish by touching each other throughout their whole extent; but their summits are only solidly fixed one against the other at the notes do♯.$_3$ ré,$_3$ . In some organs these summits are a little vacillating when they form the posterior end of the glottis, and the two or three half-tones which are formed show a certain want of purity and strength, which is very well known to singers. From the do♯.$_3$ ré,$_3$  the vibrations, having become rounder and purer, are accomplished by the vocal ligaments alone, up to the end of the register.

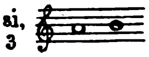
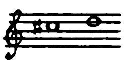
The glottis at this moment presents the aspect of a line slightly swelled towards its middle, the length of which diminishes still more as the voice ascends. We also see that the cavity of the larynx has become very small, and that the superior ligaments have contracted the extent of the ellipse to less than one-half.

When instead of veiled and feeble sounds, we make use of full and vibrating ones, the glottis becomes visible only at the sounds mi.$_3$ fa.$_3$ , and those above them, a limit which depends to a certain extent on the dexterity of the singer. For all the rest, the organs act as we have just said, but with a double difference: 1. The cavity of the larynx contracts itself more when the voice is intense, than when it is feeble; 2. The superior ligaments are contracted so as to reduce the small diameter of the ellipse to a width of two or three lines. But, however powerful these contractions may be, neither the cartilages of Wrisberg, nor the superior ligaments themselves, ever close sufficiently to prevent the passage of the air, or even to render it difficult. This fact, which is verified also with regard to the falsetto and head-registers, suffices to prove that the superior ligaments do not fill a generative part in the formation of the voice. We may draw the same conclusion by considering the position occupied by the somewhat feeble muscles which correspond to these ligaments; they cover externally the extremity of the diverging fibres of the thyro-arytenoid muscles, and take part especially in the contractions of the cavity of the larynx during the formation of the high notes of the chest and of the head-registers.

Production of the Falsetto.

The low notes of the falsetto,

 sol.$_2$ la♭.$_2$ la♮.$_2$

show the glottis infinitely better than the unisons of the chest-voice, and produce vibrations more extended and more distinct. Its vibrating sides, formed by the anterior apophyses of the arytenoid cartilages, and by the ligaments, become gradually shorter as the voice ascends; at the notes la.$_3$ si.$_3$ , the apophyses take part only at their summits; and in these notes there results a weakness similar to that which we have remarked in the chest-notes an octave below. At the notes do♯.$_4$ ré.$_4$ , the ligaments alone continue to act; then begins the series of notes called *head-voice*. The moment in which the action of the apophyses ceases, exhibits in the female voice a very sensible difference at once to the ear and in the organ itself. Lastly, we verify that, up to the highest sounds of the register, the glottis continues to diminish in length and in width.

If we compare the two registers in these movements, we shall find some analogies in them: the sides of the glottis, formed at first by the apophyses and the ligaments, become shorter by degrees, and end by consisting only of the ligaments. The chest-register is divided into two parts, corresponding to these two states of the glottis. The register of falsetto-head presents a complete similarity, and in a still more striking manner.

On other points, on the contrary, these same registers are very unlike. The length of the glottis necessary to form a falsetto note, always exceeds that which produces the unison of the chest. The movements which agitate the sides of the glottis are also augmented, and keep the vibrating orifice continually half opened, which naturally produces a great waste of air. A last trait of difference, is in the increased extent of that elliptic surface.

(a) Let us here observe that three registers of voice are generally admitted,—chest, falsetto, and head. The first begins lower in a man's voice than in a woman's: the second extends equally in both voices; the third reaches higher in the female voice.

(b) The musical limits we establish in the course of these pages vary a little in each individual.

All these circumstances, which we shall refer to again, show in the mechanism of the falsetto a state of relaxation, which we do not find in the same degree in the chest-register.

Manner in which the sounds are formed.

As we have just said, and what we have seen proves it, the inferior ligaments, at the bottom of the larynx, form exclusively the voice, whatever may be its register or its intensity; for they alone vibrate at the bottom of the larynx (*a*). But by virtue of what principle is the voice formed? It seems to me that the answer to this question can be but this: the voice is formed in one unique manner,—*by the compressions and expansions of the air, or the successive and regular explosions which it produces in passing through the glottis.*

The ligaments of the glottis are situate about the mean level of the upper border of the cricoid, close the passage, and present a resistance to the air. As soon as the air has accumulated sufficiently, it parts these folds and produces an explosion. But at the same instant, by virtue of their elasticity, and the pressure from below being relieved, they meet again to give rise to a fresh explosion. A series of these compressions and expansions, or of explosions, occasioned by the expansive force of the air and the reaction of the glottis, produces the voice.

This theory, though now generally admitted for reeds, and undoubtedly evident in the liquid vein, the toothed-wheel of Savart, the syrène of the Baron Cagnard Latour, &c., has not to my knowledge been yet applied to the glottis (*b*). If we consider that the lips of this aperture, taken separately, can give no kind of sound, however we may try to make them speak, we must admit that the sounds which they give forth by their mutual action, are only owing to the explosions of the air produced by their strokes (*c*). It is not necesssary, in order to obtain the explosion of sound, that the glottis should be perfectly closed each time after its opening; it suffices that it should oppose an obstacle to the air capable of developing its elasticity. In this case the rushing of the air is heard accompanying the sounds, and they take a veiled, and sometimes an extremely muffled character—an observation which we have already presented to the reader's notice in speaking of the falsetto.

Conjectures on the Formation of the different Registers.

As the entire system of vibrations arises solely from the inferior ligaments, it is evident that the cause of the different tones called registers, must be sought for in the muscles which set these ligaments in motion; and that the other parts of the larynx must be considered only as apparatus for strengthening the sounds obtained, and for modifying their quality. In our efforts to discover the more intimate processes of the vocal organs which produce the sounds, we shall recur at once to the observations already mentioned, to some anatomical remarks which we are going to make, and to the sensations which we feel in the organ itself whilst it is producing sounds.

If we detach one of the halves of the thyroid cartilage, we shall see a large muscular surface of oblique fibres, which fills all the space between the arytenoid and thyroid cartilages. At its upper end is to be seen the muscle corresponding to the superior vocal ligaments, and which sometimes extends to the notch in the thyroid. After detaching this generally frail muscle, all the fibres constituting this muscular surface seem to start from two opposite centres, viz., the anterior surface of the arytenoid, and the re-entering angle of the thyroid. These centres, occupying the extremities of a diagonal line, send their fibres towards each other in parallel lines. Those which start from the anterior face of the arytenoid descend obliquely; the most external ones go to the cricoid, whose posterior half they cover at the side; the most internal ones descend to the vocal membrane (*a*), which they cover entirely. The fibres which terminate at the membrane become longer, as they become more internal. Those which start from the re-entering angle of the thyroid re-ascend obliquely to the summit of the arytenoid, then diverge in order to form the sides of the ventricles, and then disappear in the aryteno-epiglottidean folds, and even the under surface of the epiglottis. If we cut it away in successive layers, proceeding *from* the outside *to* the in, we reach a thick bundle of fibres, perfectly horizontal, which line the outer aspect of the vocal ligament, and which go from the anterior apophyses of the arytenoid to the re-entering angle of the thyroid (*b*).

This bundle has its posterior half covered by the lateral crico-arytenoid muscle, and its anterior half by the diverging fibres which start from the thyroid. If we cut away the horizontal bundle in successive layers, we see that the fibres are not all of the same length; the most external fibres are the longest, and the succeeding ones get gradually shorter as they become more internal; but they all originate in the anterior cavity of the arytenoid, and the muscle is inserted in the manner above explained throughout the whole length of the vocal ligaments, the thyro-arytenoid portion of it excepted. As the fibres all begin from the arytenoid, and terminate successively at more distant points of the membrane, we see that the muscle is thicker behind than before.

Thus the vocal ligament, and the membrane which depends from it, the sole sources of all vocal sounds, are under the direct action of the fibres which come from the anterior cavity of the arytenoid; the ligament under the action of the horizontal bundle, the membrane under that of the oblique fibres. The long horizontal fibres, extending from one cartilage to the other, are placed at the exterior of the short horizontal fibres, and at the interior of the oblique fibres. The diverging fibres which start from the thyroid, acting only on the superior vocal ligaments and the folds, seem to influence by their contractions only the quality and volume of the voice.

The remarkable arrangement of the fibres which we have just examined, enables us to explain a fundamental fact,—the elevation of the voice. The fibres of the horizontal bundle being placed over each other, in layers, one covering the other, and getting gradually longer and longer, as they become more external, extend their action to the more anterior parts of the edges of the glottis. This progressive action from the back to the front, encroaches gradually on the length of the vibrating portion of the ligament, and likewises increases its tension, and its faculty of accelerating its pulsations.

Another portion of the thyro-arytenoid muscle at the same time stretches and raises the vocal membrane more and more, causing a lesser depth of the ligaments to be in contact, in proportion as the sounds become higher, and thus assists by increasing the mobility of the ligaments.

We shall see in a few moments that the rotatory movement, which the external fibres of the lateral crico-arytenoid muscles give to the arytenoid, by making the vocal membrane deeper, partly counteracts the above effect, and produces the chest-register.

The crico-thyroid muscle, on the contrary, is a powerful

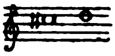
(*a*) We gladly acknowledge that this most important fact has been already announced by J. Müller, although we have our objections to the theory which accompanies it.—*Handbuch der Physiologie des Menschen.*

(*b*) I find that Dr. Müller hints at the possibility of the voice being thus formed, but only to attack and reject the notion.—*Ibidem.*

(*c*) Many controversies have arisen respecting the sounds sometimes emitted by animals after the section of the superior and recurrent laryngeal nerves; sounds which have been perhaps occasioned by the struggling of the animal causing a swelling of the neck and a mechanical contact of the vocal ligaments. However, without doubt, after the section of these nerves, voice, as a voluntary act, can no longer take place.

(*a*) We thus designate that part of the membrane which goes from the bottom of the vocal ligament to the edge of the cricoid.

(*b*) Another portion of the thyro-arytenoid muscle.

auxiliary in the elevation of the voice. This muscle, which at the same time causes the thyroid to come forwards and downwards, gives rise to a mechanical tension, not only in the vocal ligament, but even in the whole vocal membrane. The meeting of the thyroid and cricoid cartilages, which we can feel by the touch, becomes especially marked when the inter-ligamentous glottis alone produces the sounds, which takes place as we have seen at the notes do$_3$♯, ré$_3$,  in the chest-register, and an octave above for that of the head; with this difference, however, that for the latter a more vigorous and complete connexion is necessary.

Let us now see what we may learn from the sensations we feel in the vocal organ. When we produce a chest-note, the least attention enables us to distinguish a "*pinching*" at the posterior part of the glottis, which becomes more vigorous as the notes ascend. This pinching seems to be formed by extension of the depth of the touching surfaces, and may become very painful; whilst the notes of falsetto, when higher than chest ones, give comparatively great relief to this part, and the surfaces in contact seem to have become thinner.

If we combine these sensations with the different remarks which have been furnished to us by the examination of the muscles, we can fix the particular mechanism of each register.

Chest-Register.

In fact, when the arytenoid muscles have brought in contact the arytenoid cartilages, and closed the glottis, the voice may take two very different characters; nay, more, it will be produced in pitches widely apart from one another, and will give forth the chest, or falsetto registers, according as the fibres of the thyro-arytenoid attached to the vocal membrane are active or not. By the action of these fibres, as we have seen, this muscle raises the vocal membrane, and makes its apposable part thinner; whereas the lateral crico-arytenoid gives a rotatory movement to the cartilage, which brings the apophyses into deep contact. This deep contact, which continues even after the apophyses no longer partake in the vibrations, gives a deep tension to the membranes, increases the depth of their contact (*a*), and, as a necessary consequence augments the resistance they present to the air. It is to the extent of this resistance that we attribute the formation of the chest-register, so distinct by its particular amplitude. To it we attribute also the slowness of the beats of the glottis, and the consequent low pitch of the sounds—a pitch which, even in the highest tenor voices, is at least an octave lower than the head notes of ordinary soprani.

Register of Falsetto.

When, on the contrary, the external fibres of the lateral crico-arytenoid muscle remain inactive, we produce the falsetto. The lips of the glottis, stretched by the horizontal bundle of the thyro-arytenoid, come in contact by their edge alone, formed at once by the ligament and the apophyses, and offer little resistance to the air. Hence arises the great loss of this agent, and the general weakness of the sounds produced here.

But as soon as we reach the sound do$_4$, the beats are produced by the ligaments exclusively, and we have attained the head-register. It is certain, as we may deduce from the movement of the ligaments, that then the vocal membrane is raised by the action of the fibres of the thyro-arytenoid muscle, and its surface is diminished to an edge; but we think that the external fibres of the lateral crico-arytenoid, which would prevent this movement, remain inactive. Then also the very decided tension, which the crico-thyroid muscle effects on the vocal tendons, and which accelerates their movements, takes place.

During the chest-register, therefore, the vocal ligaments are stretched, and are in contact to an extent corresponding with the depth of the anterior apophyses of the arytenoid, whilst in the falsetto the edges alone of the ligaments are stretched and apposed; in both cases the sounds being formed, not by the actual vibrations of either the whole or part of the tendons, but by the successive explosions which they allow.

Pressure of the Air.

Until now, in our remarks on the manner in which the voice is formed, we have only referred to the rigidity of the glottis, a rigidity necessary to accomplish the 1,056 vibrations in one second (*a*), which form the do$_4$ of the chest-voice, and to accomplish the double number which produces the octave above in the head-voice. There is, notwithstanding, another indispensable element for the production of vocal sounds, the pressure of the air. Pressure, as is well known, developes an elastic force in this agent, in a degree inverse to the volume which it occupies. It is by means of this power that the intensity of the sounds is obtained. The intensity of the sound can only depend on the quantity of air which goes to each *sharp* explosion. I say *sharp* explosion, as an express condition: the glottis should close itself perfectly after every vibration; for if the air found a constant passage, as in the notes of falsetto, then the greatest movements of the glottis and the greatest waste of air would produce precisely the weakest notes. To reject this theory would be to attribute the intensity of the sound to the extent of the vibrations accomplished by the lips of the glottis, and to suppose that these lips, each taken separately, possess the power of producing sounds, suppositions quite contrary to the facts.

The elastic force of the air arises not only from the compression of the lungs, but also from the contractions of the trachea, which adjusts its calibre to the different dimensions of the glottis. It is by means of this force that the air conquers the continually-increasing obstacle presented by the lips of the glottis when they produce sounds more and more intense.

Thus the problem of the elevation of the voice, always complicated with that of its intensity, in order to be complete, ought to show the connexion which exists between the tension of the lips of the glottis, the pressure of the air, and the number and intensity of the explosions obtained. As a consequence, we may state that the greater pressure of air necessary to produce the greater intensity, would at the same time increase the number of pulsations, and so raise the tone; but to prevent this, the glottis must at the same time be lengthened, and *vice versâ*; or, in other words, that the different lengths of the glottis can, under different degrees of pressure, produce the same number of shocks, but at different degrees of intensity.

Of the Qualities of the Voice.

Various simultaneous causes modify the qualities of the voice:—1. According as the glottis partially or entirely closes the passage between the explosions, it produces veiled or brilliant sounds; 2. The tube which surmounts and surrounds it also greatly affects the quality of the voice; by its contractions it gives brilliancy to it and its widening volume; 3. The epiglottis also plays a very important part, for every time that it lowers itself, and nearly closes the orifice of the larynx, the voice gains in brilliancy; and when, on the other hand, it is drawn up, the voice immediately becomes veiled.

(*a*) It is then that we feel the pinching of which we have spoken.

a) Pouillet, *Physique*, Sixth Edition, vol. ii., page 77.

THE DUBLIN ETHER AND CHLOROFORM REPORT.

◆

The Reports furnished to the Ether and Chloroform Committee appointed by the Surgical Society of Ireland show the following results, from the information supplied by the Returns from many of the Dublin hospitals up to April 1, 1873. These Returns have been framed in such a way as to give information as to various details, which will be published *in extenso* at a future period; but it is desirable that the Profession, especially those who seek the safest anæsthetic, should be put *au courant* as to the absolute results so far.

As each hospital has sent in the Returns independently one of the other, the relative observations, &c., are of interest.

The total number of cases collected and observed is 226, up to April 1st, and the operations included those of ovariotomy, amputations, lithotomy, eye operations, reduction of dislocations, &c., &c. The Ether was not administered by the same person, and in all (but in 7 cases at St. Marks and in 4 cases at the Adelaide) was the same kind of inhaler (Dr. Morgan's) used.

The following headings are adopted as giving an outline of the more interesting results:—

		Steeven's Hospital.	Mercer's Hospital.	Mater Misericordiæ.	Westmoreland Lock Hospital (c).	Dublin Eye and Ear Infirmary (c).	Adelaide Hospital.	City of Dublin Hospital.	In Private.	St. Mark's Hospital.
How soon the patient became influenced	longest period	5 minutes	5 minutes	9 minutes	6 minutes	14 minutes	18 minutes	15 minutes	8 minutes	6 minutes
	shortest „	2 „	2 „	2 „	2 „	1 „	2 „	4 „	2 „	2 „
How long the patient was under the influence	longest „	25 „	25 „	50 „	50 „	5 „	80 „	45 „	25 „	12 „
	shortest „	8 „	3 „	5 „	5 „	2 „	8 „	2 „	4 „	6 „
Quantity of Ether used	largest	4 ounces	3 ounces	6½ ounces	3 ounces	3 ounces	6 ounces	8 ounces	5 ounces	2 ounces
	smallest ..	1 „	1 „	2 „	1½ „	1 „	2 „	2 „	2 „	2 „
The age of the patient	oldest	74 years	57 years	64 years	33 years	68 years	60 years	50 years	66 years	46 years
	youngest ..	16 „	4 „	9 „	14 „	10 „	14 „	7 „	3 „	16 „
Sickness of stomach	during administration	1 slightly	—	1 & after (*a*)	—	—	1 & after (*a*)	1 & after	1 & after	—
	after administration	—	—	1 slightly	—	1 slightly	—	2 slightly	2 slightly	3 (*b*)

It appears that 11 cases in 210 vomited where Dr. Morgan's Inhaler was used.

That 3 in 7 cases vomited where the India-rubber Bag over the face was used.

In no case is there any report of apprehension or danger to life recorded.

But 9 cases of chloroform administration have been recorded:—

		St. Vincent's Hospital. (*d*)	Steeven's Hospital.	Adelaide Hospital.
How soon influenced	longest period	8 minutes	5 minutes	6 minutes
	shortest „ ...	4 „	3 „	3 „
How long influenced	longest „	13 „	12 „	15 „
	shortest „ ...	4 „	9 „	10 „
Quantity used ...	largest quantity	3 drachms	3 drachms	4 drachms
	smallest „ ...	2 „	2 „	1 „
Age of patient ...	oldest	42 years	30 years	46 years
	youngest	17 „	25 „	7 „
Sickness of stomach	during administration	—— (*d*)	1	——
	after „	——	1	1

(*a*) This was the patient 80 minutes influenced who vomited brandy and egg given before operation.

(*b*) There were 7 patients etherised in all.

(*c*) The Medical Press for Jan. 8, this year, records 37 cases with equally successful results; one patient only vomited and rejected a meal that had been eaten shortly before.

(*d*) One case became very weak and caused great apprehension. Skinner's Inhaler used in all.

The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. VI.—(*Continued.*)

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect,*" at either of the Offices of Medical Press and Circular. (*All rights in connection with these Reports are reserved.*)

MIDWIFERY.

Bailly.—"On the Conduct to be pursued after the Application of the Tampon in case of Placenta Prævia." *Gaz. des Hôp.*, Jan 21.

Charpentier.—"On the Influence of Different Treatments in Puerperal Eclampsia." *Arch. Gén. de Méd.*, Feb. From 297 observations, he calculates the following death-rates: General bleeding, 34·7 per cent.; repeated bleedings, 33·3 per cent.; purgatives, 44 per cent.; revulsives, 50 per cent.; and chloroform, 50 per cent.

Denham, John.—"On the Practical Use of Ergot." *Proc. Dublin Obstetrical Society.* The following are Dr. Denham's conclusions: Ergot produces only nausea and loss of appetite when given during pregnancy at any other than the full period; it does not produce an injurious effect on the fœtus in utero; when abortion has commenced ergot hastens and assists it. In the second stage of labour it is often beneficial; but if the labour be not soon completed it is very dangerous to the child by mechanically obstructing the circulation, and by the powerful and continuous contraction exerted on the child.

Fourrier.—"A Case of Cæsarian Operation performed successfully both for Mother and Child." *Bull. Gen. de Ther.*, Feb. 15.

Lieqey.—"Treatment of Puerperal Accidents by Collodion." *Tribune Méd.*, Jan 6.

Lusk.—"On Occluded Vagina during Labour." *New York Med. Jl.*, Jan. There was nothing to indicate that the occlusion took place after conception. The occlusion could not have been previously complete, for she menstruated up to the time of pregnancy.

Smith, Heywood.—"Treatment of *Post-partum* Hæmorrhage by the Intra-Uterine Injection of Perchloride of Iron." *Obstet. Soc. Lond.*, Feb. 5. This was a case of secondary hæmorrhage caused by the presence of a piece of retained placenta, and the strong undiluted liquor ferri perchloridi had been injected. The patient died.

Varvelli, E.—"Case of Dystocia from Faulty Presentation of the Fœtus." *L'Indipendante*, Jan. 25 and Feb. 5.

DISEASES OF WOMEN.

Bennet, P. Henry.—"The Orifices of the Uterus and their Surgical Treatment." *Br. Med. Jl.*, Feb. 22.

Bartharez.—"On the Treatment of Uterine Hæmorrhage by Sulphate of Quinine." The author attributes the hæmostatic action of quinine to its influence, through the nervous system, on the capillary network. *See* Dr. Wiltshire's epitome in *Lond. Med. Record*, Feb. 26.

Walraven, A.—"On the Action of Sulphate of Quinine on the Uterus." *Bull. Méd.*, Dec., 1872. He thinks it has a distinct power over the uterus, producing abortion, and increasing the power of labour pains.

Spiegelberg.—"Diagnosis of the Early Stage of Cancer of the Neck of the Uterus." *Archiv. für Gynæcologie*, vol. 3, part 2. The indications which he thinks most valuable are—the peculiar hardness and unyieldingness of the carcinomatous deposition; the immobile condition of the mucous membrane, and the inexpansibility of the cervix to a sponge-tent.

Weber, F.—"Contribution on Retro-Uterine Hæmatocele." *Berl. Klin. Woch.*, No. 1, 1873.

Mo, Gerolamo.—"Presentation of some Cases of Ovarian Tumour." *Gaz. delle Clin.*, Jan. 7, 14, 28, and Feb. 4 and 18.

Bœckel.—"On Ovariotomy." *Gaz. Med. de Strasbourg*, No. 9, 1873. The author considers that this operation may be performed in an ordinary hospital with every chance of success, if only scrupulous cleanliness be observed, and every possible source of infection avoided.

Howitz.—"On Eleven Completed and Two Uncompleted Cases of Ovariotomy; and Two Cases of Exploratory Incision." *Hospitals-Tidende*, Jan. 1 and 8.

Ingersly, F.—"Abortion after Ovariotomy." *Hospitals-Tidende*, Jan. 22.

Marsolo.—"On Ovariotomy." *Gaz. Med. Ital.*, Dec. 2 and 22, 1872; Jan. 4, 1873.

Olier.—"On Ovariotomy." *Gaz. des Hôp.*, Jan. 7.

Peruzzi.—"Thirtieth Ovariotomy in Italy." *Il Raccoglitore Medico*, Jan. 10.

Sarell, R.—"Ovariotomy Successfully Performed for the First Time in Constantinople." *Med. Times and Gaz.*, Feb. 15. A graphic account of a successful operation. Dr. Sarell had never seen the operation, but followed the principles laid down by Spencer Wells.

Kœberle.—"On the Physiological Results of the Removal of both Ovaries." *Montpellier Med.*, Jan. The writer says that the genital organs remain excitable, the breasts are not atrophied, no tendency to excessive corpulence, no alteration in the growth of hair, no modification of the voice, the character becomes gentle, the catamenia never reappear.

Puech.—"Perforation of Ovarian Cysts." *Gaz. de Joulin*, Jan. 1.

Puech.—"Vulvar Atresia." *Gaz. de Joulin*, Jan. 5.

Le Dentu.—"Hydatid Cyst of the Breast." *Gaz. Med.*, Jan. 11.

Canetero.—"On Accidental Amenorrhœa." *Correspond. Med.*, Jan 16. The author attributes to the habit of going barefoot, common in Spain, many of the bad results which characterise irregular menstruation.

Isham.—"On Hypodermic Injection of Morphia in threatened Abortion." *Amer. Jl. Med. Sci.*, Jan. In every one of seven cases the uterine contractions and hæmorrhage were arrested, and the os uteri contracted.

DISEASES OF CHILDREN.

Boyd, John.—"On Infantile Enteralgia." *Ed. Med. Jl.*, Feb. In the cases to which Dr. Boyd refers, he noticed that while the abdominal pain lasts urination is suspended, and whenever micturition occurs the crying and distress cease. Acting on this indication, Dr. Boyd prescribes from eight to ten minims of spiritus etheris nitrosi in a drachm of water for children from two weeks to four or six months old.

Brakenridge, David J.—"On Oxide of Zinc for the Diarrhœa of Infancy and Childhood." *Med. Times and Gaz.*, Feb. 15. The author says that "the disease depends chiefly on a weak and too impressionable state of the nerve-centres presiding over alimentary secretion; that it is correlated to convulsions and other spasmodic diseases, and that it is accompanied by hyperæmia of the secreting surfaces of the alimentary canal." To meet these indications we need a remedy which is tonic, antispasmodic, and astringent. Oxide of zinc was chosen upon this theory, and twelve cases are recorded in which this remedy was successfully employed.

THERAPEUTICS.

Blunt, T. B.—"Note on the Chemical History of the Eruption sometimes following the Administration of Chloral." *Br. Med. Jl.*, Feb. 22.

Husson.—"On a Combination of Iodine and Blood." *Soc. du Pharm.*, Paris, Feb. 5. M. Husson recommends as an easily assimilated therapeutic agent a combination of iodine with hæmato-globulin.

Johnston, James.—"Cases Showing the Effects of Atropine as an Antidote to Opium." *Med. Times and Gaz.*, Sept. 7, 1872, and Feb. 15, 1873. Dr. Johnston says: "The class of cases in which the wonderful powers of atropine as an antidote to opium poisoning are most marked is where profound coma exists; and for such a condition I know no other remedy." He says that "whenever the pupils are firmly contracted to a pin's point there is danger," and atropine should be used at once. He ordinarily gave half a grain of atropine subcutaneously.

Limousin.—"Sulphovinate of Quinine." *Soc. de Ther.*, Paris, Jan. 24th. This combination is most valuable as being sufficiently soluble without the necessity of having recourse to an acid; it is hence well adapted to subcutaneous injections.

Rice, Charles.—"Sulphovinate of Soda." *Amer. Jl. of Pharmacy*, quoted *Pharm. Jl.*, Feb. 22. Mr. Rice recommends a process for the preparation of this salt.

The *Pharm. Jl.*, Feb. 22, has a good article "On Propylamine," in which the chemical history of that substance is very fully detailed.

ANÆSTHESIA.

Prichard, Augustin.—"Chloroform Accidents." *Br. Med. Jl.*, Feb. 22.

Richardson, Benjamin W.—"On Methylene Ether or Ethyl." Dr. Richardson says that this anæsthetic is rapid in its effect, that "from one to two drachms will induce in the space of a minute and a half to two minutes sufficient insensibility for a short operation, while from two to six drachms are sufficient for the production of prolonged anæsthetic sleep." The sleep induced is very gentle, and rarely attended with convulsive movement; vomiting is less frequent than from chloroform, ether, or bichloride of methylene. *Med. Times and Gaz.*, Feb. 15.

The recent reaction in favour of ether as an anæsthetic has resulted in the construction of a multitude of "Inhalers," among which may be mentioned those of Dr. Morgan, of Dublin, Dr. Richardson, Mr. Nourse, of Brighton, and Mr. Salt, of Birmingham. The two latter are described in *Br. Med. Jl.*, Feb. 22.

MEDICAL JURISPRUDENCE.

Dufour.—"Extra Uterine Pregnancy ascertained after Death." *Gaz. Obstet.*, Jan. 5.

Penard.—"*Post-mortem* Parturition." *Annales d'Hygiene*, Jan.

Ferrier, D.—"Poisoning by Carbolic Acid." *Lond. Med. Record*, Feb. 26. A learned and very interesting paper, which should be read by everyone interested in oxicology.

"Medico-Legal Importance of Intra-Cranial Abscess." Leading Article. *Med. Times and Gaz.*, Feb. 15. A ommentary on a recent case in which a man was indicted or murder under the following circumstances:—The prisoner struck the deceased several times on the head with a poker. At the end of a fortnight the deceased ad apparently partially recovered from the effects of the poker wounds, but then had a fight with another man, nd he died about three weeks subsequently. The *post-mortem* examination revealed a large abscess inside the brain. The questions for the Jury were—First. Whether he death of the man resulted from the blows inflicted y the prisoner; and Second. If so, whether the prisoner was guilty of murder or manslaughter.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 28, 1873.

THE SCOTCH CORPORATION AND THE CONJOINT EXAMINATION SCHEME.

As we anticipated in our review of Mr. Headlam's bill the Edinboro' College of Surgeons have petitioned against that measure, and, in fact, against the enactment of any Medical educational reform whatever.

The reasons which the College assigns for objecting to the Bill are, to those who have been watching the fifteen years' action (or rather inactivity) of the Medical Council, very extraordinary, and appear worthy of being quoted:—

"The petitioners consider such legislation to be uncalled for, and their reason for stating this is, that, during the last fifteen years especially, while the Medical Act, 1858, has been in operation, great progress has been made, and is indeed daily being made, in raising the standard of Medical competency throughout the kingdom.

"That this progress is due to several circumstances,—chiefly, 1. The enforcement by all the Licensing Bodies of preliminary examinations in general education, previously to passing which no student can be registered as a Medical Student, and commence his professional curriculum; and 2. The improvement by all the Licensing Bodies of their professional examinations.

"That if there be defects in any of the examinations of any of the Licensing Bodies, the Medical Council constituted under the Medical Act, 1858, have full powers to remedy these defects.

"That already visitations have been partially had recourse to, and have done much good, and that still further good may be expected under a more thoroughly organised system of supervision."

These statements are illustrative of the rashness which marks in many instances the petitions presented to Parliament.

Every one who is conversant with the progress of Medical education, knows that the "great progress" made recently "in raising the standard of Medical competency" is almost hypothetical. Every one knows that any change for the better which has taken place, has been the result of an improved state of public Medical opinion on the subject of education, and is not, to any appreciable extent, to be credited to the Medical Council. Every one knows that preliminary examination prior to Medical study is not universally enforced, and that registration of Medical students is little better than a farce. Every one knows that there are Medical Licensing Bodies—perhaps some of them north of the Tweed—who have not at all improved their examinations. Every one knows that the Medical Council has never had the courage to make use of its powers of enforcement, and lastly, Every one knows that the visitation of examinations was, and probably must, continue to be a mere interchange of vapid civilities.

The Royal College of Surgeons of Edinburgh must entertain an abiding trust in the ignorance of the Government and of Parliament as to the history of Medical legislation within the last fifteen years, if they entertain the hope that their arguments will pass muster. They have, however, done good service to the cause of Medical reform by bringing to a plain issue the reasons which have been urged in favour of an amended Medical Bill and a reformed system of examination. We rather think that any single teacher or examiner who may be called before a Parliamentary Committee of Inquiry, will be readily able to dispose of the astonishing statements which they have laid before Parliament.

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Notes on Current Topics.

Female Doctors.

The *Pharmaceutical Journal* quotes the following couplet from the "Nugæ Canoræ Medicæ," where the poet laureate of the Edinburgh New Town Dispensary predicts—

"An' when the leddies git degrees,
Depen' upon 't there's nocht 'll please
Till they hae got oor chairs an' fees,
An' there's an en' o' you an me.
For a' that ken the woman craiter
Maun own it is her foremost faitur
To tak' to lecturin' by natur';
An' hoo she'll do 't ye sune' ll see."

Health and Volunteering.

One of the dangers of volunteers is exemplified in a statement we saw in the papers last week, that a number of men at drill at Reigate were overcome with the heat, and had to fall out. It was further stated that there was no Medical officer at hand to attend to them. We are not aware whether any of the cases was in actual need of Medical aid, but we are induced to observe that soldiers, sailors, and volunteers are all alike exposed to various perils which the public does not often reflect upon. One of these, no doubt, is that they may be in need of aid when their surgeon is not near. Obviously, our defenders ought to possess some knowledge of what to do for themselves or their comrades in various emergencies. In several European countries manuals are placed in the hands of officers and men, giving full instructions as to first help in case of sudden sickness, or wounds, and these books have been found very useful both in times of peace and war.

In England hitherto there has been nothing of the kind. Now, however, Surgeon-General Gordon has compiled a "Soldiers' Manual of Sanitation," and we are desirous of drawing the attention of the authorities to it as admirably adapted, for distribution among the officers and men of our service, who, in possessing it, would be placed in a position similar to that of foreign armies. It is needless to say that a work of the kind from Dr. Gordon's pen is well done, and its official distribution would be a boon. Volunteers would do well to purchase and study it.

The Health Service of the French Army.

La Tribune Médicale announces that the committee charged in November, 1872, by the Minister of War with the preparation of a scheme for re-organising the *Health Service* of the French Army, has brought its labours to a close, but, unfortunately, without attaining the object with which it was formed; consequently, the condition of this department remains upon the footing determined in 1852, or, in other words, in the same unsatisfactory state as that which brought about much of the mortality among the soldiers in the Crimean and Italian wars.

The Russian Committee of the Societe de Secours aux Blesses.

At the general meeting of this society, held during the last days of 1872, the following measures for 1873 were agreed to:—The provincial committees should so arrange as that the several administrations, rural and urban, especially those in the course of railroads, may be prepared to receive at any moment the largest possible number of sick or wounded, with a view of passing them on to their several homes, and thus perform a work of the greatest importance to our army on active service. The administrations are expected to take steps to ensure that all hospitals, whether temporary or fixed, shall have a sufficient number of Medical men attached to them, so that in the event of war the military surgeons may be sent to the ambulances and other war hospitals; the administrations are further instructed to forward, without unnecessary delay, to the Bureau of Army Hygiene, Ministry of War, full information in regard to the several means and arrrangements made by them with regard to such measures.

The late J. S. Mill.

The general interest attaching to the great English philosopher who has lately died at his retreat in Avignon has been well expressed in nearly all the organs of public opinion. Even those papers which rejected alike his political and philosophical teachings have been ready to express their admiration of his character and genius. Thus, for example, the *Standard* opened its articles on the late Mr. Mill with an appreciative estimate that even Radicals will admire. Mr. Mill was seen on the evening of the 6th May by Dr. Gurney, who has supplied a contemporary with the following statement of his condition:—

"Chest-signs normal, but respiratory murmur very feeble, and some dulness over the lower portion of right lung. Chest generally narrow and contracted. The face, throat, neck, and chest, as regards its front aspect, covered with an erysipelatous eruption of a rose colour, intensely swollen on the right side, slightly so on the left, and here and there covered with patches of vesication, which soon after burst and discharged freely a clear serous fluid. With some difficulty I obtained a view of the palate, uvula, and tonsils, and found them much swollen, and with sore patches on both sides near the glands. The right upper eyelid was also denuded of the cuticle in parts, and discharging a watery fluid. The scalp was unaffected. I was told he had been slightly wandering, but on my arrival I found him to be perfectly collected, but restless. Considering his age and feeble state of health for some time past, the character and very extensive spread of the erysipelatous inflammation, and also that on the low-lying clay soil round Avignon erysipelas is endemic and very fatal, I formed the most unfavourable opinion of the case, and conveyed this impression, in of course appropriate terms, to his daughter and to himself. He received the information with calmness and resignation. I gave him two grains of quinine in solution every hour and a half, with three drops of tincture of aconite, and twenty of chloric ether added to the first two or three doses of quinine; subsequently he had the quinine alone in somewhat larger doses every hour; strong beef-tea at frequent intervals, and tea to relieve his thirst. I could not get him to take either wine or brandy. About 2 P.M he rallied decidedly. The pulse was less frequent and firmer, and the swelling appeared less tense on the right side, but still travelled slowly downwards over the left chest, till two-thirds of the whole was occupied by the eruption, the entire right side down to the ensiform cartilage being already affected. He had no pain, except in the throat, especially after swallowing, but felt great distress from the heat and weight of the swelling. As the powdered starch I had applied did not relieve this, I applied a thin, light, hot, and moist poultice covered with oil-silk over the whole chest, which he said made him feel much more comfortable. About 4 P.M. his pulse changed for the worst again, and became slightly intermittent, the eruption assumed a bluish appearance on the right side of the chest, and some angry spots appeared over his right instep. The right upper eyelid became rather less swollen, and he told me he could again see with that eye, but the lid exhibited decided sores, from which flowed a considerable watery secretion of a limpid character. No purulent fluid seemed to be secreted throughout the whole case. The great swelling prevented my again examining the throat, but from the fact that he had from time to time, after exertion especially, a thin watery *râle*, which subsided after a few seconds, I concluded that some serous fluid found its way within the glottis. The respiratory murmur now became less audible, the heart's action weaker, the pulse more intermittent, yet he himself thought he was better, and asked to be read to by his daughter. About 7.30 A.M. a sudden attack of difficulty of breathing came on, and he died in a few minutes of apnœa, which probably saved him some hours' further struggle against the poisonous influence at work in his system, and then death from asthenia."

Calculous Disease.

THE subject of calculous disease and its possible prevention being just now particularly prominent, Sir H. Thompson has published a small work, consisting of two lectures delivered lately at University College. The first lecture treats of the early history of calculous disease, and the treatment best adapted for its prevention. The second lecture is on the treatment of stone in the bladder by solvents. We need not say that these lectures will be found interesting. In connection with them we may draw attention to a "Report on Stone in the Bladder" in another column.

A New Small-Pox Hospital.

THE Metropolitan Asylums Board have determined to build another Small-pox Hospital in the south-east district of London, Stockwell Hospital being at present the only establishment for the reception of cases of small-pox from Woolwich, Charlton, Blackheath, Plumstead, Greenwich, Deptford, New Cross, and all the other outlying south-districts.

The Water of Stafford.

SEVERAL samples of the water of this town having lately been submitted to Dr. Hill, of Birmingham, he has reported as follows:—

> "The samples taken from the town are very bad indeed, the majority of them being totally unfit, because dangerous, to use. A great many of them contain more nitrogen in the form of nitrates than is contained in average filtered London sewage. Such waters, if used, are calculated to disseminate zymotic diseases, and to impress upon all existing diseases a low type. They ought, therefore, to be abandoned at once."

This report has excited much attention, and some further enquiry seems to be demanded by a section of the inhabitants.

Icthyosis.

WE understand that there is at present in Dr. Mapother's wards in St. Vincent's Hospital, a very well marked case of icthyosis. The disease quickly developed when the woman was forty years old, and now affects nearly all the skin. In this point and in the want of hereditary character the case is peculiar.

International Medical Congress in Vienna.

THE third International Medical Congress will be held in Vienna during the week from September 24th to October 1st, under the patronage of the Archduke Rainer. The following are the subjects proposed by the Executive Committee for discussion:—1. Vaccination; 2. Quarantine in its Relation to Cholera; 3. Prostitution; 4. The Sanitation of Towns; 5. Proposals for an International Pharmacopœia; 6. Proposals for making Medical Education as uniform as possible in all countries, and for establishing reciprocal right of practice. The German language will be used in introducting the subjects; but the subsequent discussions may be in French, English, or Italian, as well as in German.

A Medical Black List.

AN enterprising publisher in Philadelphia has provided the Medical profession in that city with an *index expurgatorius*, the idea of which is very unique, and its object a very significant indication of the relations of the public and the Profession in that city and elsewhere. The publication, which is called the "Credit Guide," has just entered upon its second year of publication. It contains one hundred and forty-four pages, and its purpose is to publish semi-annually the names of persons who employ physicians without rendering them any remuneration for their services, though able (and in many instances abundantly so) to do so, and thus to furnish the physician with such information for the transaction of his business as is furnished by another firm to the merchants of the country.

Under no circumstances is it intended to publish the name of any person in indigent circumstances, and who is consequently unable to pay.

Without doubt such a list would be a voluminous one, and must contain many revelations of meanness and avarice, but its object is impossible of attainment. To make it perfect it might contain an appendix, in which would be found the names of the Medical men who are in the habit of attending any or every comer whether solvent or not, if only to keep them from consulting a rival practitioner. We are profoundly cognizant of the fact, that eighty per cent. of the recipients of so-called Medical charity are entirely undeserving of sympathy, and nearly as great a proportion of the money expended on them as charity, is misappropriated. But how can it be otherwise, when Medical men who will gladly work without remuneration in any or every case are legion?

The Brighton guardians have decided to exclude beer from the workhouse dietary.

Professor Owen has received from Her Majesty the Civil Companionship of the Bath.

An outbreak of cholera is reported at East Posen. The Government has established a Medical bureau near Thorn to arrest the introduction of cholera on the Vistula.

The Anniversary Festival and Dinner in aid of King's College Hospital will be held at Willis's Rooms, St. James's, on Thursday, June 19th.

Mr. John Marshall, F.R.S., has been elected Professor of Anatomy to the Royal Academy, in succession to the late Professor Partridge.

Dr. Klein, of the Brown Institute, will give fifteen lectures on General Histology at Sir Bartholomew's Hospital, commencing in October next.

One hundred and four candidates for the membership of the Royal College of Surgeons of England, out of 443, were rejected by the examiners during the last two months.

Dr. Corfield has reported to the vestry of St. George, Hanover Square, that out of fifteen samples of ground coffee which he had analysed only four were genuine, while of twenty samples of milk five only were pure.

The celebrated anatomist, Professor Hyrtl, exhibits a series of his preparations in the International Exhibition at Vienna. Of two series which he exhibited at the London Exhibition in 1862, and the Paris Exhibition in 1867, one was bought by an American university.

At a special meeting of the managers of the Royal Edinburgh Asylum for the Insane, Dr. Thomas S. Clouston, of the Cumberland and Westmoreland Asylum, was elected by eleven votes as successor to Dr. Skae. He was also selected to supply the place of Dr. Skae as Morisonian lecturer for the current year.

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Portable Ink.—At a recent meeting of the Frankfort Polytechnic Association, Professor Boettger exhibited a novel kind of ink, which is adapted to take on journeys and exploring expeditions. White blotting paper is saturated with aniline black, and several sheets are pasted to form a thin pad. When wanted for use a small piece is torn off and covered with a little water. The black ink which dissolves is a good writing ink. A square inch of paper will give enough ink to last for a considerable writing, and a few pads will be all that an exploring party need carry with them. As water is always available, the ink is readily made.—*Chem. and Drug. Advocate.*

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 13th, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

ON THE INFECTIVE PRODUCT OF INFLAMMATION.

By J. Burdon Sanderson, M.D., F.R.S.

The paper contains the results of researches made, for the most part during the early part of 1872, for the purpose of elucidating the pathology of secondary inflammations. It is divided into three parts.

In the first part the nature of the process of inflammation is treated of, with special reference to the question how a primary inflammation gives rise, on the one hand, to general constitutional disturbance, and, on the other, to the establishment of new foci of inflammation in parts remote from the original seat of irritation or injury. To distinguish those inflammations which exhibit the tendency to produce the effects in question the author uses the word "infective," understanding it to express two sets of characteristics—one relating to what occurs at the original seat of inflammation, the other to the induced effects which manifest themselves elsewhere. Of the two groups of phenomena, it is obvious that those which are remote from the seat of primary action claim most attention in relation to the present inquiry. They consist partly in the springing up of new foci of irritation or inflammation along the course of the infected channels, partly in the occurrence of changes in the blood itself (not yet investigated) of such a nature as to show that it is impregnated with an infective poison. In investigations made by the author in 1867-68, one branch of the question of phlegmonous infection was worked out with some completeness. It was then found that when, in the lower animals, particularly in guinea-pigs, local inflammations are produced either in the skin or the peritoneum by the introduction of irritant substances, two distinct sets of consequences manifest themselves—namely: on the one hand, the production of a chronic disease, affecting all the internal organs, having the characters of a chronic interstitial inflammation, (*i.e.*, irritative germination of the interstitial tissues of the lung, liver, spleen, &c.), resulting in slow caseous or fibrous degeneration, and destroying life by a gradual process of wasting; on the other, an acute process in which the same organs and tissues are affected much more rapidly, and in which we have to do with two additional elements—namely, fever, and the formation of abscesses in the irritated tissues. To both of these processes the author applies the word "infective," as in certain cases both appear to spring from an infection derived from the same source—*i.e.*, from the same primary inflammation,—and progress in the same animal at the same time.

The second and third parts of the paper are entirely occupied with a summary of the experimental results. After a short account of the work of previous years, the author proceeds to give a detailed description of the more recent experiments on which his conclusions, so far as relates to acute secondary inflammation, are founded. These are divided into two series. In those comprised in the first series, the liquids of acute inflammations of great intensity were used, and the induced disease exhibited those characters which are expressed by the word septicæmia. The results of these experiments, 27 in number (which were shown to the Society in a table), may be summed up as follows:—Of the 27 experiments, serous liquids were employed in 18; liquids of subcutaneous suppurations in 4; liquids from softened and infective nodules and lymphatic glands in 3; and in 2 others the contents of an inflamed uterus. The table also exhibited another experiment in which blood of an infected animal was used. All these liquids were employed immediately after their removal from the living body of the diseased animal, and contained at the time bacteria. The animals observed were guinea-pigs, dogs, or cats. In 4 cases the liquid was injected into the jugular vein; in the rest into the peritoneum. The quantities used varied from three minims to twenty-four minims. Although the liquids were similar, all being products of rapidly-progressing infective inflammation, the induced results were not all of equal intensity. In 20 out of the 27 experiments tabulated, death took place within twenty-four hours. Of these, all excepting 3 received the excitant in the peritoneum. Peritonitis existed in every case, and it was observed that it was no less intense in those cases in which the liquid was injected into the jugular vein than in the others. It was also observed that after injection into the peritoneum the pleura and pericardium were often found to be as intensely inflamed as the peritoneum itself. In all but very rapid cases the peritoneal exudation exhibited the same character. It was viscid and coagulated imperfectly. It contained pus corpuscles in small numbers and the liquor puris often exhibited, when subjected to examination with high powers, a tremulous movement of the liquid, which was found to be due to the presence of extremely minute rods. In almost all the experiments tabulated the blood exhibited microscopical appearances which were striking and unequivocal. The liquor sanguinis contained rod-like particles, and possessed in some instances a peculiar viscidity, the nature of which must form the subject of future investigation. In the larger animals, death is preceded by phenomena which resemble those of putrid infection. This is shown in the paper by a careful comparison of the symptoms with those described by Bergmann as resulting from the injection of putrid liquids into the veins. It is, however, to be observed that the quantity of a putrid liquid required for the production of the same effect is incomparably larger than that employed in the present experiments.

In the course of experiments of this series it was repeatedly observed that inflammations of a highly infective character, yielding exudation products rich in septic microzymes, may be induced by the introduction of chemical irritants either into the subcutaneous tissue or into one of the great serous cavities, even when liquids used are themselves destructive to the life of these minute organisms, or have been subjected to prolonged ebullition immediately before, and when all other precautions are adopted to guard against the possibility of septic contamination from without.

In the experiments of the second series, the infecting liquids used were not products of what might be called virulent inflammation, but of more slowly progressing inflammatory processes, chiefly characterised by softening or unhealthy suppuration, either of nodules or previously consolidated or infiltrated tissues. In the examples given, the material was derived in each instance from the diseased lungs of human beings or animals affected with chronic pulmonary tuberculosis in the stage of softening. The lesions were substantially the same in all: the serous cavities were inflamed, and contained variable quantities of exudation liquid charged with bacteria, and in most cases there were extensive adhesions and false membranes; and in all, the viscera contained "infection-nodules," which were hard and firm externally, with purulent centres.

In the concluding paragraphs of the paper the author cautiously expresses the inferences which he thinks are justified by the experimental results. He thinks that it has been shown that the condition which is expressed by the word septicæmia (including under the term, not only septic fever, but also the intense mucous and serous inflammations by which it is accompanied), may be produced independently of the entrance of septic matter from without by the introduction into the serous cavities or into the circulation of liquids derived directly from living tissues in certain stages of inflammation, and that the process by which infective abscesses are formed in various organs and tissues at a distance from some primary focus of inflammation of similar origin, both being due to the existence in the circulating blood of an infective agent which, although of purely intrinsic origin, yet possesses all the characters of a septic poison.

The question of the origin of the infective agent itself Dr. Sanderson regards as entirely distinct from that of the intrinsic or extrinsic origin of the minute organisms by which its presence is declared, for, to quote the concluding sentence of the paper, "it does not at all follow because these organisms come in from outside that they bring contagium along with them. It may be readily admitted that they may serve as carriers of infection from diseased to healthy parts, or from diseased to healthy individuals, and yet be utterly devoid of any power of themselves originating the contagium they convey.

MEDICAL SOCIETY OF LONDON.

April, 28th, 1873.

S. O. **Habershon**, M.D., F.R.C.P., President, in the Chair.

Mr. J. S. **Streeter** mentioned a case of

TWINS HAVING ONLY ONE CHORION, ONE BEING DOUBLE THE WEIGHT OF THE OTHER.

Both were alive when born. The smaller one drew in air and fully inflated the chest, but the larger and more powerful child did not breathe at all. He also showed drawings of still-born infants where the heads were enlarged, and the necks much elongated, and other pictures showing the umbilical cord twisted around the neck in various ways.

Mr. **Spencer Watson** showed a patient, æt. 50, in whose vitreous humour an ophthalmoscopic examination discovered a long dark filament of lymph floating freely about.

Dr. **Sansom** communicated the following case of

CONGENITAL HYDROCEPHALUS.

Kate T., æt. 11 weeks, came under his care as out-patient at the North Eastern Hospital for children, April 9th last. The father died of phthisis. The child was well developed but never took any notice, and the head was persistently retrojected. Fontanelles were distended and fluctuant, and progressively the parietal bones became separated. There was no vision, progressive languor occurred, and the child died on the 20th April. The *post-mortem* showed all the organs healthy except the encephalon. The brain was pale, and puncture at the base caused a gush of serous fluid with flocculi to the extent of half a pint. The cerebellum was distended with this fluid, as well as the lateral ventricles, the brain substances forming a thin investment of the fluid.

Dr. **Crombie** showed a heart the pericardial surface of which was covered with fibrinous flocculent deposits of lymph, much resembling granulations, apparently the result of repeated attacks of pericarditis. It was taken from a woman, æt. 45, who had never suffered from rheumatism and in whom pericardial friction sounds were not detected. The pericardial cavity was distended with fluid at the time of death.

Dr. **Wiltshire** suggested the use of the aspirator in cases like this for the removal of the fluid, the pericardium having been punctured several times with marked benefit.

Dr. **Sansom** said should he have occasion to tap a hydrocephalic head he should certainly employ this instrument, which Dr. Broadbent had employed on several occasions with benefit.

Mr. **John Hainworth** said that the idea of tapping the pericardium was not new, for as early as 1826 he knew a case in which this operation had been performed by an English surgeon.

Mr. **Spencer Watson** read a short paper on

SUBJECTIVE SYMPTOMS OF EYE DISEASE.

He showed how some forms of muscæ were merely physiological and seen only under certain peculiar circumstances, spectral images were sometimes caused by floating films on the vitreous, and when the patient so affected was fanciful or superstitious, definite forms were described as appearing before him, though as a rule, no uneasiness of this kind was occasioned beyond the anxiety incidental to the prospect of rapid failure of sight. Coloured spectra and double images were described, and various theories for their appearance given, and the formation of multiple images in a single eye wa demonstrated by means of lenses. Various instances of remarkable subjective symptoms of disease were related and a case of cataract in a myopic patient in whom the physical signs indicate a mature cataract, while the vision remained perfectly good for near objects, this was not unfrequent with myopia, and the author drew attention that the subjective symptoms in such cases were very important as a means of connecting the conclusion drawn from ophthalmoscopic investigations.

Dr. E. **Symes Thompson** then brought forward

TWO CASES OF PERITYPHLITIS IN WHICH RECOVERY TOOK PLACE.

The first was seen in consultation with Mr. H. Hemsted, of Whitechurch, who furnished the following notes:—T. H., æt. 20, farmer, had an attack of colic followed on the third day by severe pain and tenderness; gradually lessened under leeches, calomel and opium. At the end of a fortnight, pain in the back was complained of, and some fulness was detected in the right loin; the symptoms becoming urgent, pulse and temperature high with frequent vomiting, a grooved needle was introduced to the depth of two inches mid-way between the last rib and crest of the ilium, a dark fœtid matter escaped, a trocar and canula were then used, and half a pint of horridly offensive matter escaped, the wound was plugged with oiled lint twice a day, the lint was removed and for several weeks a pint and a half of matter was discharged daily. Several fragments of vegetable marrow and on two occasions stones were discharged (shown), showing that an undoubted communication existed with the bowels, no pus passed per anum. Eventually the discharge ceased and the wound healed after having been open for nine weeks.

CASE II.—Seen in consultation with Mr. Marshall, of Mitcham, who is also a Fellow of the Society. W. S., æt. 42, was attacked when in bed with violent griping pain in the abdomen with vomiting, tenderness increased on pressure especially in the right iliac fossa, where the percussion note was dull. The abdomen being elsewhere tympanitic, there was a decided fulness and hardness, giving the impression of an elongated tumour the size of a hen's egg. The patient had eaten nothing to account for the attack, but about a week before while eating a piece of bread, some sharp substance, which may have been a pin, scraped his pharynx leaving a sense of soreness for several days. Calomel and opium were prescribed and linseed poultices applied. The pain in the region of the cæcum continued very severe, opiates and leeches were employed, there was great prostration of strength with rapid pulse. At the end of a week the abdominal tenderness abated, and the patient gradually rallied, although for many weeks the lump in the iliac region threatened to suppurate, this eventually dispersed and the patient is now well, a perceptible hardness, however, remains in the region of the cæcum.

Dr. THOMPSON said that it was not easy to distinguish between colic, intussusception or other obstruction, peritonitis, inflammation in, or around, the cæcum, but the diagnosis must be made before commencing treatment, for unrelieved fæcal accumulation was a cause of inflammation and so was violent purgation. In Case I. the colic, impaction and inflammation, about the cæcum led to the escape of the contents of the bowel into the sub-peritoneal tissues with consequent formation of matter in the most dependent part. In Case II. it seemed impossible to decide whether the peritonitis, with sub-peritoneal thickening, threatening abscess, was due to the escape of any foreign body from the bowel. The history of the case favoured this view, but the subsidence of the swelling without discharge of matter appeared to negative it.

Drs. Habershon, Carr, Routh, and Mr. Victor de Méric spoke in the discussion which followed, and the meeting adjourned.

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Correspondence.

"PROPHYLAXIS OF SYPHILIS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last issue I perceive my review, headed "Prophylaxis of Syphilis," has called forth some remarks occupying a good deal of print, but it seems to me very little of argument based on absolute facts, or consonant with the experience of every day life, hard-hearted as it is. I did not say "that women were more *wicked* than men because they sold their persons, while men bought"; what I did convey, was, that if women become dealers they must be subjected to the laws which the state imposes on others. This should be specially enforced, where the consequence "of vending dangerous wares" is not only passingly, but more or less permanently, injurious to the individual and to his offspring, and others who may be perfectly innocent. The writer gravely asks, "Do I not clearly see that women would be only too glad to sell any other commodity than their persons, if only the iron necessities of industrial life would permit them." I don't see any thing of the kind. I am well aware that the great practical difficulty is to keep women from so doing, and from returning to such a life. Every means is used for the purpose of reformation, but few, indeed I doubt if any, genuine instances of true reformation occur. The great and practical difficulty is to prevent the deliberate and determined recurrence to such a life, although food, clothing, &c., are provided for them by asylums, and although fathers and mothers, friends and husbands, may be only too anxious to restrain them, and with the most tender assiduity strive to keep them at home. I am sure the writer must see, that the case of Tamar, recorded in Genesis, is typical of the principle of harlotry, that the trade was known at the time, is shown by the fact, that she adopted the conduct of one offering herself for hire, and that Judah "thought her to be a harlot;" yet, "the iron necessities of industrial life" can hardly have existed in a pastoral country, and where the wants of life were simple and few.

Surely, Rahab the harlot, could in no ways have suffered such a disappointment as the 1,989 telegraph candidates, whom one of the writers mentioned, but I should be sorry indeed to think, that the notion of prostitution ever entered into their minds *in consequence* of their disappointment, nor do I believe it for a moment, yet neither of the writers could undertake to demonstrate, that the "iron necessities of industrial life *compelled* Rahab to be a harlot," or that industry was unknown to her, as she had, at all events, enough of flax to conceal the spies on the roof of her house.

The "iron necessities of industrial life" in no ways pressed on Potiphar's wife it must be presumed, nor on the woman taken in adultery, nor on the woman of Samaria; why should the "iron necessities of industrial life" have pressed particularly on Mary Magdalene; it might else be said, that after she repented and "had much forgiven her," that she was still compelled, by "iron necessity," to continue her former life. I quote these cases as they are undoubtedly recorded. and extend over a considerable area of the world's history. It is, I conceive, quite idle to strain at any other conclusions, What says the Dean of Carlisle in a recent pamphlet! That 90 per cent. of once fallen married women returned to a life of prostitution, and that the result of the most ardent efforts of reformatarian enthusiasts, in the case of the unmarried, was even still more lamentably unsuccessful.

Surely, here is a sufficient answer to any statement as to over-competition, or to the assertion made by the first writer, that the vast majority of fallen women are driven on to the streets "by cruel, biting poverty, and absolute want of the necessaries of life." I deny it, there are the vicious, the weak, the lazy, and the untrained women, just as there are men who recruit our colonies of jail birds, many remaining unreformed and committed to prison over and over again, and just as with the latter, it is difficult ever to make them anything else, so with women adopting this life. It is sad and painful to find it so, but so it is, and so it has been, if we look at the question straightfacedly. It is more consonant with the gallantry and warm feelings which animate us in favour of, and in deep sympathy with, fallen women, but there is no use in indulging in a Utopian view wholly contrary to well-known and well-established facts. We may say anything, or start any proposition, but if it is subverted by proofs under our very eyes, it only speaks for the good intentions of the author. When we find a writer of such perfervid enthusiasm as to say, "that the buyer is as much a trader as the seller, but also as likely to spread disease," and when the same writer is reported at the late Commission as stating that "a life of prostitution is a very healthy one," without wishing to hurt his sensibilities in any way, and giving him every credit for good intentions, one might as well beat the air as enter into discussions with one who is so totally practically unacquainted with the question, or who argues from premises so wholly unsupported by experience.

I am, Sir,

YOUR REVIEWER.

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ANGINA PECTORIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—This case of angina pectoris, resulting in a very sudden death, may be worth notice. Private William Sims, No. 28, formerly a bugler, and latterly groom and officer's servant in the Inniskilling Dragoons, presented himself at the surgery, complaining of severe pain, shooting at times from the lower part of the sternum, upwards and outwards to the left clavicle, and down the entire of the left arm. He was of average height, well made, fair complexion, and though pale, did not look unhealthy. He stated that the pain from which he suffered prevented him from grooming his horse, and riding (trotting particularly) brought it on so badly that he was obliged to dismount after a short trot, and lean by the saddle until the paroxysm passed over. As is usual in those cases, I had no opportunity of seeing the patient when suffering from an attack, but the symptoms described left no doubt that the disease from which he suffered so acutely was angina pectoris. He also complained much of indigestion. Stethoscopy did not reveal anything abnormal, and the pulse was about 80. The patient did not think himself in danger, and considered that rest for a time would make him all right again.

Being a married man he asked to be allowed to remain at his quarters, and not to come into hospital. Accordingly I ordered him to be relieved from grooming and riding duty, and to attend hospital. I prescribed for him

℞ Infus cinchona, ℥viij.;
Potass bicarb., ʒiij.;
Spt. ether chlor., ʒiss.;
♏ Mist quarum cap.;
℥j. bis in die.

This occurred on the 5th May, 1873, and on the 8th, he was found in the barrack yard in a state of syncope, and brought in and put to bed.

I was at once informed, and was present in a very few minutes after he got into bed; he was then dead.

Autopsy, fifteen hours after death.—Rigor mortis strongly marked, a great deal of venous effusion or congestion, I should say over all the posterior surface of the body. He was a strong man, and muscular development was good. The brain, its vessels and membranes, were perfectly healthy. On cutting down on the sternum we found a much greater deposit of subcutaneous fat than we expected over the anterior surface generally, from the appearance of the patient. On opening the cavity of the chest there was but a little fluid in the pleural cavities and in the sac of the pericardium. The blood was fluid everywhere, no sign of an embolus in any artery. The heart was enlarged and flabby, right ventricle particularly so, and fatty atrophy generally developed throughout. On the edges of the mitral and tricuspid valves were observed small beady-looking deposits which felt and looked like fat. Liver was enlarged, all the rest of the viscera healthy. Death took place by syncope.

This was a well marked case of angina pectoris, and the state of the heart very much what is described as being found after death in these cases. I was assisted in the *post-mortem* by Dr. Scully, jun., Clonmel, and Mr. Pallan, Vet. Surgeon, R.A.

I am Sir, yours truly.
W. B. PHELAN,
Civil Practitioner in charge of Troops, late
Medical Officer Kilimoganny Dispensary.

Clonmel, June 10th, 1873.

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ANNUAL MEETING AT THE ROYAL COLLEGE OF SURGEONS, IRELAND.

THE Annual Meeting of the Royal College of Surgeons in Ireland for the purpose of receiving the Report and Statement of Account of the Council was held on last Monday, and was very numerously attended by the Metropolitan Fellows.

The Council report that, during the year 4 candidates were admitted to the Fellowship, and 125 gentlemen received Letters Testimonial; 20 Licentiates obtained the Diploma in Midwifery; 68 candidates for the Junior Class Examination for Letters Testimonial were rejected; and 15 candidates for the final examination were rejected. One hundred and eighty-eight candidates presented themselves for the Preliminary Examination; of these 13 received First-class Certificates; 43 received Second-class Certificates; 99 received Pass Certificates only; and 33 were rejected.

The entire number on the lists of the College amounts to 371 Fellows, and 2,424 Licentiates.

The greater part of the Report is composed of the periodical returns from the Curator and Assistant-Librarian, and of the correspondence referring to the Conjoint Scheme of Examination, with the gist of which our readers are already acquainted. The following case for opinion of Counsel, and his reply, will, however, be read with interest:—

At a Meeting held on December 17th, 1872, it was

RESOLVED—"That the opinion of the Attorney-General be taken as to whether, under the 13th Bye-law of the College, it is legal to award a sum of money to any Fellow of the College."

At a Meeting of Council, held on February 20th, 1873, read the following Case and Opinion with regard to the legality of awarding a sum of money to any Fellow of the College:—

CASE *on behalf of the Royal College of Surgeons.*

HEREWITH is sent to Counsel—

The Original and Supplemental Charter of the ROYAL COLLEGE OF SURGEONS IN IRELAND, and the Bye-Laws and Ordinances passed from time to time thereunder.

The Original Charter is dated 19th Sep., 1828.

The Supplemental Charter, 24th Jan., 1844.

Long prior to the date of the Supplemental Charter, the governing Body of the College under the old Charter granted, from time to time, sums of money for the purpose of making presentations to old and distinguished Members of the Council who had retired, or were about retiring, from professional duties. For instance, in the year 1836, the College presented the late Abraham Colles, M.D., with his portrait and £105 to purchase a piece of plate.

And since the passing of the Supplementary Charter other presentations have been made, the last being to Dr. Arthur Jacob, on his retirement from the Council of the College. The cost of these presentations were voted by the Council, and paid out of the funds of the College.

Drs. Hargrave and Benson being now about to retire, the Council of the College have resolved to make similar presentations to them, but at a meeting of the Council, held on the 22nd November last, a question was raised whether, having regard to the 14th Bye-Law (page 65 of printed book sent), the Council have power to vote sums out of the College funds for such purposes, and the following resolution was passed:—

RESOLVED—"That the opinion of the Attorney-General be taken as to whether, under the 14th Bye-Law of the College, it is legal to award a sum of money to any Fellow of the College."

Your opinion is therefore requested on this point.

At the examination of students by the Examiners appointed by the Council of the College, it has been the custom, for some time past, for one or two of the Members of the Council to attend at the Examination, and for which they are paid a fee of 5s. 3d. for each student examined, but a question, as to the legality of this practice, having been raised by some members of the Council,

The Council request you will consider the Charters, Bye-Laws, and Ordinances, and advise them whether they are at liberty to apply any part of the funds of the College in payment of such fees.

And you will also please advise whether they can legally pay any Fellow of the College or Member of the Council for discharging any duty connected with the affairs of the College—such, for instance, as attending in London on parliamentary or other business connected in the interest of the College.

Copy of the Opinion of FREDERICK W. WALSH, Esq., Q.C.

"In my opinion, the 14th Bye-Law is conclusive against the power of the Council to vote any sums for the purpose of presentation to any Fellow of the College. I am also of opinion that the Council could not, even if the Bye-Laws did not exist, make the proposed presentations to Drs. Benson and Hargrave; they are not authorised to do so by any of the provisions either in the Charter of 1828, or that of 1844.

"I am of opinion that the fee of 5s. 3d., paid to the Members of the Council for attending the Examinations of Students, is wholly unauthorised and illegal; provision for these examinations is made by the 19th section of the Charter, 1844, page 50; and the fees to be paid to the Examiners, and the duty of two Members of the Council, in rotation, to attend the Examinations, are provided for and declared by the Ordinances of Council, pp. 78 and 79. It is manifest that the attendance of the two Members of the Council, under the resolution of the 22nd of October, 1844 (see page 79), as well as the attendance directed in the 19th section upon the examination of candidates for Fellowships (see page 52), is part and parcel of the duty of the Members of the Council, as such, and for which they are not and cannot be entitled to any remuneration.

"The last question is one of some difficulty, particularly when stated in the general way it is. By the Charter of 1828, page 7, it is directed that the Corporation 'is empowered to create a fund sufficient for keeping the several buildings, &c., &c., as well as for discharging all salaries, and *defraying all other expenses which the said College may incur.*' Now, I can conceive a case in which the interests of the college are so much involved, that it would be quite proper, and the duty of the Council, to send one of their members to attend in London, to aid in resisting any attempt which might be made to prejudicially affect the College; but, in doing this, the Council should use great discretion, and satisfy itself, in the first instance, that such a course was necessary, and required to protect the College from a hostile movement—a movement actually in existence, not merely threatened. As to any expenses which might be incurred in upholding and maintaining the position of the College, I am inclined to think such would also come within the meaning of the words I have above referred to. The Council is, however, in my opinion, the best judge of these occasions, and should be guided very much by the unanimity of the Members when passing resolutions authorising the expenditure; and in cases where the Members of the Council are divided in opinion, I should advise the Council to abstain from incurring such expenses.

"F. W. WALSH,
"16 Merrion Square, East.

"*17th February*, 1873."

Payment of Councillors at Examinations.

At a meeting of Council, held on March 6th, 1873, it was

Resolved—"That any of the Ordinances, Bye-laws, or Resolutions of the Council which provide for the payment of the attendance of Councillors at any of the Examinations be rescinded, such payments having been declared illegal."

The report having been taken as read, Dr. White, of Meath Hospital, moved a resolution instructing the Secretary of the Council to place the names of candidates, whether outgoing councillors or new competitors, on the voting papers in the order of standing on the College books. After an animated debate, the College divided, and the resolution was carried, and referred to be carried into effect at the next election. A resolution was also carried declaring the method of election of the Council of the Surgical Society unsatisfactory, and stating that it should be by the votes of members. Since the last meeting no new candidate for the Council has presented himself. 8 Fellows offer themselves, in addition to the outgoing Councillors, Drs. Kirkpatrick, Mapother, Jacob, Golm, Hamilton, Croly, McClintock, Labatt, and Mason. It is considered probable that the coming election will involve a hot contest, and that a large number of country fellows will be present.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having passed the necessary examinations for the diploma, were admitted Members of the College during last week:—

Atthill, William E. B., Upper Gloster Place.
Baker, John H., Hockley.
Bedford, Robt., L.R.C.P. Lond., Pentonville Road.
Belvin, James W., M.D., New York.
Black, Robert F., Trinidad, West Indies.
Carter, Francis R., Leeds.
Charlesworth, Henry, L.S.A., Longnor, near Buxton.
Cookson, Hugh A., L.S.A., Stowmarket, Suffolk.
Crocker, Henry R., Brighton.
Delamotte, Peter W., L.S.A., Swanage, Dorset.
Dodson, Andrew, Sheinton.
Dyson, William, Sheffield.
East, George E., Hounslow, Middlesex.
Field, Ernest, Croydon, Surrey.
Flint, Edward, M.B. Edin., Canterbury.
Foster, Reginald H., L.S.A., Brighton.
Garrett, Charles F., Newport, Monmouthshire.
Garstang, Edward M., Bolton.
Gillitlie, Alfred A., L.R.C.P. Edin., Shrewsbury.
Gilmour, John H., L.S.A., Hurstbourne Tarrant.
Hamilton, Francis G., Clapton, Middlesex.
Heale, Alfred L., Luton, Bedfordshire.
Highton, Thomas, Leicester.
Hutchinson, Charles F., M.B. Edin., Duke Street.
Hynes, Alfred M., L.R.C.P. Edin., Manchester.
Jones, Percy O., Gloucester.
Kessen, Andrew E., L.S.A., Brixton, Surrey.
Lupton, Harry, Thame, Oxfordshire.
Maddison, William P., London.
Mainwaring, John G., Stratford-le-Bow.
Murphy, Robert W., L.R.C.P. Edin, Hobart Town.
Owen, William, Carnarvon.
Prothero, David G., L.S.A., Llandilo, South Wales.
Robinson, James, Egerton, near Bolton.
Smith, Frank J. S., L.S.A., Warwick Gardens.
Steavenson, William E., Addlestone, Surrey.
Stuart, John B., Wigan.
Tayler, Herbert P., L.S.A., Lewisham Road.
Todd, William H., L.R.C.P. Edin., Whitechapel.
Tomes, Arthur, Redditch, Worcestershire.
Waylen, George S. A., Devizes, Wilts.
Whitehead, George M., Preston, Lancashire.
Willcocks, Alexander J., East Farleigh, Kent.
Wilkins, Ernest W. S., Newport, Isle of Wight.
Williams, William A., Chester.

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NOTICES TO CORRESPONDENTS.

☞ **Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.**

"LINCOLN GENTLEMEN."

To the Editor of the Medical Press and Circular.

Sir,—In your last issue, in the Notices to Correspondents, I find that the "United Friendly Societies" of Lincoln have advertised for a Medical Officer, and that you are at a loss to know why no "Lincoln gentleman's" application will be entertained.

The Odd Fellows in Lincoln (Manchester Unity) advertised last year for a Medical Officer for their various lodges, whose members number about 1,250. They selected a Mr. Houseley, late of Mansfield, whose duties commenced in July, at a salary of £130, now increased to £150, exclusive of rent, taxes, gas, drugs, midwifery fees (10s. 6d.), &c. Mr. H., I understand, had his salary increased to £150 from the circumstance of his attending *in sickness* the wives and families of those members who choose to enter their names in the list.

The other societies, which embrace several different orders, under the title of "The United Friendly Societies," have advertised for a Medical Officer to a similar appointment, with this difference: the Odd Fellows form one body (Manchester Unity), the other accepts all those other orders which may choose to amalgamate, *e.g.*, *Foresters*, *Odd Fellows* (*Derby Midland Order*), *Odd Fellows* (*Nottingham Order*), *Odd Fellows* (*Leeds Order*), *Shepherds*, *Gardeners*, *Wesleyans*, *&c.*, numbering in their favour at the present time about 1,200 members.

It would appear that most, if not all, of these orders have sent deputations to the preliminary meetings, and the object, so far, seems to have been attained.

Now the question arises—How is it that no "Lincoln gentleman's" application will be entertained? The present body of practitioners would undoubtedly refuse to throw up private practice for £150 per annum. Perhaps the few members who originated this new system may think that by appointing a Medical Officer of their own they will feel no obligation to any private practitioner, and that such appointed officer will be at their service when required.

All the various orders (other than the Manchester Unity) have not fallen in with the plan, as I know a "Lincoln gentleman" (Mr. Redman) who retains the whole of his lodges, and which have decided by the unanimous votes of the members at summoned meetings, not to make any change. Another "Lincoln gentleman" (Mr. S. Lowe) retains his Court of Foresters, and Mr. Charles Brooks, another "Lincoln gentleman," his lodge, the "*Lindum*" Nottingham Unity. These three "Lincoln gentlemen" retain upwards of 600 members, so that only two-thirds from all other sources are likely to amalgamate as one body.

I am disposed to think that this new society will not work so amicably as the Lincoln "Odd Fellows' Medical Institute" (Manchester Unity), whose laws and regulations apply to them alone; whereas, the other (diverse) orders are guided by their own laws, and if we have not among us too many whose dignified organs are *above par* in each order, unity may prevail, but—*satis*.

I remain, Sir, yours faithfully,

"ONE WHO KNOWS."

Lincoln, May 22nd, 1873.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—A Penny-a-liner, who writes for the *Somerset Gazette*, under the signature "Probe," concludes his quasi-professional letter in the last number of that paper with this elegancy—"*You cannot throw a stone without hitting a hungry doctor.*" Now, there are more clergymen in Taunton than Medical men, and I believe the incomes of these latter exceed those of the former. If, as a clergyman, I should say "You cannot throw a stone without hitting a hungry parson," one would naturally infer I was not a clergyman, or that it was a dirty bird caw cawing in the steeple.

I have the honour to be,

Yours obediently,

ALGIERS.

A VOLUNTEER SURGEON does not give his name.

A CORRESPONDENT is thanked for his complimentary letter, in which he expresses his admiration of "the outspokenness which characterises your journal, and the fearless defiance of those who would intimidate you into silence."

STUDENT.—The course of lectures at the Royal College of Surgeons of England will be resumed on Monday, the 2nd of June next, by Dr. Humphrey, F.R.S., Professor of Anatomy in the University of Cambridge, who will deliver three lectures "On the Varieties in the Muscles of Man," and the entire course for the present year will be completed by Professor Holmes, F.R.C.S., who will give six lectures on "The Surgical Treatment of Aneurism in its various forms." The lectures will be delivered on each Monday, Wednesday, and Friday, at four o'clock p.m.

F.R.C.S.—Write to the publishers.

Dr C. S.—Nothing further has been heard, we therefore presume the parties deem it prudent to withdraw.

DR. GREENE.—The publication of your letter would not sufficiently explain the nature of improvements claimed without the aid of a diagram, which will, we anticipate, be ready for our next.

COMMUNICATIONS, with Enclosures, &c., have been received from—Sir Henry Thompson. Sir Ronald Martin. Dr. Lionel Beale, F.R.S. Dr. Morell Mackenzie. Dr. Johnson. Dr. Handsel Griffiths, Dublin. Dr. Carey, Taunton. Dr. Beverley Robinson, New York. Dr. Waring Curran, Mansfield. Mr. Tichborne, F.C.S., Dublin. Mr. Clark, Wolverhampton. Dr. Bathurst Woodman, London. Dr. Pearse, Plymouth. Dr. Calvert, Manchester. Dr. Hunter, New York. Dr. Britton, Driffield. Mr. Joy, Northwold. Dr. Smith, London. Mr. Fox, Manchester. Dr. Booth, Chesterfield. The Secretary of the Royal Institution. The Secretary of the Medical Society of London. The Registrar of the Royal College of Physicians of London. The Council of the Royal College of Surgeons of Edinburgh. Dr. Dale, Plymouth. Mr. Hoare. Dr. Johnson. Dr. Isaac Ashe, Letterkenny. Mr. Meadowcroft, Great Bentley. Mr. H. A. Reeves, London. Mr. George Gaskoin, London. Dr. Morgan, Dublin. Dr. Routh, London. Mr. Goodhall, Leeds. Dr. Blackley, Liverpool. Dr. Webb, Dundrum, Cashel. Dr. Heily, Roscommon. Mr. Cockcroft, Hurworth. Dr. Stoker, Dublin. Mr. Jabez Hogg, London. Dr. Smith, Wicklow. Mr. Smith, Scarborough. Dr. McDonnell, Dublin. Mr. Masters, London. Dr. Fitzmaurice, Ballylongford. Dr. Peyton, Roscommon. Dr. Fieber, Vienna. Dr. Fitzpatrick, Maryborough. Mr. Feltoe, London. Dr. Thomson, Hillsborough. Dr. McClintock, Dublin. Dr. Moore, Dublin. Dr. W. T. Greene, London. Dr. Leonard, Dublin. Dr. Langley, London. Dr. Hooppell. Dr. Bell Taylor. Dr. Hooper, Cheltenham. One Who Knows, Lincoln. Mr. Evershed, Brighton. Dr. Thorogood, London. Dr. Fisher, Devonport. Dr. Blake, Taunton. Surgeon-Major Frazer, Aldershot. The Chairman of the Board of Governors, Limerick County Lunatic Asylum, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Experimental Researches on Hay Fever; Its Causes, Nature, and Treatment. By C. H. Blackley, M.R.C.S. London: Baillière, Tindall, and Cox.

Gastro-Intestinal Ulceration. By James Finlayson, M.D.

An Introduction to the Study of Clinical Medicine. By Octavius Sturges, M.D. London: Smith, Elder, and Co.

The Diagnostics of Aural Disease. By S. E. Smith, M.R.C.S. London: Baillière, Tindall, and Cox.

The Philosophy of Evolution. By B. T. Lowne, M.R.C.S. London: Van Voorst.

Archives of Ophthalmology and Otology. Journal of Dental Science. Boston Surgical Reporter. The Sanitarian. The New York Medical Record. St. Louis Medical Journal. La Presse Médicale Belge. La France Médicale. Gazette de Joulin. New York Medical Journal. L'Union Médicale du Canada. Canada Medical Journal. La Presse Médicale.

VACANCIES.

London Temperance Hospital. Two Visiting Physicians and one Visiting Surgeon. Must be total abstainers. Address, The Chairman, at the Hospital (see advertisement).

Fylde Union Blackpool. Medical Officer of Health for combined district. Salary £500 per annum. Applicants must address the Clerk of the Union, Kirkham.

County of Leicester. Medical Officer of Health, under the New Act, at a minimum salary of £450. Applications to be addressed to T. Sheppard, Esq.

King's College, London. Chair of Anatomy. Applications to be addressed to J. W. Cunningham, Esq.

North London Consumption Hospital. Physician. Honorary. (See advt.)

Huddersfield Infirmary. House-Surgeon. Salary £100, with board and residence. Also an Assistant House-Surgeon. Salary £40, with board. Address Mr. W. R. Smith.

Worcester Dispensary. Resident Surgeon and Secretary. Salary £150 per annum. Application before the 7th prox.

Kingston-on-Thames. Medical Officer of Health. Salary £150 per annum. Applicants must address Mr. R. F. Barthrop.

Sligo Union. Medical Officer, at a salary of £100 per annum. (See advt.)

Sheffield Public Hospital. Physician. Honorary.

Sheffield General Infirmary. House Surgeon. Increasing salary £140 per annum, with board and residence. Address, The Medical Staff, care of the Secretary.

Carmarthen Infirmary. House-Surgeon. Salary £100 per annum. Applications to be addressed to the Secretary.

Grantham Sanitary District. Medical Officer of Health, at a salary of £650 per annum. Applications to be forwarded to the Clerk, Grantham Union, Lincolnshire.

Chelmsford Rural Sanitary District. Medical Officer of Health, at a salary of £800 per annum. Applicants must address the Clerk of the Union, Chelmsford.

Stockton Union. Medical Officer. Salary £50, with fees extra. Address, The Clerk, Corporation Hall, Stockton.

APPOINTMENTS.

BARRY, J. W., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District of Ramsgate.

BLACK, J. G., M.D., M.B., M.R.C.S., Physician to the Newcastle-on-Tyne Dispensary.

BRERETON, W. W., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Oughterard Dispensary District of the Oughterard Union, co. Galway.

CARMICHAEL, J., M.D., Medical Officer and Public Vaccinator for Burntisland, Fifeshire.

CARR, Dr. W., Resident Medical Assistant to the Royal Infirmary, Dundee.

DEVANY, P. C., L.R.C.P.Ed., L.R.C.S.I., L.A.H.Dub., Apothecary to the Sligo Dispensary, Sligo Union.

FAIRBANK, Mr. F. C., Medical Officer of Health for Doncaster.

GAMGEE, A., M.D., M.R.C.P.Ed., F.R.S.Ed., Brackenbury Professor of Practical Physiology and Histology in Owens Coll., Manchester.

HEALY, J., L.R.C.P.Ed., Medical Officer, &c., for the Emlagh Dispensary District of the Caherciveen Union.

HIGGINS, C., F.R.C.S., Assistant Ophthalmic Surgeon to Guy's Hospital.

HOUSTON, J. K., M.D., Medical Officer, &c., for the Ahoghill Dispensary District of the Ballymena Union.

LEE, R. J., M.D., Assistant Obstetric Physician and Lecturer on Midwifery and the Diseases of Women at St. George's Hospital.

LEWIS, W., M.B., C.M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Parochial Board of Erskine, Renfrewshire, and Medical Officer of Health for the District.

LYLE, R., M.D., Physician to the Newcastle-on-Tyne Dispensary.

SCOTLAND, Dr., Physician to the Newcastle-on-Tyne Dispensary.

SCRAGGS, M. R., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer to the Union Workhouse, Clogher, co. Tyrone.

STAUNTON, E. P., L.A.H.Dub., Apothecary to the Galway Dispensary and the Workhouse of the Galway Union.

Marriages.

COALBANK—VINCENT.—On the 19th of May, at Wasdale, parish of Rathfarnham, I. Coalbank, Esq., M.D., M.R.C.S., of Somerset House, Teddington, Middlesex, to Sarah, daughter of the late W. Vincent, Esq., of Wasdale, co. Dublin.

WOOD—PICKSLAY.—On the 22nd of May, at Christ Church, Harrogate, William Wood, M.D., of Wakefield, to Hannah, widow of E. J. Pickslay, Esq.

Deaths.

Campbell.—On the 14th of May, J. Campbell, M.D., of Largs, aged 81.

Davies.—On the 10th of May, R. Davies, Surgeon, of Llanfyllin, aged 72.

Empson.—On the 19th of May, E. Empson, M.R.C.S.E., of Crediton, aged 78.

Knight.—On the 11th of May, G. I. Knight, M.R.C.S.E., of Dorking.

Macpherson.—On the 12th of May, at Fort Grange, Gosport, D. Macpherson, M.R.C.S.E., Surgeon-Major, late 19th Regiment.

Moore.—On the 6th of May, E. Moore, F.R.C.S.E., of Hales-Owen, aged 70.

Vise.—On the 17th of May, E. B. Vise, Surgeon, of Holbeach, aged 84.

LONDON TEMPERANCE HOSPITAL VISITING MEDICAL OFFICERS. Two Physicians and one Surgeon are required. Candidates are requested to state age, and nature and dates of Medical qualifications, previous experience and Medical appointments, and whether practising pharmacy or not. Must be total abstainers. Address, Chairman of Managers, London Temperance Hospital, 112 Gower Street, W.C.

A VACANCY has occurred in the office of PHYSICIAN to the NORTH LONDON CONSUMPTION HOSPITAL, London and Hampstead, by the resignation of Dr. Prosser James.

Candidates (who must be Members or Fellows of the College of Physicians and Graduates of a University), are requested to send their Testimonials to the Secretary, on or before June 5th, 1873.

Offices: 216 Tottenham Court Road, W.

TO BE LET, an OPEN SURGERY (well fitted), with Dwelling, situate in Pentonville.—Particulars of R. Smith, 30 Lloyd Square, W.C.

A FIRST-CLASS PRACTICE FOR SALE, in a pleasant and flourishing MARKET TOWN in the EAST RIDING of YORKSHIRE. Good introduction. Easy terms of purchase, as Vendor has got a public appointment. Address, ESCULAPIUS, Post Office, Chesterfield.

FOR SALE.—A SPINAL PERAMBULATOR.—The above is London built, almost new, and is provided with a movable hood. The length is four feet, and it is light enough for a child to push. Can be seen at Kllinger and Parr's, Coach Factory, Westland Row, Dublin.

SLIGO UNION—SLIGO DISPENSARY.

THE DISPENSARY COMMITTEE will proceed to Elect a qualified MEDICAL MAN to fill the office of MEDICAL OFFICER to this Dispensary, rendered vacant by the death of Dr. Lynn, on FRIDAY, the 30th inst., at Twelve o'clock, at a Salary of £100 per annum.

Candidates are required to lodge their Testimonials with the Secretary on the day of Election.

By Order,
DANIEL MacGILL, Hon. Sec.

14th May, 1873.

THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND will hold their THIRTY-FIRST ANNUAL MEETING, on MONDAY, the 2nd JUNE next, at the Royal College of Surgeons in Ireland, St. Stephen's Green. The Chair will be taken at 4 o'clock by Dr. KIRKPATRICK, President of the College.

J. H. WHARTON, M.D., } *Hon.*
A. H. M'CLINTOCK, M.D., } *Secs.*
A. H. MARKS, M.D., *Acting Sec.*

*** The Committee hope it may be your convenience to attend this Meeting.

THE STEWART INSTITUTION FOR IMBECILES, AND LUNATIC ASYLUM, LUCAN.

Patron:—H.R.H THE PRINCE OF WALES.

This Institution was founded in 1869, and has already attained a large measure of success. It is situated in a healthy locality, and is under the superintendence of a Resident Physician, with trained teachers, who endeavour by the most improved methods to develope the powers, mental and physical, of Imbeciles.

To the pupils who can receive such instruction useful trades are taught. In that of mat making, particularly, excellent progres has been made, and an inspection of the work is invited either at the Institution or at the office.

The Institution is the only one of its kind in Ireland, and is mainly supported by voluntary contributions.

Pupils are admitted free by election, or by payment of £35 per annum. A higher rate is payable for separate accommodation.

Contributions to the fund for the erection of the proposed extensive buildings at Palmerston are earnestly solicited.

Each donation of Five Guineas gives the donor a life-vote.

Annual Subscribers are entitled to one vote for each half guinea paid.

An Asylum for Lunatic Patients of the middle classes, under a well-organised administration, also forms part of the establishment.

Full particulars as to the working of both Institutions, terms, &c., can be had at the office,

40 MOLESWORTH STREET, DUBLIN,
W. O'NEILL, Secretary.

KINAHAN'S LL WHISKY.

THIS celebrated and most delicious old mellow spirit is the very CREAM OF IRISH WHISKIES, in quality unrivalled, perfectly pure, and more wholesome than the finest Cognac Brandy. Note the Red Seal, Pink Label, and Cork, branded "KINAHAN'S LL WHISKY."

Wholesale Depôt: 20 Great Titchfield st., Oxford st., W

QUININE WINE,

AS SUPPLIED TO THE SICK AND WOUNDED DURING THE LATE WAR.

THE many and expensive forms in which this well known medicine is administered too often preclude its adoption as a general tonic. The success which has attended WATERS'S QUININE WINE arises from its careful preparation by the manufacturer. Each wine-glassful contains sufficient Quinine to make it an excellent restorative to the weak. It behoves the public to see that they have Waters's Quinine Wine, for the result of Chancery proceedings, a short time since, elicited the fact that at least one unprincipled imitator did not use Quinine in the manufacture of his wine. All grocers sell Waters's Quinine Wine at 30s. per dozen.

WATERS & WILLIAMS, Original Makers, Worcester House, 3 Eastcheap, London. Agents—Lewis & Co., Worcester.

AERATED LITHIA WATER.—Messrs. BLAKE SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. Garrod's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA. Also, POTASH, CITRATE of POTASH, SODA, SELTZER, VICHY, and MINERAL-ACID WATERS, as usual.—BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists, 47 PICCADILLY

NATURAL MINERAL WATERS.

Having been frequently applied to for the above, I have imported the undermentioned description, which I can guarantee as genuine although quoted much under the prices hitherto charged here.

Prices per Dozen Quarts:—

From Germany—Seltzer,	10s. 6d.	Friederichshall,	21s. 0d.
„ Bohemia—Carlsbad,	15s. 0d.	Pulna,	21s. 0d.
„ France—Vichy,	14s. 0d.		
„ England—Harrogate,	10s. 6d.		

LEWIS HEINEKEY, Wine Merchant,
62 Upper Sackville Street, Dublin.

SALINE Davies's SALINE Effervescing SALINE
ALKALINE SULPHUROUS CHALYBEATE
Portable Substitutes

For the Alkaline, Sulphurous, and Chalybeate Saline Spas.

See *The Lancet*, Feb. 15th, 1873; *British Medical Journal*, Nov. 23rd 1872.

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Order of Chemists.
Prepared only by M. P. DAVIES, Pharmaceutist, Tenby.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

NEW READING CASE.

THIS CASE, which will hold a Complete Volume of the Medical Press and Circular, will be found to obviate the difficulty occasioned by the Postal prohibition as to stitching—as each weekly number is received, it has simply to be slipped into the case, and the leaves are effectually secured. It is not dated, and will last for successive volumes. Price 2s. 6d.

To be had of any Bookseller, or at the Offices of this paper—London: 20 King William street, Strand; and 23 Ely place, Dublin.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

ENNISKILLEN UNION.

TRANSMISSION OF LUNATICS.

In reference to the transmission of a lunatic named Mary Smyth to the Omagh Lunatic Asylum the Chairman asked Mr. Smyth who pays the expenses attending such transmissions.

Mr. Smyth—From the workhouse do you mean?

Chairman—I don't mean that—from the gaol suppose?

Mr. Smyth—That's paid by the Grand Jury out of the county cess. It is first advanced by the constabulary and then paid by the Treasurer.

With regard to transmitting lunatics from workhouses the Chairman thought the existing aarrangement very wrong, because it throws a great deal of expense on electoral divisions, which they have no right to pay.

Mr. Smyth—That would be a very fair thing to represent to the Grand Jury.

Chairman—We will just have to watch and be a little more cautious in admitting lunatics here, because of the additional expenses.

The Master explained how tedious it was to obtain admission for lunatic paupers into the Omagh Asylum, Dr. West having to lay every application before the board of that institution.

Mr. Smyth—Dr. West has the power of admitting a patient provisionally.

The Master instanced the trouble Dr. West experienced on the admission of the last patient from this Workhouse, a man from Cavan.

Mr. Smyth and others maintained that that man should not have been sent to Omagh at all but to the asylum situated in the district to which he belonged.

The Master replied that it was by the Board's directions he had sent him down to Omagh.

Chairman—If I am allowed I will enter on the books here that any lunatics from any county, except Fermanagh, will be sent to their proper district lunatic asylums.

The entry was accordingly made.

Dr. Bagot remarked that there was another lunatic in the house, a man named Thompson, from Florencourt, a powerfully strong man, who should be removed at once as there was nobody in the place fit to control him.

The Master said they could not be stopped from coming in.

Dr. Bagot—There are what they call idiots cells here, but this man could not be put in there, because it would require a man to stand continually at his bed.

Chairman—We haven't a staff here to mind lunatics at all.

Clerk—An Act of Parliament was passed to prevent them from going to gaol, and now they are making the workhouses do the work of the gaols.

Chairman—They say that the police have to advance the money themselves, and then wait to get paid by the County Treasurer. That's the reason of the police bringing them here.

Mr. Archdale—Have we any power to refuse them?

Chairman—Not when the police bring them, but the police have no right to bring them here at all.

Mr. Betty—What are they to do with them?

Chairman—Get an order from a magistrate and have them sent away to the asylum at once.

Mr. Archdale—Another thing they must be destitute lunatics.

Chairman—Certainly, we don't receive any except destitute lunatics.

A policeman entered the board room soon after to obtain a magistrate's order for the conveyance of the lunatic Mary Smith to Omagh asylum, saying that the point had been submitted to the law adviser, and he held that such an order was necessary.

Mr. Smyth then gave the order, and the patient was sent off in the ambulance, accompanied by the porter and two policemen.

CASTLEBAR UNION.

The following letter was read from Dr. Kisby:—

Laherdane, May 2nd, 1873.

Gentlemen,—I beg leave to state, as I was returning on Wednesday last from the Burreen Dispensary, as I had occasion to visit the Lavally Dispensary, to leave the Register books at same, and on entering found the different medicines out of their usual places, and the covers off some; the notice paper of the Registrar-General regarding Births, Deaths, and Marriages, torn off the door leading into the Dispensary; and as I cannot know who may get into the Dispensary in my absence, have to request that the Guardians may be good enough to have the key of said dispensary placed for the future in the hands of the Medical Officers, as otherwise I cannot be held accountable for any articles contained therein. The lock and key at present in use is of the most common kind, and I would suggest one of better description to be procured. Mr. Hughes refused on two occasions to give up the key till ordered by the Guardians.—I am, Gentlemen, your obedient servant,

W. J. Kisby.

Mr. Larminie—Is the dispensary attached to Hughes' house?

Dr. Kisby—When you enter you go through the barn to get to the dispensary. It is necessary that there should be a good door, and that the doctor should have the key of it.

Chairman—I beg leave to move that a good lock and key be provided for the dispensary, and that the doctor takes charge of the key.

DEATH OF ROBERT K. LYNN, ESQ., M.D., OF SLIGO.

The death of this highly esteemed gentleman and distinguished physician is lamented by all classes in the town and county of Sligo, where he was engaged in extensive practice for the last forty years. Dr. Lynn commenced his professional career in Sligo, his native town, and his attainments, skill, kindness of heart and manner, soon received public appreciation, having been physician to the County Town Hospital, County Jail, and one of the Medical officers of the Sligo Dispensary District. His death took place on Tuesday last, and was occasioned by an attack of bronchitis of only a few days' duration. The large assembly who followed his remains to their last resting-place in the New Cemetery, on Friday morning, is a proof of how generally his townsmen regret their loss.—*Sligo Chronicle.*

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, 17th May,* 1873 ; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES ; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 17TH MAY, 1873.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . . .	10,050	314,666	22	182	132	18	38	...	1	1	...	5	7	1	5	2	38
BELFAST . . .	20,687	182,214	24	146	84	12	10	..	7	...	...	1	3	...	...	...	21
CORK	13,816	90,851	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK . . .	8,509	44,547	23	30	20	...	12	...	...	...	...	1	...	2	...	...	7
LONDONDERRY . .	21,865	30,893	29	9	17	2	5	...	...	1	...	...	...	1	1	2	5
WATERFORD . .	17,209	30,838	52	27	31	...	8	...	1	5	...	...	5	...	3	...	11
GALWAY . . .	21,358	19,713	32	10	12	3	2	...	...	...	...	...	1	...	...	...	5
SLIGO . . .	30,835	17,175	15	8	5	...	4	...	...	...	...	...	...	...	...	...	1

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Sligo	Riverstown ..	£100	£7 16 0	395	159	28,551	6,130	June 18	Mid. Rail.
Kells	Moynalty ..	£120	£4 15 0	482	209	26,180	6,665	„ 5	D. and D. Rail.
Magherafelt ..	Bellaghy ..	£100	£9 5 0	448	280	26,853	1,590	„ 8	Nth. Coun. Rail

THE INSPECTION OF LUNATIC ASYLUMS.

WE referred at length last week to the attempt of Dr. Nugent, the Inspector, writing under the name of the Lord-Lieutenant, to throw upon the Board of Governors all the responsibility for having failed to remedy the scandalous condition of the Limerick Asylum, which he had himself failed to detect or report upon during his many years of official inspection. The Governors have adopted a lengthened reply to these accusations, from which we give as copious extracts as our space allows us to lay before our readers.

The Governors have given careful attention to the letter addressed to them by his Excellency the Lord Lieutenant.

The Governors regret that his Excellency has not thought fit to concede their application for a full, searching, and impartial inquiry into all matters of complaint, and the general management of the Institution, conducted by an authority equally independent of the Local Board, and of the Inspectors of Lunatic Asylums.

The Governors suggested that the inquiry should specially embrace the circumstances which led to the unfortunate death of James Danford; the erasure by the Resident Superintendent of the original entry respecting Danford's death; the burial of the body without inquest, without religious rites, and without report to the Chaplain; certain irregularities alleged to exist in the establishment; the report made by the visiting physician to the registrar as to the cause of Danford's death; the condition of the separate cells for refractory female lunatics; the conduct of the Inspectors with respect to those cells; the conduct of the Inspectors in not bringing before the Board the circumstances attending Danford's death, the erasure of the official entry, and the manner in which his interment took place.

The course taken by his Excellency, in subjecting to a public trial for manslaughter the keeper who administered the bath, and in requiring the retirement of the Resident Superintendent, may have rendered it unnecessary to investigate any further the causes which led to the patient's death, except for the purpose of ascertaining whether amongst those causes there may not have been malpractices of discipline, and even infractions of law, habitually recurring in the establishment, and not rebuked or reported by the Inspectors. The Governors are informed that the learned Judge who presided at the trial of the warder, when told that the use of the plunge bath as a *punishment* was part of the discipline of the establishment, declared such a practice to be illegal.

The Governors concur in his lordship's view, and further add that in their opinion, this punishment, carried out in the mode described by the officers examined on the trial, by the repeated immersion of the head of the victim, is not only illegal, but inhuman, and ought not to have been allowed to exist in the institution, in which, according to the evidence of the officers, it appears to have been the normal practice.

As to the second point, the Governors admit that the retirement of the Resident Superintendent renders it unnecessary to inquire further into the erasure of the entry regarding the death of James Danford, except so far as respects participation in that act by any other officer.

As to the fourth point, the existence of certain irregularities of discipline in the institution, the Governors remark that the partial inquiry into this subject before Dr. Nugent in October last, was not efficient, complete, or satisfactory. It was held by an officer whose own conduct as Inspector might have been justly impugned if such abuses should be proved to have prevailed. So far as these allegations constituted charges against Dr. Fitzgerald, his retirement renders it unnecessary that the inquiry should be renewed ; but the question still remains whether these abuses, if proved to exist, remained undetected, or, if detected, unreproved by the Inspectors.

His Excellency has been pleased to refer to the Board the consideration of the fifth point, the Report made to the Registrar of deaths. The Governors recognize, in his Excellency's decision, an important advance towards the independence of the Board. The Governors will not shrink from the performance of the duty imposed upon them by the law, and by his Excellency's decision, however painful it may be to them personally.

As to the eighth point, the Governors feel bound to remark, that his Excellency's letter makes no specific allusion to the desire of the Board that a full investigation should be made into the conduct of the Inspectors themselves, in not bringing before the Board the circumstances attending Danford's death, in not noticing and reporting the erasure of the official report, and in not having reported to the Board the very improper mode in which interments seem to have been conducted. The Governors think it possible that his Excellency, if on those points he concurred with them, might yet have thought it more for the public interest that this opinion should be conveyed to the Inspectors without the formality of a public inquiry. If such had been his Excellency's conclusion, and if it had been notified to the Governors, they would have been willing to trust the matter to his Excellency's wisdom and discretion.

His Excellency's letter goes with much detail into the question of the refractory cells, and attempts to shift the responsibility for their bad condition from the Inspectors and officers to the Board of Governors, and then concludes with these words :—" His Excellency, on a careful review of all the circumstances of the case, sees no grounds for directing any inquiry into the manner in which the Inspectors have performed their duties in reference to the Limerick Asylum."

If his Excellency intends to convey, by the general wording of the passage just quoted, that after careful consideration he sees nothing in the whole conduct of the Inspectors deserving inquiry, whether with reference to the cells or to other matters suggested by the Governors as deserving of inquiry, the Governors have only to express their sincere regret that his Excellency should have arrived at a conclusion widely differing from their own.

The Governors, in referring to the points of the inquiry relating to the condition of the cells for refractory female lunatics, and to the conduct of the Inspectors with respect to them, protest that they have no confidence whatever in the opinion expressed by Mr. Williams, the architect who examined them. They say that to send the architect of the Inspectors to report as to the state of cells on which the Inspectors had already formed an opinion is farcical, and that his report is not of the least value or entitled to any reliance.

The Governors feel themselves bound to reiterate their former statement that these cells as they found them last winter, were unfit for human habitation ; that they were cold, dripping with wet, some unprovided with bedsteads ; that the patients lay on bed-ticks filled with straw, resting on loose straw, in immediate contact with a wet floor, and imbibing moisture, so as to become dangerously damp. The Governors speak from their own personal observation.

Upon one occasion the Board adjourned for the purpose of inspecting the cells, and their chairman, the Right Hon. William Monsell, was accompanied by several members of the Board, and by the consulting physician. The conclusion they arrived at is clearly shown by the course immediately taken by the Governors. On their return a resolution was immediately and unanimously passed by the Board prohibiting the use of the cells for a single night, and urging the instant execution of alterations ordered by the Board long before, but not carried out by the authorities. Frequent reports exhibiting the disgraceful state of the cells had been made to the Board during the winter by individual Governors, after personal inspection. Their reports were investigated, and confirmed by the evidence of officers and warders, and the Board uniformly took energetic measures for the correction of the evil. It was not their fault that their orders were frequently not obeyed.

The Inspectors, in reply to the Board, defended the flagged floors, and the deprivation of bedsteads, and made no allusion to any deficiency of bedding or straw.

The Governors have now taken action on their own responsibility, and in opposition to the opinion of the Inspectors. They have put up stoves. They have insisted on the use of bedsteads. They have torn up the dripping flags called "warm oolitic Portland," and laid down boarded floors, admitting of sub-ventilation.

The Governors then enter on a seriatim review of the Inspectors' Reports on the condition of the Asylum for the last fifteen years, and show conclusively that they are not chargeable with having omitted to carry out any suggestion for the improvement of the cells, but, on the contrary, have of themselves carried out many improvements under every discouragement from the Inspectors.

The Governors assert that if abuses remained undetected, the fault lay with the Inspectors.

They appeal to the whole series of reports, and to their own minutes, to prove that if they have in any case been misled, they have been misled by the reports of the Inspectors.

The Governors now proceed to reply to the second charge brought against them by His Excellency the Lord Lieutenant —viz. : that they were themselves the cause of many of the difficulties which have occurred, inasmuch as they habitually " *disobeyed* the rule of the Privy Council which *directs* the inspection of the Asylum by two or more Governors at each meeting of the Board."

Even were this periodical inspection possible, it would be futile and illusory. The Governors would see nothing from which they could form a judgment of the normal condition of the Institution.

It is as false in principle as it is impolitic to attempt to impose upon such a Board as that of the Lunatic Asylum the imperative obligation of making a fixed personal inspection.

The duty of inspection essentially belongs to the paid Inspectors. They have no other duties. Long and varied experience, and (it is to be hoped) special education and capability, render them, or ought to render them, competent to detect at a glance what is wrong, and to see how the wrong should be remedied.

Let it be granted, however, for a moment, that the Governors have been remiss in this particular duty. Still, it may be asked, is it just, is it reasonable, is it wise, when they have, by personal inspection, detected gross and flagrant abuses,—when they have made representations to the Inspectors, and have been met by a denial or a defence of things which the Governors believe to be wrong,—when as a last resource they have appealed to the Crown and besought an impartial inquiry, —when they have made great sacrifices, including those of personal feelings, for the performance of a great though gratuitous public duty,—is it, the Governors would venture to repeat, just, reasonable, or wise, that they should be met by an official reply, imputing to their own default the existence of the abuses they have denounced, and taxing them with *disobedience*, as if they were paid clerks ?

His Excellency informs the Governors that " the powers " of the Inspectors are limited to *inquiring* and *reporting upon*, the *condition*, *discipline*, and *management* of " Asylums, and recommending such changes as they may " consider desirable." His Excellency immediately adds :—

" The power and responsibility of carrying out their recom-
" mendations rest with the Board of Governors, and His Ex-
" cellency on a careful review of all the circumstances of the
" case sees no grounds for directing an inquiry into the manner
" in which the Inspectors have performed their duties."

The Governors, in reply, respectfully submit that the circumstances which led to the death of the patient Danford,—the habitual use of the plunge bath as means of punishment,—the unsatisfactory state of things as regards the proper and decent burial of lunatics,—the certificate of death given to the Registrar,—the other serious abuses affecting the discipline of the House, which have been openly charged, and never effectually inquired into,—the fact of the Inspectors having failed to notice, or, having noticed, to bring before the Board the erased record of Danford's death,—the fact of their having made no inquiry as to that death,—the lamentable condition of the refractory cells,—that all these things were matters concerning the *condition*, *discipline*, and *management* of the Asylum into which (to use His Excellency's words) the Inspectors were bound to *inquire*, and upon which, if they had known them, they ought to have *reported*.

The Governors then proceed to show in detail that the effect of Dr. Nugent's New Code of Privy Council Regulations has been to deprive them of due control over the resident superintendetn. As this is the most important part of the report, we defer its publication till our next.

DR. D. T. MAUNSELL, of Dublin, has recently published an Analysis of the Acreage and Expenditure for Medical Charities and Sanitary Purposes, of each Union in Ireland which will be found to contain some information not readily accessible to the Poor-law Medical Officers of Ireland. Almost all the statistics which the Analysis contained are contained in the last volume of the Irish Medical Directory, but there are important returns in reference to Urban Districts, which are not to be found as far as we know in any other document.

With regard to the Areas of Dispensary Districts, they are, uniformly throughout Ireland, fifty square miles in extent, with the exception of Connaught, where they go up to seventy, and in some parts, as in Mayo, up to 120 square miles in extent. An area of seven miles square, which is as nearly as possible represented by fifty square miles, is a very fair distribution of the Rural Districts. Unfortunately, however, owing to the Dispensary Districts being composed of Electoral Divisions, and the apparently fortuitous distribution of Unions, they are not unfrequently two miles broad by twenty-five miles long. In other instances they appear to be arranged after the manner of a dissecting map, so that the Medical Officer is obliged to cross his neighbours' districts in order to arrive at parts of his own ? this might be remedied with advantage, for it leads to great inconvenience and delay in attendance on the sick poor, and it very seriously affects the perfection of both Vaccination and the Registration of Births and Deaths.

Comparing the population with the acreage, the population of Ireland averages, as nearly as possible, one person to the four acres—we must bear in mind, however, the great extent of mountain and bog. The number of individuals under the care of each Dispensary Medical Officer is 8,000. I have already mentioned that the extent of each district averages fifty square miles, or 30,000 acres; the Poor-law Valuation per acre averages, in Ireland, 12s., the total valuation being thirteen and a quarter millions. The amount devoted to Expenditure under Sanitary Acts, when compared with the valuation, was represented by one-eighth of a farthing, in 1871. The total poundage on Valuation for Poor Rates was 1s. 3¾d.; and as the question always arises, when increase of Medical Salaries is brought forward, I have thought it advisable to mention that the poundage under this head amounts to *three-farthings*. The number of persons attended by the Dispensary Physicians throughout Ireland during the year was 741,275, or about one-eighth of the population—close upon 200,000 of these having been visited at their own homes. In addition they vaccinated 180,000 children, and certified for 367 dangerous lunatics, the latter *without fee or reward*.

In the introduction of a Public Health Bill for Ireland, and the distribution into Rural and Urban Districts, you will see that there will occur over 110 Urban Districts, and that with the exception of Belfast, Cork, Dublin, Limerick, Londonderry, and Waterford, these Urban Districts are small portions of Dispensary Districts—the Rural Districts or Unions number 163, and the Dispensary Districts, 718.

The average salaries of the Medical Officers of Dispensaries average £94 in Ulster, and £100 in the three other provinces.

It is not apparent Dr. Maunsell says, why the Medical Officers of the largest districts in Ireland should receive the least remuneration, because the valuation of those districts is low, knowing as we do, that in these districts, their services are most required, as poverty, and famine, and fever, in this country at least, appear to go hand in hand. Again, rate-payers have reason to complain at the inequality of the poundage in various districts for Medical salaries. Take for instance Donegal—there you will find the valuation 12s. per acre in some parts, the poundage on valuation over 2s., and the poundage on Medical salaries, 3d.; and, in Belfast Union, the valuation £12 per acre. the poundage on valuation, 1s. 4¼d., and the poundage on Medical salaries, ¼d.; half the Medical salaries are, as you are aware, at present paid by Government, and there does not appear to be any reason why the whole should not be paid by the State.

OUT-DOOR RELIEF.

THE CHARGE AGAINST DR. QUINLAN.

THE following letter was received from Dr. Quinlan:—

Borrisoleigh. May, 19, 1873.

GENTLEMEN,—I beg to say I am in receipt of a copy of a letter addressed to the board of guardians of Thurles Union by the relieving officer of the Borrisoleigh district, in which he complains that I refused a certificate in the case of Patrick Keefe; and in reply thereto have to inform the board that the relieving officer in his communication suppressed the important fact that I told him twice, distinctly, on the occasion he refers to, and several times before, that the man might be safely removed to the workhouse, if he thought proper to go, and which the relieving officer told the board on a former occasion when there was a communication relative to this man received from the Local Government Board. I submit that I have acted in conformity with my instructions from the board of guardians in this case, viz.—to withold a certificate on the printed form supplied me by the Board (the only one the board says I should use), when the party applying for outdoor relief may be removed to the workhouse without endangering his life. If I have misunderstood my instructions I will be happy to be set right; the matter seems to be this—The Local Government Board say the relieving officer is bound te supply the man any relief. The board of guardians say he should not unless on obtaining a certificate on printed form from me, that the man could not be removed to the workhouse without endangering life, and I say after this, to write such a certificate would be to write a deliberate lie. Trusting this explanation will be deemed satisfactory, I remain your obedient servant,

JOHN P. QUINLAN.

It was ordered that copies of the relieving officers letter, and of Dr. Quinlan's reply be sent to the Local Government Board.

MEASLES IN THE SOUTH OF IRELAND.

DR. DONOVAN reports to the guardians of the Skibbereen Union, that the recent epidemic of measles amongst the workhouse children has now nearly passed over. Out of forty cases, only one death occurred, the patient a very delicate child, died from debility during convalescence.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 4, 1873.

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A Course of Lectures

ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

As we still continue our history, we hear of Benjamin Bell (*a*) inventing a useful apparatus, also Mr. G. Wilson, and Leutin in Germany, and many others whose names are legion. Bell, in his work, blames surgeons for giving up deformities as incurable, and leaving them in the hands of bone-setters and *quacks*. A little time after this, Mr. Sheldrake, a very clever mechanician, writes a treatise, entitled "Observations on the Causes of the Distortions of the Legs of Children, and the Consequences of the Pernicious Means generally used with the Intention of Curing them," 1794. He in this work complains of the great defects in the instruments then in use; he mentions their weight, their clumsiness, the difficulty of the child moving about, and its consequent loss of power and health. He then draws attention to his instrument, and says:—"The idea upon which this method is founded is to substitute a spring so adapted to the nature of the distortion, that when upon the limb its action will draw the deformed parts into their natural situation. When it is necessary to allow of motion in the limb, that motion, by increasing the reaction of the spring, accelerates the cure."

In the year 1803, Scarpa's monograph, "*Sulle Piedi Torti*," appeared, and in it he describes a very useful shoe, which is used very frequently in the present day for club-feet, and goes by the common name of "Scarpa's Shoe." From all that can be believed about the subject, Tiphaisne, before-mentioned, seems to be the person from whom Scarpa got the idea in inventing his shoe, for Malfatti, an eminent surgeon of that day, who had devoted himself very much to the study of deformities, went to Italy to visit Scarpa, and on his return translated into German Scarpa's monograph, and in his preface he states the following facts, which he asserts to have heard from Scarpa's own lips:—

In the year 1781, Scarpa was living in Paris, and passing one day by chance Tiphaisne's window, he saw displayed in it numerous pictures of various monstrosities and deformities, which, he learnt, were taken of children whom Tiphaisne had afterwards entirely cured. He, anxious to acquire the secret, at once made Tiphaisne's acquaintance; but all he could do would not make the clever mechanician divulge the secret. He, however, said one day, "Nature will not yield to violence, but only to gradual force." Scarpa finding it was impossible to get the information he wanted by fair means, had recourse to foul; for one day, while Tiphaisne was from home, he bribed his housekeeper, who allowed him into Tiphaisne's private study, and all he saw when he did get in was a small steel spring lying on a cushion. This single part of an apparatus, simple as it was, was quite sufficient to give the clever Italian anatomist some idea of the principle, and, coupled with the observation that Tiphaisne had unconsciously dropped in the course of conversation about Nature only yielding to gradual force, Scarpa, by a few experiments on spring power, soon invented his shoe so universally used, or modifications of it.

Gentlemen, we have now traced the treatment of club-feet to nearly the very height of its perfection, as regards mechanical ingenuity. We have heard of the bandage of Hippocrates, and the moulded leather shoes, rough irons, splints, and various other appliances, some replaced for the use of others, according to pleasure; then the gradual spring elastic power slowly to bring the contracted or distorted limb or foot into position. We have now to examine another important line of treatment which was destined to replace, to a great extent, the instrumental

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(a) See "Bell's Surgery," Vol. VI., p. 290, plates lxxxii. and lxxxiii. Ed. [illegible] and mechanical method. I refer to the means revived and practised so largely by Stromeyer. It is quite a mistake, gentlemen, to suppose Stromeyer was the first to divide tendons for the cure of club-feet and other distortions, for we have already heard that Isaac Mincius, about the year 1685, divided the sterno-cleido-mastoid muscle for the cure of wry neck. Other surgeons, there is every reason to believe, followed him in this operation. Thelenius in the Duchy of Saxony, in a case of equino-varus, divided the tendo achillis and the skin together in the year 1784; the wound was entirely healed in two months, and in five years afterwards the surgeon, in publishing his observations, says "The patient can walk properly like other people." In 1806 Sartorius performed a similar operation in a case of distorted foot produced by abscesses. Michaelis followed in 1809, and divided tendons that were contracted. On many occasions his operation was to cut the tendons only partially through, so as to weaken them slightly, and render them more liable to yield to stretching powers. Notwithstanding the many cases that had been treated by Thelenius, Sartorius, and Michaelis by tenotomy, surgeons were very slow to adopt it as a settled rule of practice, and for a time we hear very little about the operation, until 1816, when Delpech, of Montpelier, divided the tendo achillis, and the case was most successful. Delpech, however, did not adopt this procedure again, although he laid down sound rules for its performance; and as they are thoroughly practical, I will now mention them :—

Delpech's Rules.

1st.—The tendon to be divided must not be laid bare; its section must be done by a *détour*, and not by an incision through the skin parallel with that in the tendon. Without taking this precaution the dangers of exfoliation would be incurred.

2nd.—Immediately after the section of the tendon its ends should be placed in mutual contact, and they should be maintained in that position by a suitable apparatus, all the time necessary for their reunion.

3rd.—Reunion can only take place by means of an intermediate fibrous substance (*tissu inodulaire*), which, before its solidification, can, and ought to be submitted to the gradual and careful extension that shall give it the length required to make up the shortness of the muscle.

4th.—When this amount of extension has been gained, the parts are to be immovably fixed in the attitude thus established, and are to be thus confined until the new substance has acquired its full solidity (*a*).

Such, gentlemen, were Delpech's rules, and, curious enough to say, they seem to be very little appreciated till 1831, when we hear of tenotomy being thoroughly revived and recommended; and it has since held its sway amongst educated surgeons as a proper line of procedure. Of this permanent revival the honour is due to Louis Stromeyer, who, by no means ignorant of the labours of his predecessors, gives Delpech all the credit due to him, and says he entirely showed the aim of the operation by laying down in his rules the following principle—The establishment of an intermediate substance which might be stretched. Stromeyer, however, differed slightly in his operation, claiming, very justly, some advantages over the method recommended by other surgeons (*b*), and placed tenotomy by his example and practice as a safe and standard operation in surgery. In the year 1836, Dr. Little, who was affected with equino-varus from his childhood, was sent by Dieffenbach from Berlin to Hanover, to Stromeyer, who operated on him with the greatest success. Dr. Little then returned to Berlin, and showed himself to Dieffenbach, who could hardly believe his eyes that it was the same man who left him a month ago a perfect cripple. In 1837 Dr. Little returned to London, and took up specially the subject of deformities, and he mentions his reasons for so doing in his book on club feet. The Orthopædic Hospital was soon established. By his example and writings he commenced a brilliant career, on which his fame rests, by introducing into England the study of that important branch—namely Orthopædic Surgery.

Since that date many surgeons distinguished for their ability and scientific attainments, have studied the subject very warmly; for instance, in France, Duval, Guérin, Bouvier, and Bonnet; in Germany, Stromeyer and Dieffenbach; and in England we hear of Little, Lonsdale, Bishop, Tamplin, Adams, Brodhurst, and Barwell all contributing something to this important department.

Such, gentlemen, is a hurried glance over the history of deformities, and in my next lecture I will draw your attention to all the distorsions and deformities of the body, and *afterwards* study each kind *separately*, and particularly as regards its nature and treatment.

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REPORTS ON CONSUMPTION AND DISEASES OF THE CHEST.

By Charles R. Drysdale, M.D.,

Physician to the North London Hospital for Consumption.

Dr. Brunn (*Memorabilien*, 1873) observes that all practical physicians have noticed the pernicious effect produced in consumptive patients by catching cold. From experiments made by Rosenthal on animals, it was found that when the temperature of the body is raised above the normal by hot air, and afterwards the animal brought into an apartment of ordinary temperature, the heat of the body falls below the normal, on account of the persistent enlargement of the blood-vessels of the skin, which permits of a great loss of temperature by the skin. The same takes place in human beings, and it is undoubted that in hot ball-rooms, &c., the temperature may rise to higher than the normal, and thus cause, when the patient returns to cold rooms, certain damage to the lungs. In the phthisical is exhibited a disturbance of the temperature of the body, so that the capillaries of the skin are in a continual sub-paralysed state. The heat of the body is in excess, and this causes enlargement of the vessels of the skin and sweating. When the fever lasts for some time, the excessive heat of the body ceases to take place; but the widened capillaries of the skin keep still their dilated condition; and the consequence is a lowering of the temperature. Hence, whilst the patient exhibits at night a temperature of 38·39° C., in the morning the temperature may fall to 36°, or less. Such evening rise of temperature may last for months. This is the cause of the low temperature seen in consumptives during the interval of the feverish attack.

At no time in the history of the phthisical patient should attention to the condition of the skin be neglected, since by the disease the condition of the capillaries has been materially altered. In order to prevent this many years of experience have taught Dr. Brunn that cold is the most tonifying agent, applied by means of cold water. Cold washing, cold effusion, cold baths or douches are fitting appliances, through the daily and careful application of which we not unfrequently succeed in so hardening patients who were before exceedingly prone to taking cold, that they can by-and-bye endure even sharp change of temperature without injury. The most powerful and quickly working remedy is certainly the douche, when the influence of cold is added to the mechanical effect of the stream of water. But as the patients are delicate and terrified at all kinds of experiments, the author recommends a gradual and careful application of cold to the skin, so long as the patient is easily seized with fever. He uses first of all rubbing over with alcohol and then spirits in water of low temperature over the whole body in bed. When these are well borne he passes on to washing the thorax, and finally has recourse to douches in the apartment. Care must be taken to observe carefully the case

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(*a*) "De l'Orthomorphie," Tome ii., p. 330. 1828.

(*b*) "Beitrage zur Operativen Orthopädik." 1838.

operated on, for cold external washings, if too rapidly carried out, may cause hyperæmia of the internal organs, and thus in some cases hæmoptysis may be the consequence of the use of the douche.

Dr. Piduox ("*Etudes Générales et Pratiques sur la Phthisie*," Paris, 1873) speaks of three causes which produce phthisis; *external* causes, such as poverty, or insufficient care of hygiene; secondly, there come *internal* or *pathological* causes, or chronic and constitutional diseases, finally ending in consumption; thirdly, there comes *hereditary transmission* or the tuberculous diathesis. To oppose the action of these numerous causes M. Pidoux calls for the intervention of the State, in questions of public health, and reminding his readers of what has already been said by him on this point, he shows that much remains to be accomplished, and that the time has arrived for the rich and instructed classes to create, of their own accord, an association for the extinction of consumption, which all Governments ought to eagerly protect and encourage. Independently of all theories concerning the changes of diseases, physicians universally recognise that scrofula, syphilis, cancer, and all other diseases produce marked weakness, and altered nutrition, which may be followed either in the patient or his progeny by consumption.

As scrofula is one of the most considerable causes of phthisis, we ought first of all to combat and prevent this disease, for it is one of those from which civilized society may hope to deliver itself a little every day; to combat this we should found establishments similar to the marine hospital at Berk, by the aid of the municipalities of each city. With respect to this, M. Pidoux cites the results obtained by him in his capacity of consultant for the sick children in the Rue de Babylone, and shows by the specimens what can be made of the generations of mankind if as much attention were paid to them as to the breeding of horses. Scrofula should be prevented by imposing on proprietors about to build houses such conditions as will not permit any house to be unhealthy for the inmates, and to manufacture scrofula.

Dr. Pidoux also contends that syphilis is a common cause of scrofula, and that all means should be taken to get rid of syphilis.

The prevention of gout is another of the ways to prevent scrofula. Persons may avoid such diseases by exercise and diet, since this disease is almost unknown among peasants, soldiers, or poor people, and scarcely attacks any but those classes of society which enjoy a certain degree of luxury, easy life, &c., which depress the most active part of the system. Rich persons and all classes of society who are prone to gout, ought then to know that they run the risk of preparing phthisis for their remotest posterity. "Next to the hygiene of the poor, of which I have traced the rules of preservation (he adds), we must then place that of the rich, which will preserve them from the gout and also from phthisis in their descendants. We must then take much away from the superfluity of the rich in favour of the hygiene of the poor, and give to the former a little of the forced temperance of the latter. All of this supposes a maturity of reason very far from the appanage of our days, and which will only follow after all kinds of progress have been made." The league which M. Pidoux proposes against phthisis, is a league against scrofula, syphilis, gout, cancer, and all other chronic diseases, a noble league, truly, and worthy of all praise! War against disease is the only true war which befits a rational animal like man to wage, and all civilized nations may be allies in this crusade.

Dr. Schyppel, of Tubingen (*Virchow's Archiv.*, November, 1872), says that the argument for the identity of tuberculosis with phthisis in cows is no longer merely an object of scientific curiosity, but even a question of practical interest, since Dr. Klebs has explicitly declared that man may receive the tubercular virus from the cow. To the naked eye tubercle differs from the pearl-like nodules which constitute vaccine phthisis, since the latter arise always first of all in the pleura and peritoneum; and because they develope themselves in the serous membranes for the most part in forms of nodules the size of a pea; finally, because the nodules in the pleura and peritoneum do not lie within or under the serous membranes, but are even covered with a newly-formed tissue, rather rich in vessels, which grows from the free surface of the serous membrane.

When the tissue is hardened in alcohol, after being kept six or eight days in a solution of chromic acid (which process has also the advantage of destroying the calcification) and examined by a low power of 200 diameters, it is seen that the pearly nodules are formed of masses of small nodules, grouped together in the fundamental tissue formed by the above-mentioned villous substance, which covers the serous membrane, and which consists of rounded cells with a solitary nucleus, like lymph corpuscles, and of a network, having the character of lymphatic glandular tissue. The nodules themselves consist of cells and reticulum, but the whole differs greatly from the stroma which constitutes the villous substance; and between the nodules there are observed differences according to the degree of development which they have attained.

These morbid products might be confounded with lymphatic follicles; but these are distinguished from those by the characters of the cells, which are small and with only one nucleus, and are furnished with a network of fine capillaries. The fact that the pearly nodules commence from giant cells and the property of the reticulum, of being furnished with vessels, constitutes the identity of the product with tubercle; and as in that product, the other cells and the nuclei are only derivatives of the giant cell, with many nuclei, first observed. As to the origin of the giant cell, the author says nothing positive; rejecting the origin assigned by Klebs to tubercle, from the lymphatic vessels, since these are not found in the pearly nodules; they rather seem to originate in the blood vessels. According to the author, the fact is now proved that tubercle, whether found in man or in these pearly nodules in the cow, commence in a giant cell.

MEDICINAL AND MORAL REMEDIES FOR THE CURE OF INSANITY.

By Francis M. Luther.

If the treatment is instituted early, before the disease becomes a habit, relapse will be less frequent. It essentially consists in a cerebral hyperæmia, the result in most cases of a poison produced by malassimilation, acting upon nerve tissue which, from defective organisation, is liable to attract, and be affected by, an amount of blood poison, which would be harmless to a perfectly healthy brain. The predisposition may exist without any manifestation of disease of the brain, while there is youth and bodily health, that is to say, while digestion is perfectly carried on, while the chylopoietic viscera elaborate pure healthy blood, *sanguis moderator nervorum*, and while the liver and other emunctory glands promptly remove all products of waste or malassimilation, veritable poisons if unduly retained in the system. The medicinal treatment should be evacuant, sedative, and lastly, tonic, but by no means stimulant.

First in order I rank purgatives, especially where constipation exists with fetid perspiration or urine. The ancients sent their lunatics to Anticyra to be purged with hellebore, and attached great value to this mode of cure. We do not employ this plant, but cholagogue or aloëtic purgatives are most useful.

Secondly.—Exhibit chloral in bad cases of insomnia both day and night, in milder ones at night only, preceding the dose by fluid magnesia, so as to make its action more certain. Sleep is produced, hyperæmia checked, and reconstruction of wasted nerve tissue resumed.

Thirdly.—Employ the sedative agency of hot baths, not by any means cold ones. It is soothing, not bracing, the nervous system wants. Mania is a sort of latent fever.

Indeed, it often follows on fevers which have no crisis, like influenza. Warm baths produce a transient exaltation of the feverish state succeeded by a calm. They should be taken at bed-time. Turkish baths are excellent too if care be taken to pour enough of hot-water on the head on entering the bath, and to avoid cold effusion on leaving it until the disease is nearly subdued.

Fourthly.—When the stomach and liver have been well acted on, and in the intervals of purgation, exhibit alkaline bitters, nitro-muriatic acid, or arsenic.

Fifthly.—Do not overfeed, but let the meals be light and frequent. Fish is not to be recommended, as it contains a large amount of phosphorus, which is found in excess in the brains of the insane. It flushes the face and determines blood to the head like alcohol.

After the Medical treatment of insanity comes the moral treatment, the efficacy of which in a great measure depends upon the co-operation of the patient, which is to be solicited in incipient or mild cases. It is not to be counted on in acute or aggravated ones. Without any excessive thwarting, or opposition, they should be taught that a strict observance of the ten commandments, and "doing as they would be done by" is the most efficacious preventive of insanity. Let them cultivate forbearance and toleration, for they assuredly have much need of both, and bitterly resent criticism, although their eccentricities provoke it, or the mere withholding of sympathy which they do not court.

Secondly.—The patients should have full liberty to follow their bent or hobby, if not mischievous. A hobby is, indeed, a very useful safety-valve. As an Irish proverb says, "a man's will is his life." But where it clashes with right or duty self-abnegation is to be elected.

Thirdly.—Interesting occupation ought to be pursued. If useful also, so best. It ought not to be allowed to fatigue the patient, however, by too long continuance.

Fourthy.—The society of healthy minds should be cultivated, for nervous and morbid people are mutually intolerant of each other, and effectually hinder a cure. Change of air and scene generally include the foregoing. The children of those who have displayed any insane tendencies should be educated morally and physically so as to hinder the development of the disease, for though the skill of the ablest physician (valuable as it is to the individual patient) can but little affect the bills of mortality within the sphere of his practice, it is not so with the student of hygiene, who, if empowered to enforce the observance of the laws of health upon communities, can count those that his science rescued from premature death, not by twos, or threes, or scores, but by hundreds and thousands. Prevention can do much, curative treatment comparatively little. Be not satisfied with absence of disease. "Disease is not *per se*, but means the incapacity of resistance of the diseased." It is but the explosion of long accumulating forces, forces which could gain no entry into mind or body were they filled with right and health.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S., Lond., F.R.C.S., Eng.,

Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture VI.

Construction of the Pelvis.—Origin of the Term.—The Innominate Bones.—Ilium, Ischium, and Pubes.—Meaning of the terms, and general outline of the bones.—The Innominate Bone as a whole.—Description, Meaning, and Tabular View.—Importance of understanding as well as memory in studying Anatomy and acquiring professional knowledge.

Gentlemen,—Of the three great cavities connected with the Spinal Column the Pelvis is the strongest and most massive. It is a bony ring, girdle, cylinder, or tube, which has been cast in a coarser mould to adapt it for its special functions of protecting the organs of generation and excretion, supporting and transmitting the weight of the body, and affording attachment to the powerful muscles which maintain the trunk erect and execute many of the movements of the lower limbs. The Greeks called it πέλυς or πέλυξ, being struck by its resemblance to the wooden bowl which bore that name; and the Latin pelvis is a derivative from the Greek term. The French use the word "bassin," and many of our own older anatomists employ in their descriptions the homely designation "basin." To our critical ears the word "basin" is wanting in dignity, because the thing signified is common and familiar, and we have adopted the Latin pelvis, which seems to elevate the part because the word comes to us with all the weight of a classic antiquity, and with the advantage of throwing around the outlines of a domestic utensil once as common and familiar as the modern basin an obscurity of outline sufficient to hide the actual poverty of the object used for comparison (*a*).

The *Pelvis* is composed of four bones. Bounding its cavity behind are the *Sacrum* and *Coccyx* already described: flanking the cavity at the sides and limiting it in front are the two large and irregular *Ossa Innominata* or *Innominate Bones*, which must now engage our attention. In the adult the *Innominate Bone* consists of a single osseous mass, with scarcely a trace of division into distinct parts; but in infancy and childhood it is formed of three separate bones joined together by cartilage, and called the *Ilium*, *Ischium*, and *Pubes*. Owing to this difference of construction at different periods of life, two methods of description are open to us. We can either take the component bones and describe them separately, as the generality of modern anatomists have done; or we can with Ward describe the Innominate Bone as a whole. Either plan would do equally well, but as you have probably been learning the Ilium, Ischium, and Pubes separately, it will be an agreeable change to regard them in their united state, premising a few particulars about each bone separately. The first feature which strikes us is the irregularity of the Bone, an irregularity so great that many have attributed the origin of the name Innominate to the circumstance that the ancients could not find a resemblance to it in any natural object. This is the explanation offered by Quain, Gray, and others. Dr. Ramsbotham disputes this view, and states that "it is more probable that it originated in the fact that no specific term was applied to it for long after it had been described in Medical writings. Its three constituent parts had each a special designation, but when they grew together the entire piece was nameless. Hippocrates spoke of it as μεγας σπονδυλος, "the great vertebra," very incorrectly. Celsus calls it the Os Coxarum, which defines nothing; but after him we find Galen stating that no name had been allotted to the bone as a whole. It therefore obtained the contradictory appellation Os Innominatum, or bone without a name" (*b*). A like explanation has been given by other authors (*c*).

Of the three constituents of the Innominate Bone the *Ilium* is the largest and highest. It is popularly known as the *Hip* or *Haunch* (*d*) *Bone*, and is called *Ilium* because it is situated in the loins, the part of the Body which contains the *Ilia* or entrails. The *Ischium* is remarkable for its strength, and is the lowest of the three. Its distinguishing feature is its *tuberosity*, for this process supports the trunk

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(*a*) "There are reasons in nature why the obscure idea when properly conveyed should be more affecting than the clear. It is our ignorance of things that causes all our admiration and chiefly excites our passions. Knowledge and acquaintance make the most striking causes affect but little. It is thus with the vulgar, and all men are as the vulgar in what they do not understand." Burke "On the Sublime and Beautiful," p. 47.

(*b*) "Obstetric Medicine and Surgery." Note, p. 1.

(*c*) "At the lower end of the *Abdomen*, by the Sides of the *Os Sacrum*, there stand two large bones called by *Galen Ossa Innominata* (nameless bones) because they had then no proper name imposed on them that he had met with. But *Spigelius* says that Homer had long before called them ισχια, and that they have been generally by later anatomists known by that name. (Though, by his leave, I think that *Ischium* is more commonly taken only for one part of these Bones called *Coxendix*.)" "The Anatomy of Humane Bodies Epitomised." By Tho. Gibson, M.D., p. 589.

(*d*) Ward calls the Innominate Bone the Haunch Bone. [illegible] applies the term to the Pubes, and Ramsbotham to the [illegible]. [illegible] anatomists call the Ischium the Hip Bone, or apply the [illegible] Innominate Bone.

in the sitting posture, and hence the name of the bone itself and its synonyms, the *Os Sedentarium* or *Seat Bone.* The word *ischium* is derived from the Greek 'ισχίον, which appears to have been applied originally to the Acetabulum, and subsequently to the hams, the hips, and buttocks. The bone was also termed *Coxendix.* The *Os Pubis* or *Pubes*, the smallest of the three pieces, has been called the *Share Bone* and also the *Pecten*, from a fancied resemblance to a comb which the bones of opposite sides bear when united together. The term *Pubes* means properly the soft hair or down which appears on the chin and over the site of the bone itself at the period of puberty, a period when new desires and feelings are awakened, and the youth begins to feel the consciousness, and observe with interest the growing evidence of the dawn of manhood. The existence of hair in the pubic region may have suggested the comparison of the Pubes to a comb, for the Greeks and Romans of both sexes bestowed the greatest care and attention on dressing their hair, and boxwood combs were most essential articles, in daily and even hourly requisition. How valued the comb and how important the act of trimming the hair may be judged from the fact that the Spartans were accustomed to comb their locks before going into battle, and thus indicated their resolve to fight to the last extremity. If to leave the hair unkempt was a sign of deepest grief, is it an improbable conjecture that the growth of hair in a region possessing little association of sorrow should have led to the discovery of a likeness to a comb in the pubic bones? The application of the term teaches a lesson of cleanliness not wholly unnecessary or inappropriate at a time when it is possible to meet with hair which can rival the hair of Nick Mason the cobbler in the possession of

> "those matted locks which never yet
> Had yielded to the comb's unkind divorce" (*a*).

One of the .most prominent objects on the *Innominate Bone* is a large cup-like cavity placed near the centre of its outer surface, and destined for the reception of the Head of the Femur or Thigh bone. This socket is called the *Cotyloid Cavity*, from its resemblance to the Grecian κότυλος or κοτύλη, a small cup or measure holding about half a pint, and it has also received the name *Acetabulum* from its likeness to a vessel with a wide and open mouth, which was used by the Romans as a vinegar cruet. To the formation of the Acetabulum the Ilium, Ischium, and Pubes all contribute, and before puberty a Y-shaped piece of cartilage occupying the floor of the cavity unites the three bones together. Holding the Innominate Bone in its natural position you will observe that the *Ilium* passes upwards and backwards from the Acetabulum, expanding into a wide plate, which is called its wing or *Ala.* The acetabular portion and the more constricted part immediately adjacent to it is named its *Base* or *Body.*

The *Ala* is bounded above by a rough, sinuously curved margin called the *Crest of the Ilium*, which terminates in front and behind in a prominence known as the *Superior Spinous Process*, the one in front being called the *Anterior Superior Spinous Process*, and the one behind the *Posterior Superior Spinous Process.* Beneath each of these processes is a small notch, followed by another prominence, termed the *Inferior Spinous Process, Anterior* or *Posterior* as the case may be. Below the Posterior Inferior Spinous Process is a large Notch, the *Great Sciatic* or *Ischiatic Notch*, so called from the Ischium which contributes largely to its formation. The *Ala* of the Ilium has two surfaces, an *External* or *Dorsal Surface* or *Dorsum*, and an *Internal* or *Pelvic* or *Ventral Surface.* In the vulgar tongue these surfaces are termed the *back* and *belly.* At the posterior part of the internal surface is a rough portion which articulates with the Sacrum, and may be called the *Sacral Surface.* In front is a hollowed portion which, attaching the *Iliacus* Muscle, is termed the *Iliac Fossa.* In front of the Acetabulum is a very conspicuous object, a large hole, which has a more or less oval shape, and has, therefore, been named the *Foramen Ovale.* In the recent state it is closed by a fibrous membrane. Anything used for covering an aperture, as, for example, a plate worn to cover a hole in the roof of the mouth, is called an obturator. The membrane closing the *Oval Hole* has therefore been termed the *Obturator Membrane*, and the hole itself the *Obturator Hole* or *Foramen.* The term *Thyroid* is also applied to the Foramen and the Membrane on account of their resemblance to a shield. Thyroid is derived from the Greek words θυρέος, a shield, and εἶδος, resemblance; and θυρέος itself, which is a derivative of θύρα, a door, signified primarily a great stone put against a door to keep it shut, and later a large oblong shield—the Latin scutum. The Obturator Membrane and the margins of the Obturator Foramen give attachment, both on the outer and the inner surface to a muscle called Obturator—*Obturator Externus* and *Obturator Internus* respectively.

Now this great hole, one object of which is to lighten the bone without diminishing its strength injuriously, is bounded by the two other constituents of the Innominate Bone, the *Pubes* and the *Ischium*, the *Pubes* boing placed above and the *Ischium* below. Each of these bones presents two branches united at an angle. Thus the *Pubes* has a *Superior* or so-called *Horizontal Branch* or *Ramus*, running from the Acetabulum inwards and united at an angle with the second, *Inferior*, or *Descending Branch* or *Ramus.* Where the two branches join is placed a wide, flattened plate of bone, generally called the *Body of the Pubes.* Surmounting the body of the Pubes is an elevated ridge called the *Crest of the Pubes*, ending externally in a sharp prominence or *Spine*, and internally in a point called the *Angle*, which marks the junction of the superior and internal borders of the bone. Below the Angle is a surface which is destined for union with a similar surface on the opposite side by means of fibro-cartilage, and this junction is called the *Symphysis* (συν, together, and φυω, to grow). You may observes that the *Horizontal Ramus* of the Pubes has three *Surfaces*, a *superior*, an *inferior*, and a *posterior*, separated by three *Borders, superior, inferior*, and *anterior*, and that the *Body* and *Descending Ramus* have only two, an *anterior* or *external*, and a *posterior* or *internal Surface*, and two *Borders, internal* and *external.* Holden has very properly called attention to the inappropriateness of the epithets "horizontal" and "descending" as descriptive of the position of the rami of the Pubes; and he points out that the error has arisen from the Pelvis having been described as if it were horizontal instead of being inclined at its proper angle to the horizon. Looked at *in situ* the rami will be seen to run in a direction, if not as he says, "almost the reverse of that which is implied by their names," at least with an obliquity which renders the names inapplicable as marks of distinction between them. It would, I think, be better to cease using the terms altogether, and to employ the simple distinctions, "superior" and "inferior," in their room (*a*). I may also notice here the discrepancies of authors in the nomenclature of the parts of Pubes. Ward consistently applies the term Body to the acetabular and adjacent parts of each bone, Ilium, Ischium, and Pubes alike. The *Body* of the Pubes with him corresponds with our *Horizontal Ramus*, and thus he allows only one—our *Inferior* or *Descending—Ramus.* Dr. Ramsbotham has spoken of the acetabular portion as the *Body* or *Base*, whilst allowing two *Rami*—the *Horizontal* and *Descending.* Quain and others give the name *Body*, as we have done, to the flat expanded portion which is placed at the junction of the rami. Gray uses the terms *Body* and *Horizontal Ramus* as synonymous. It is much to be regretted that there is this lack of uniformity in anatomical nomenclature, as it is apt to mislead the student. I have sometimes thought that it would be well if we had an anatomical commission to settle disputed points, to reconcile discrepancies and to secure uniformity. In default of this happy consummation a lecturer may do good service by calling attention to divergencies which he lacks the power to redress, but which may some day be adjusted by duly constituted authority.

The *Ischium* possesses a *Body*, which comprises the share contributed to the Acetabulum and the parts immediately

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(a) "Ingoldsby Legends." The Ghost.

"Hospitals, and metropolitan ones especially, contain the working and lower classes of the people, who live in unwholesome kitchens, feed upon most unhealthy articles of diet, and allow their bodies to be filthily dirty beyond description, however smart and neat the outside appearance. A butler, some time since, who was in the habit of gaining a livelihood by attending large dinner parties as a waiter, fell down in a fit whilst so engaged at the table of one of our splendid mansions at the West End of the town. On his admission into the hospital his head was ordered to be shaved, when he was found to be literally overrun with pediculi and pruriginous eruptions." Corfe on the "Physiognomy of Diseases," Introduction, p. 2, 1847.

(*a*) This passage was written when I lighted on a note to Mr. Wood's article "On the Pelvis" in the "Cyclopædia of Anatomy and Physiology," in which he makes the same suggestion. He also suggests the use of the terms *anterior* and *posterior* to distinguish the *branches of the Ischium.* In some parts of the Lecture I have followed his description; as, for instance, in reference to the Auricular Surface of the Innominate Bone; but I have all along taken my account as far as possible from Nature.

adjacent. The *Body* has three *Surfaces*, an *External*, *Internal*, and a *Posterior*, separated by three *Borders*. The *Posterior Surface* is quadrilateral in shape, is placed behind the Acetabulum, and supports a sharp triangular process, which projects backwards and is known as the *Spine* of the *Ischium*. Below the Acetabulum is the rough prominence called the *Tuberosity*, and passing upwards and forwards from the Tuberosity to join the inferior Ramus of the Pubes is the *Ascending Ramus* of the *Ischium*. The part here described as the *Body* has sometimes been termed the *Descending Ramus*. This brief sketch of the chief features of each division of the Innominate Bone is a necessary preliminary to an examination of details; and before proceeding farther you should thoroughly familiarise yourself with the names of the parts passed in review.

Briefly to recapitulate—

The Ilium possesses ...
- A Body
- An Ala with two surfaces ... ...
  - Dorsal
  - Ventral
- A Crest
- Four Spinous Processes ... ...
  - Two Anterior
  - Two Posterior

The Ischium possesses
- A Body with three surfaces ... ...
  - External
  - Internal
  - Posterior
- A Spine
- A Tuberosity
- An "ascending" Ramus

The Pubes possesses
- A Body
- Two Rami ... ...
  - "Horizontally"
  - "Descending"
- A Crest
- A Spine
- An Angle
- A Symphysis

Bounded by the Pubes and Ischium is the ... ... { Obturator, Thyroid, or Oval } Foramen

Behind the Obturator Foramen is the Cotyloid Cavity or Acetabulum, to which the Ilium, Ischium and Pubes each contribute.

(*To be continued.*)

◆

STONE IN THE BLADDER.

LITHOTOMY and lithotrity have lately occupied so much the attention of European surgeons that they will probably be deeply interested in notices of American contributions to the subject. We therefore extract the following from a "Report on Tennessee Surgery," made to the State Medical Society by Dr. T. W. Briggs and published by order of the Society :—

The early history of this special disease, and the operations for its relief, like the early history of the surgery of the State, is unknown. If any operations for the removal of stone were done in very early times, I have been unable to obtain an account of them. The probabilities are, that all cases demanding operation were sent off to other States. In fact, the first operation of which I can gain any knowledge, was that performed on James K. Polk, then a resident of Maury County, who, in the autumn of 1812, sought the skill of Dr. Ephraim McDowell, of Danville, Kentucky, for the relief of calculus of the bladder. Little did the great surgeon dream that the poor suffering lad, upon whom he was exerting his consummate skill, would become the accomplished scholar, the great statesman, and the President of the United States.

Many calculous patients of our State, as well as those of the whole South, were attracted by the brilliant success of Dr. Dudley, of Lexington, Kentucky; and possibly the celebrated surgeons of other States may have operated upon some of our people.

The first operation of lithotomy in Tennessee, of which I can gain any knowledge, was done about 1812, by Dr. John O'Riley, a surgeon of marked ability, residing in Maury County. Between 1812 and 1820 he performed the operation five times.

Dr. John H. Ray, of Smith County, was probably the next who resorted to lithotomy. His patient, a little boy, æt. 9, living in Alexandria, then in Smith, but since in De Kalb County. The operation was performed in 1826. In 1834 he again performed the operation on a man in Sumner County. The operation was successful in both cases.

Dr. Wallace Estill, the "mountain surgeon," who for many years resided in Winchester, Franklin County, was distinguished as a lithotomist. He performed the operation fifteen times, with but one death.

Dr. Wm. Bonner, of Fayetteville, was also noted as a lithotomist in early times.

I have been able to gather the partial history of 259 cases in which stone has been removed from the bladder by different surgeons of our State—(doubtless many other operations have been done)—as follows :—

	No. of Cases.	Successful.	Unsuccessful
Dr. O'Riley . . .	5	4	1
„ Wallace Estill .	15	14	1
„ William Bonner .	18	0	0
Prof. J. M. Watson .	2	2	0
Dr. John Waters .	4	3	1
„ Esselman . .	1	1	0
„ R. C. K. Martin .	1	1	0
Prof. R. M. Porter .	2	2	0
„ B. W. Avent .	15?	Unknown.	
„ A. H. Buchanan.	15	14	1
„ D. W. Yandel .	10 (*a*)	9	1
Dr. Franklin . .	3	3	0
„ W. M. Gentry .	2	1	1
Dr. S. S. Mayfield .	1	1	0
„ Pierce. . .	1	1	0
„ DeBow . .	3	3	0
„ W. C. Rogers .	9	8	1
„ J. R. Buist . .	2	1	Ret'd in 6 mos.
„ D. Cunningham .	4	3	1
Prof. P. F. Eve. .	80 (*b*)	71	9
Dr. W. T. Briggs .	60	56	4
„ T. L. Maddin .	3	3	0
„ J. H. Ray . .	2	2	0
„ Jetton. . .	1	1	0

Tennessee alone furnishes the cases to all the surgeons above mentioned, except Prof. Eve and the writer.

Of Prof. Eve's cases,

Tennessee furnished . . .	46
Georgia „ . . .	10
South Carolina „ . . .	3
Mississippi „ . . .	6
Alabama „ . . .	6
Kentucky „ . . .	5
Missouri „ . . .	2
New York „ . . .	1
North Carolina „ . . .	1

Of Dr. Briggs' cases,

Tennessee furnished . . .	42
Kentucky „ . . .	12
Alabama „ . . .	3
Mississippi „ . . .	2
Georgia „ . . .	1

(*a*) Prof. D. W. Yandel, who performed his ten operations while residing in Tennessee, kindly furnished me a full history of his cases, which I unfortunately placed away so securely that I have been unable to find it.

(*b*) This includes only the cases of Dr. Eve since his residence in Tennessee. He has operated, altogether, 100 times.

SEXES.

	Males.	Females.
Dr. Eve's cases	77	3
„ DeBow's cases	2	1
„ Briggs' cases	57	3
„ Wm. Bonner's cases	16	2

The cases of all the other surgeons were males, I suppose.

AGES.

Dr. Eve's cases—

Under 5 years	10
Between 5 and 15 years	30
„ 15 and 30	24
„ 30 and 50	8
Over 50	8

His youngest patient was 2½, his oldest 77 years.

The cases of Dr. Rogers, of Memphis—

Under 5 years	0
Between 5 and 15	7
„ 30 and 50	2

The cases of Dr. DeBow, of Hartsville—

Under 5 years	0
Between 5 and 10	1
„ 30 and 50	2

Dr. Briggs' cases—

Under 5 years	10
Between 5 and 15	25
„ 15 and 30	12
„ 30 and 50	10
Over 50	3

His youngest patient was a son of Mr. Jordan, of Dickson County, æt. 18 months; his oldest was Col. Hancock, of Maury County, æt. 72.

RACES.

Of the races, a large proportion of patients were white. However, the writer can only speak with certainty of Prof. Eve's, Prof. Buchanan's, and his own.

In Dr. Eve's practice, in the 100 cases operated on here and in Augusta, were as follows—viz.:

Whites	88	Blacks	6
Mixed	6		

In Prof. Buchanan's practice—

Whites	14	Blacks	1

In Dr. Briggs' practice—

Whites	57	Blacks	3

METHOD OF OPERATION.

It will be seen that, in a very large majority of cases, the removal of stone has been by the cutting operation. Thus, of the 259 cases reported—

Lithotomy was resorted to in	250
Lithotrity „	9

Of the lithotomy operations,
The lateral was performed 112 times—
78 with Physick's gorget,
34 with the scalpel.

Of these, the following made the incision in the neck of bladder, with gorget:

Dr. O'Riley	5
„ Estill	16
„ Bonner	17
„ Watson	2
„ Avent	15
„ Buchanan	15
„ DeBow	3
„ Waters	4
„ Esselman	1
Prof. Eve	1

The following made the sections with the scalpel—viz.:

Prof. Eve	1
„ Porter	2
Dr. R. C. K. Martin	1
„ D. W. Yandel	10
„ W. M. Gentry	2
„ Mayfield	1
„ Rogers	9
„ Buist	1
„ Cunningham	4
„ Ray	2
„ Jetton	1

The bilateral, with the lithotome-caché, was performed as follows—viz.:

Prof. Eve	73
Dr. Franklin	3
„ Briggs	45

The supra-pubic operation was performed in two cases by Prof. Eve.

The median was performed by Dr. Briggs in four cases.

The medio-bilateral, in ten cases, as follows—viz.:

Dr. Pierce	1
„ Briggs	9

In the females operated on—nine in number—the vesico-vaginal section was made—by

Dr. Eve in	2 cases.	Successful.
„ Briggs	1 case.	Successful.

The lateral was made by

Dr. DeBow, in	1 case.	Successful.
„ Bonner	2 cases.	Successful.

The bilateral was resorted to by

Dr. Eve, in	2 cases.	Successful.
„ Briggs	2 cases.	Successful.

RESULT.

It has been impossible to obtain the result of many of the operations performed. I will, therefore, only refer to those in which I have positively knowledge:—

	Cases.	Successful.	Unsuccessful.
Lateral operation	97	87	10
Bilateral operation	121	110	11
Median	4	4	0
Medio-Bilateral	10	10	0
High, or Supra-pubic	2	1	1
Vesico-vaginal	3	3	0

NUMBER OF CALCULI.

I have been unable to obtain data in regard to the number of stones removed, except in Dr. Eve's practice and my own.

In Dr. Eve's collection, since his residence in our State, are 163, of which

1 case furnished	58
1 „ „	18
1 „ „	17
3 cases (triple)	6
4 „ (double)	8
61 „ (single)	61

In Dr. Briggs' collection are 74, of which

1 case furnished	13
1 „ „	3
1 „ „	2
55 „ „	55

1 case calculous deposit.
1 „ lithotrity (débris not preserved).

CHEMICAL PROPERTIES.

In the collection of Prof. Eve, as well as in that of the writer, are found the alternating, oxalyte of lime, uric, ammoniaco-magnesian, phosphatic, and the cystic oxide calculus.

The alternating calculi are more numerous than any other variety, the nucleus being uric acid or oxalate of lime, variously coated and alternated. The last covering is always phosphatic.

The oxalate of lime or mulberry is the next in frequency. There are some beautiful specimens of this variety in the cabinet of Prof. Eve, as there are in that of the writer.

There are a few specimens of pure uric calculus among our stones.

The triple phosphates form a fair proportion. The mixed phosphates are very few in number.

There are but two or three specimens of the cystic oxide in both collections.

In almost every case that has come under my observation, the calculous disease has been accompanied with great chylopœtic derangement, in addition to the urinary disturbance, and I have followed the advice given by the great Dudley, in regard to the preparation of the system before a resort to operation. I have not, however, adhered to his special plan for their preparation. The preparatory treatment to which I have subjected my patients is such as will restore the general health and allay local irritation. Under the effects of remedies, as elsewhere stated, patients are often so relieved that they are almost willing to believe that they are cured, but they are then just ready for the knife. And if their health is not improved, and their suffering mitigated, by treatment, I am always inclined to believe some serious organic disease is in progress, and am unwilling to operate. For these reasons I have declined to operate on five patients affected with calculus. In all of these death ensued in a short time. And although the per centum of deaths in my operations has been but one in fifteen, I think if I had had some of the patients who died under my immediate care prior to the operation, the mortality might have been even less.

The writer having been educated in the school of Dudley, had strong predilections for the lateral operation with the gorget, but after witnessing the beautiful operations of Prof. Eve, he adopted the bilateral, and continued to employ it until within the last three or four years, during which time he has, for small stones, employed the median, and for larger ones the medio-bilateral. To claim special success for any particular method, because of that method, I think is wrong. Much more depends on the condition of the case at the time of the operation. If the patient is well prepared, even a badly executed operation will often succeed; and if his system is in bad condition, the most brilliant operation will often end in death. There is no operation in which the result is more dependent on the thorough preparation of the patient. Besides, every case should be carefully and critically examined, and that operation adopted which is best suited to the particular case. If the stone is large, more especially if accompanied with great pathological changes in the bladder, the effect of long-continued irritation, the lateral or bilateral will be best adapted; for, while they give a good opening for the extraction of the stone, they afford a free outlet for the urine, and the secretions of the bladder, to pass; by which the pathological changes in the bladder are entirely emoved.

If the stone is small, the median is the best, for many easons.

The medio-bilateral—a modification of the median, as its name indicates—is best suited for the removal of good-sized, or even large calculi, and is the one I have adopted for the last two or three years. It has answered my expectations fully.

The instrument consists of two blades, curved on the flat surface, and sharpened on the outer edges; one blade is half an inch longer than the other, and is probed-pointed, to fit in the groove of the staff. The blades are fastened at the junction of the handles, with which they are continuous, by a movable pivot screw. The blades do not cross as do those of scissors, but lie one upon the other, and are expanded to the desired extent, in making the incision, by closing the handle. A movable screw on one of the handles regulates the extent of the expansion of the blades, and when placed on numbers on the handle, shows the size, in lines and inches, of the incision made by that expansion. A spring on the other blade holds the blades together during the passage of the instrument through the grooved staff into the bladder. The instrument measures, from the rings of the handle to its probed extremity, eight inches; its probed extremity is half an inch; its cutting-blades, three inches, its weight, 1½ ounces.

The patient having been properly prepared, and placed in the usual position, the grooved staff is passed into the bladder, made to touch the stone, and handed to an assistant, who is directed to draw it well up into the arch of the pubis; the surgeon seats himself on a low chair or stool before the patient's perinæum, and introduces his left index finger, well oiled, into the rectum; then, with a sharp-pointed straight bistoury, he makes an incision in the raphé of the perinæum, commencing four lines from the margin of the anus, and continuing directly upward in the raphé to the extent of an inch and a quarter to an inch and three-quarters. The first incision goes through the skin and subcutaneous tissues; in the next, the point of the knife goes directly into the groove of the staff, as near the "perineal point" as possible. The groove being well cleared, the beak of this instrument—which Mr. Stohlman (of the firm of Geo. Tiemann and Co.) calls a *Cystotome*—is introduced into the groove of the staff, and passed into the bladder. Its blades are then expanded to the extent of from four to six lines, and withdrawn. The surgeon's finger follows its withdrawal, and is guided by the staff into the bladder, when the staff is removed. The finger should be used as a dilator, being turned around in the wound several times. A pair of thin forceps should then be passed along the finger into the bladder, directly upon the stone, when it should be grasped and removed in the usual way.

The advantage of the above-described operation is its simplicity, the small liability of wounding the important parts on either side of the raphé, the absence of hæmorrhage (frequently not a tablespoonful is lost), and lastly, the power the patient has of controlling the discharge of urine during the after treatment.

(*To be continued.*)

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THE MEDICAL ASPECT OF THE ANTI-TOBACCO MOVEMENT.

Readers of foreign Medical literature are aware that France possesses a society against the *abuse* of tobacco and alcohol, of which many able Medical *confrères* are members, such as MM. Cloquet, Jolly, Guerin, Decaisne, Le Bon, Blatin, Morin, Gaillardin, and Bertillon.

There are no less than two societies which oppose themselves to the *use* of tobacco altogether in England, thus being more aggressive than the French societies. The youngest of the anti-tobacco societies, the "English Anti-Tobacco Society," has a good account at its bankers, and a large and active committee. The older society, the "British Anti-Tobacco Society," held its annual meeting in Exeter Hall on May 19th, Dr. C. Drysdale occupying the chair. There was a pretty good attendance in the smaller hall, and letters of sympathy were read from Mr. Ruskin, Sir J. Trelawney, &c. Mr. Marsh, a deputy from the Parisian society, was present, and addressed the meeting. As the Medical aspect of the tobacco question was treated at length by the Chairman, we present the following report of his speech:—

"I wish to say something about one question in what is technically spoken of as the science of hygiene, that branch of Medical science which attempts to discover and to lay down rules for the physical conduct of our lives, so as to enable us to avoid death or disease : I allude to the use of tobacco, which is so prevalent at present in this and most other civilised countries. It appears that the United Kingdom at present has been calculated to pay annually somewhere between twelve and fourteen millions sterling for cigars, pipes, and tobacco, so that it would not be wasting time for me to ask why we do so, and whether we ought to continue to do so. The same question is being asked by a host of Medical men at present in France, Germany, Italy, the United States, and the United Kingdom. Thus, when I mention the names of Brodie, Jenner, Solly, Critchett, Lizars, Copland, Richardson, Wordsworth, Couper, Edward Smith, Hutchinson, and Mackenzie, in this country; of Erlenmayer, Liebreich, Hahn, Kostral, Tiedemann, Eulenberg, Vohl, Lundahl, and Strebel, in Germany; of Jolly, Le Bon, Blatin, Sichel, Decaisne, Gaillardin, Druhen, Morin, in France; and of Mantegazza, Cacopardo, Scalzi, Petrera, &c., in Italy—all opponents of tobacco in any form—I may claim the indulgence of even the most firm believer in the virtue of what was formerly called the *sainte herbe*, when speaking with all my heart against it, as a poison and a destroyer of human health and happiness.

"All species of tobacco belong to the genus Nicotiana, and to the botanical natural order of the Solanaceæ. Other genera in this order are henbane (Hyosciamus), belladonna, and stramonium; all of which are poisons, and all of which have preparations in that cookery-book of the Medical profession, called the British Pharmacopœia. Tobacco, however, is now in that work only mentioned in the form of an enema; and even that is, as far as I hear, never used by any Medical man.

"With regard to the history of the tobacco plant, it seems that, when the immortal Columbus, in 1492, reached the island of St. Salvador, after crossing the great ocean with all its terrors, he sent some of his sailors ashore to reconnoitre the island. On coming back to the ship, these men, among other marvels of the new world, narrated how they had seen some of the natives roll up dry leaves, set fire to one end of the rolled leaf, and then 'smoke like devils.' Thus, the uncivilised natives of the new world taught the old world how to use tobacco. In 1518, Cortez sent some of the seeds of the tobacco-plant to Charles V., and in 1560, a certain Dr. Nicot, then French ambassador at the Portuguese court, sent seeds to France, where it was much praised by physicians of the day, so that it was called '*La sainte herbe.*'

"So extensively has the use of tobacco spread in France in three centuries, that a few years ago it required 25,000 acres of the best land in France for its culture, and the quantity raised was about 24 millions of pounds of tobacco. M. Barral, at the Paris Exhibition of 1866, calculated that Germany grows 18,000,000 kilograms; Austria, 29,000,000; Russia, 14,000,000; Cuba, 23,000,000; Turkey, 45,000,000; and America, 75,000,000 kilograms of tobacco. And, mark, all of this for the consumption of males only; since, I am glad to say, women, with very few exceptions, have hitherto not spent any time or money on tobacco.

"The constituent part of tobacco, which makes it at once so agreeable and so dangerous to health, is nicotine—a liquid alkaloid, discovered so recently as 1809 by a French chemist. So deadly a poison is nicotine, that one-tenth of a grain of it will kill a middle-sized dog in three minutes; and, as the percentage of nicotine in dry tobacco varies from 2 per cent. in Havannah, to about 7 per cent. in Virginian, tobacco, it has been calculated that in a single cigar there is enough nicotine, if given pure, to kill two men; and, in about a quarter of an ounce of tobacco, there may be as much as two grains of this very dangerous poison. A chemist, Melsens, collected, from 4,500 grammes of tobacco-smoke, which he conveyed through water, 30 grammes of nicotine. The alkaloid is soluble in the mucus of the mouth and air passages; and thus smoke, condensed and mingled with water, is easily taken into the blood. Hence, when cigars or pipes are smoked, even out of doors, a notable quantity of nicotine is taken into the system. But, when smoking takes place in a small room, the air taken into the lungs also gives its share of nicotine through the fluids of the air passages; and persons who remain in smoking-rooms, even if not themselves smoking, cannot escape a certain amount of nicotine-poisoning. A plea for women who wait in public bar-rooms and smoking-saloons is not out of place here; for, though not themselves of the smoking sex, they cannot avoid the nicotine-poisoning caused by inhaling smoke continually. I am sure that gallantry will suggest the inference from this proposition.

"Acute poisoning by nicotine to a slight extent takes place usually when smokers commence their apprenticeship to this curious custom. The first cigar or pipe of tobacco produces nausea, spasmodic vomiting, hiccough, oppression of breathing, extreme prostration and fatigue, coldness of the extremities, cold sweats, and slow and intermittent pulse. This first step, which costs so much at the time and afterwards, is the most disagreeable; and the smoker suffers less and less each time he smokes, until his nerves and stomach get accustomed to the slight poison, and become as many do to other noxious stimuli of the nerves and conscience, more or less callous. Invalids, however, very often find they cannot look at a pipe or cigar, and bouts of smoking may at any time lead to a fatal termination, as, for example, in the case of a young man mentioned in *L'Igea* for November, 1871, who died with all the symptoms of nicotine-poisoning after smoking ten cigars for a wager.

"With regard to the physiological effects of tobacco, experiments have shown that (Ed. Smith, British Association, 1864, &c.) smoking makes the heart beat more rapidly and do extra work, from the paralysing effect of nicotine on the minute vessels of the system, which no longer offer their usual resistance to the force pump of the circulation. After smoking eleven minutes the pulse may rise as much as thirty-nine beats in a minute higher than it was before smoking. The presence of nicotine in the blood has been found to increase the number of respirations in the minute in animals. Tobacco poisoning is divisible into two classes, acute and chronic. The first is the result of a large or unwonted dose; the second is the accumulated result of small doses continually repeated. Druhen relates the case of a boy of 14, who died from smoking fifteen centimes' worth of tobacco for toothache, and similar cases of acute poisoning are related in various works on medicine.

"Chronic poisoning by nicotine is the common and every-day form met with in practice; and it is only after many years of smoking that the accumulated effects on the system become apparent. The experiments of Morin (New Sydenham Society, 1861) show that nicotine can be detected in the tissues of the lungs and liver after death. Blatin made experiments on dogs by mixing two or three grains of tobacco with their food, and administering this twice or thrice daily. This caused the heart's action to become feeble and irregular, the animals lost appetite, had diarrhœa, swelling of the gums, loosening of the teeth, followed by palsy of the hind legs, blindness, deafness, and death from weakness. The mucous membrane of the throat and mouth was often so dry during life as to cause some difficulty in deglutition.

"The smoker's sore-throat, hoarse voice, &c., are but trifling affections in comparison with the gradual saturation of the whole system with nicotine, which causes pallor, trembling of the hands, and debility. I know of a physician of one of the hospitals of London who was lately so constantly affected with trembling and palpitation after smoking that he was forced to abandon it at once. Intermittence of the pulse is not uncommonly an effect of chronic narcotism; and a French physician, Beau, mentions cases of a frightful disease, angina pectoris, caused by chronic smoking."

"The fact shown by physiological experiments on animals, that nicotine lowers the temperature of the body, is an important one; and I have constantly noticed that smokers are apt to become more chilly and less able to stand extremes of cold or heat than before they adopted the habit. Smokers are also very frequently dreamy and nonchalant, and not so fresh and energetic as they used to be. Although exceptions to the rule may be cited, it seems that capacity for mental work also is usually much lessened by smoking. For instance, Dr. Jolly (1871, Academie de Médicine) found that the young men at the Polytechnic School of Paris who smoked did not get nearly so many prizes as those who did not smoke. Doubtless this is the case also in the city of London; and adult smokers on an average, I suspect, fail to carry off prizes in the great struggle for existence with non-smokers. Dr. Jolly contends that insanity and general paralysis are caused often by nicotine.

"One of the most notable symptoms produced by chronic nicotine poisoning is a particular kind of blindness, called tobacco amaurosis. Dr. Mackenzie, of Glasgow, made many observations on cases of this kind. Sichel, of Paris, followed him. Mr. Jonathan Hutchinson once related thirty-seven cases of a peculiar kind of blindness, in twenty-three of which the patients had been excessive smokers. Mr. John Couper, of the Royal Ophthalmic Hospital, says that such patients describe themselves as always living in a dim light, even at noon-day. Mr. George Critchett, the great London authority on diseases of the eye, tells me that he is constantly consulted by gentlemen for incipient blindness, caused solely by great smoking. He condemns, therefore, smoking in the most unqualified terms, as most dangerous to human health.

"Tobacco has no food value; and nicotine merely stimulates, but adds no force to the economy. Smoking causes undue fluidity in the blood and pallor in the skin. It produces debility, nausea, and sickness of the stomach. It causes weakness and irregular action of the heart. It causes enlargement of the tonsils, sore throat, and blackens the teeth, making the gums spongy and red, and also congesting the mucous membrane of the mouth, throat, and air-passages. Hence, it tends to produce bronchitis and cough, from the irritation of the mucous membrane of the lungs. Great smokers are not often in thoroughly good health, in my experience. Thus, I once took two hundred consecutive cases of great smokers appearing before me as out-patients at the Metropolitan Free Hospital, confining myself to such as had for years smoked at least half an ounce of tobacco (usually shag tobacco) daily. Most of these men were more or less subject to some of the symptoms found to occur in animals when artificially slowly poisoned by nicotine. A great proportion of them were subject to dyspepsia, vomiting, diarrhœa or constipation, palpitation of the heart, nervousness, and tremulousness. In young men who commence smoking early, pallor of the face is often well marked and great debility frequent, whilst palpitation of the heart is often bitterly complained of.

"Dr. Kostral, physician to the Royal Factory of Tobacco at Iglau (*Ann. d'Hygiène*, 1871), brought before the Medical Society at Vienna, in 1871, some statistics relating to the workers in that Government tobacco factory. It seems that there are 1,942 of these workers, of ages from 13 to 56 years. They are only taken into the factory if likely to live there for twenty years. The workshops are well arranged and ventilated; but during their ten hours of work the operatives are exposed to an atmosphere charged with the dust of tobacco and the vapour of nicotine. This is found to be especially noxious to the young workers recently entering, or to those convalescent from sickness. Thus, the majority of deaths among the children and work-girls in the first month is attributed to nicotine poisoning. Of 100 boys from 12 to 16 recently entering the works, 72 fell sick in the first six months. Their sickness lasted from two to twenty-eight days, and consisted especially in congestion of the brain, different nervous affections, pains in the region of the heart, palpitation, pallor, inflammation of the stomach, intestines, and lining membrane of the eyelids, with fever, lassitude, cold sweats, want of appetite, and sleeplessness.

"Some kinds of tobacco, very rich in nicotine, are found very hurtful to the workers in the Iglau factory. Ulcers on the limbs favour such poisonings; and old workers in the factory have a yellowish hue and white gums, with the colour of tongue and flabbiness of that organ described by Erlenmayer as peculiar to smokers. The work-girls have frequent perturbations in their menstrual functions; and are frequently affected with chlorosis. Among such of these as are suckling there is often noticed inflammation of the breasts, and the milk has a marked odour of tobacco. Abortions are common among these women. Again, of 506 births which took place in three years, Dr. Kostral found that eleven children were born dead, and 206 of them died afterwards, of which 101 died of disease of the brain with convulsions; 110 died at the first three months of life, 160 in the first six months, and 181 in the first year. And it was a notable fact that the majority of these deaths among infants occurred from two to four months old, at the time when their mothers recommenced work, and gave their children milk impregnated with nicotine.

"It is such facts that tempt one to say, in the words of Brodie and others, that if a community (such as the Turks) whose progenitors were healthy were to take to smoking early, and intermarry only with smokers, the race would be sure to deteriorate greatly. I am convinced that smoking tends to the production of rickety and delicate children, and rejoice that mothers are not so misguided as to smoke. I agree with Sir William Jenner that smoking is apt to produce in the long run, palpitation of the heart, prolapse of the lower bowel, and impotence. With Brodie, I am sure that very few smokers do not suffer some harm from the practice to a greater or less extent, whether in being made lazy and listless, low in spirits and hypochondriacal, or even affected like spirit drinkers occasionally with delirium. Toothache and various kinds of neuralgic pains are in my experience frequently produced by the presence of nicotine in the blood.

"If Assurance Companies who take notes of the habits of their customers, would devise some way of separating smokers who are teetotalers from non-smokers who are also teetotalers, I feel certain that it would be found that smoking very seriously impairs longevity. This fact is not at all impeached by seeing some smokers live to be old and without much disease, for analogous exceptions are met with even in persons who have indulged freely in spirits. It is difficult to poison a fine constitution; but the mass of men, in towns especially, cannot stand much poisoning with impunity.

"The use of tobacco is far more prevalent now than it was at the beginning of this century. Before that time it was rare for the better educated classes to smoke; but now we find that the greatest smokers are to be found among wealthy and educated men, whom we should expect to set an example of good habits to the rest of the community. The consequence of this is that even boys at the best schools get into the habit of smoking, because it is fashionable and manly to do so, and not unfrequently because their tutors set them the example, and because no one seems ever to tell them of the very grave evil they may do to their health by the habit.

"Can we not pause a little after hearing these and similar accusations made against tobacco by the greatest Medical men of the most civilised States in Europe and America, and ask—What is to happen if the habit of tobacco smoking be not checked in these and other countries? Let us look at the way in which the native Indians have faded away under the poison of alcohol, which has caused the parents to have a degraded and imbecile progeny, prone to the same vicious indulgence. Let us remember the history of the modern Turks, who were once the terror of Christendom, from the fierce energy they possessed through abjuring the use of alcohol; but who have become lazy, lethargic, and effete, not, I suspect, because polygamous (since polygamy amongst them is confined to the very rich), but solely because they have abandoned themselves more thoroughly to chronic nicotism and opium than any other European nation.

"The mission of the science of hygiene is to secure to each person born into the world that length of life and that physical enjoyment which is compatible with his original constitution, and, in the name of hygiene, I denounce the habit of smoking as opposed to happiness and health.

"It must often have struck many of us with surprise that women are so seldom addicted to tobacco smoking; and it is, I am sure, worth while to ask why this is so. I opine that, among other reasons for women not smoking, there is this one—men would not admire them nearly so much if they did. A pure breath is preferable to one tainted with tobacco smoke, and men would be sorry to see black teeth take the place of *the pearls* which are so ornamental at present in healthy women. Neither would men like to find women becoming lethargic and nonchalant, and losing that vivacity and emotional impressibility which is so agreeable a feature in the female character. Should women gain the franchise, and eventually make good incomes (as so many, I hear, do at present in the United States) and thus become independent, I do trust they will set us a better example than to poison themselves chronically with nicotine. At this moment, doubtless, their exemption is partly to be accounted for by their being under the necessity of pleasing the males in order to get a subsistence. Still, I think that their love of healthy children and their desire to be attractive and of a good complexion may keep them secure from the seductions of tobacco. Women live longer than men partly, I believe, if not mainly, because they do not smoke tobacco.

"This is not a mere national question. It applies to the whole of civilisation. Germany is a great country *in spite* of excessive smoking, as many of its greatest physicians protest at present. France and Italy are groaning under the same difficulties as ourselves, and the sallow countenance of the Yankee smoker has become a well-known picture in many of the works we read concerning the United States. I sincerely rejoice, therefore, to see that a strong and vigorous protest is now commencing throughout civilisation against that fetid herb, which has so overrun the world in three centuries; and I have stedfast hope that the word of science is now too powerful to be despised or its warnings neglected by the masses."

◆

ON CUTTING SECTIONS OF ANIMAL TISSUES FOR MICROSCOPICAL EXAMINATION (a).

By Joseph Needham, F.R.M.S., &c.,
Demonstrator of Histology at the London Hospital Medical College.

We have three classes of tissues to deal with, each differing in consistence. Bone may be taken as the type of the first or hard; cartilage of the second or intermediate, and kidney of the third or soft.

1. Sections of *hard structures*, as bone, teeth, &c., are to be made by a gradual wearing away of the tissues on two opposite sides, corresponding in position, the planes of these sides being kept parallel to each other till the required thinness is attained; this may be accomplished in two ways, as follows:—

1st Method.—Deprive a bone of the ligaments, muscles, and tendons attached to it—in a way that will be presently described—and dry it; then firmly fix it in a vice, and divide it into thin plates by means of a very fine bow-saw, the blade of which should be made of watch-spring and held by screws: place a portion of bone so obtained on a flat surface, and remove the first excess by means of a file; several files may be used for this, commencing with a coarser and finishing with a finer. The section is to be now placed on a good flat hone, and rubbed down on both sides to the required thinness, being kept in contact with the stone by the pressure of the finger or thumb, or fixed on a piece of cork. Although the section is now thin enough, and sufficiently smooth for mounting in Canada balsam, yet when viewed as a dry object, will be found to exhibit numberless scratches, giving it a confused appearance; but this may be easily removed by polishing the section on a glass plate, with a little Tripoli or fine emery powder; a piece of leather firmly spread on a flat piece of wood, with a little powder sifted over it, will also answer the same purpose.

2nd Method.—The bone is sawn into lamellæ, as in the first method, or by a thin circular rotating saw, then ground down to a moderate thinness on a small grindstone, made to rotate in an ordinary lathe, the stone being kept moistened with water. It should then be further ground on both sides on a fine flat whetstone, also rotating, and finally polished as in the previous instance. The sections obtained by both processes should be cleaned in water, either with a camel's-hair brush, or, which is far preferable, a soft toothbrush, and dried; they are then ready to be put up in Canada balsam or dry. The last method was adopted and used by the late Mr. Carter for many years. A sufficient guarantee of its success is the splendid collection of sections of bones and teeth, made by him, in the possession of the Royal Microscopical Society.

Bones may be prepared either by removing the surrounding tissues with a scalpel, and drying, or, after cleaning in this manner, steeping them for some months in a large quantity of water, which should be changed occasionally to prevent putrefaction. During the maceration they should be scrubbed from time to time with a hard brush; and when perfectly clean, they should receive a final scrubbing in clean water, and dried by exposure to the atmosphere, By simply drying, a bone saturated with fat, is generally the result, from which a dry, white specimen cannot readily be obtained; by the latter process, however, a perfectly white bone—especially if it be from a dropsical subject—will be the reward for time and patience expended on it.

II. *Tissues of Intermediate Density.*—Under this head may be classed decalcified bone, cartilage, tendon, and many tissues hardened by chromic acid, and other agents. Sections of bone prepared by the methods already described, although very instructive and beautiful, do not show the soft organic structure but only the bony framework; if we desire to exhibit the relations existing between the periosteum, blood vessels, and nerves, it will be necessary to soften the bone; to effect this, after being cleaned from surrounding tissue, it is to be placed in a large quantity of one of the following solutions:—Chromic acid, 3 or 4 per cent.; or a mixture recommended by Professor Rutherford (*a*), consisting of nitric acid, 2 per cent.; chromic acid, 1 per cent. When the softening is carried on in this solution, the tissues assume a bright green colour, due to the decomposition or reduction of the chromic acid into sesquioxide of chromium, $Cr_2 O_3$. Nitric and hydrochloric acids in a state of extreme dilution have been recommended by Dr. Frey (*b*) and Dr. Beale (*c*).

Cartilage, whether hyaline or fibrous, needs no preparation. Glandular, nervous, and muscular tissues, and other soft structures, require hardening in methylated alcohol, solution of chromic acid and its salts, either singly or combined, or in union with sulphate of soda, varying in strength from 2 to ½ per cent., or even less. Saturated aqueous solution of picric or carbazotic acid, strongly recommended by Ranvier (*d*); solutions of osmic acid, ½ per cent. (Schultze), bichloride of platinum (Merkel), bichloride of mercury, and chloride of palladium (Schultze). Of all these, chromic acid, its salts, and alcohol are preferable. It is not my province to enter into the subject of softening and hardening, suffice it to say that tissues may be made to assume—by subjecting them to the action of these solutions—a sufficient degree of softness in the first case, or of solidity in the last, to permit of sections being made with an ordinary razor or scalpel. For this purpose, a piece of cartilage, or of any tissue which has been softened or hardened to a density resembling it, may be held in the hand, or placed on a small, flat, plate of wax, being fixed in a convenient position by the middle finger and thumb of the left hand, whilst the thickness of the section is regulated by the nail of the forefinger of the same hand. The razor, which should be wetted with water, spirit, or glycerine, in this case must be held horizontally, with the cutting edge directed downwards; the section is made by drawing it from before, backwards. This method has been in use for some time at the London Hospital, and is universally liked.

(a) Read before the Medical Microscopical Society, April 18th, 1873.

(*a*) Rutherford, No. 45, "Quarterly Journal of Microscopical Science."

(*b*) Frey, "Das Mikroskop und die Mikroskopische Tecknik," American translation by Dr. Cutler.

(*c*) Beale, "How to Work with the Microscope."

(*d*) Frey, *loc. cit.*

For the purpose of hardening, the following agents may also be employed:—Aqueous solution of oxalic acid; drying, or boiling in a mixture composed of creasote, vinegar and water, and then drying, but they cannot be recommended; all have been deservedly superseded by those previously enumerated, and are now entirely relinquished.

III. We will now direct our attention to the preparation of sections from those tissues classed in the third division, which includes nearly all fresh material, from which good preparations cannot be obtained, without the assistance of some special arrangement, *e. g.* Valentine's knife, embedding, or freezing.

(A.) The double-bladed knife invented by Professor Valentine is especially recommended by Dr. Beale (*a*). It has been made to assume an endless variety of forms, every maker of the instrument modifying it in some way. Four forms only are worthy of notice. (1.) The original consists of two blades, differing in length; the longer is firmly secured in an ivory handle, the shorter is fixed to the longer by means of a screw, the distance between the blades being regulated by a second screw situated nearer the cutting portion of the knife; the blades are sharp at the point and wide at the base, so that the cutting-edge slants downwards from the point. (2.) The second form is that made by Mr. Matthews: the whole of this knife is constructed of metal, the blades being continuous with the handle; they are short, and of equal breadth throughout; the cutting edges are convex from point to base. An eye is attached to one blade, and on the other—in a corresponding position—is a longitudinal slot. In bringing the two portions of the knife together, the eye passes through the slot, and they are secured in position by sliding through the eye a spring-side thumb catch. The distance between the blades is regulated by one or two screws. (3.) The next form is that invented by Dr. Maddox, and manufactured by Mr. Baker, of High Holborn. It is a triple-bladed section knife. The circumstances that led to this invention are briefly described by him (*b*) as follows:—"I felt the want of some method by which a double section might be cut, so as to present, when removed, the opposite but contiguous, surfaces of the part through which the section had passed, and which with the ordinary double-bladed knife is quite impossible." This knife overcomes the disadvantage referred to; at the same time by removal of one of the outer blades it is convertible into an ordinary double-bladed knife.

In using these knives a difficulty will be experienced in regulating the blades so that the interval between them may be equidistant throughout; to render this more easily accomplished, Mr. Hawksley, of Blenheim Street, has constructed an improvement on Matthews' form. (4.) A spring as fixed between the two blades, the distance being regulated by one screw, which has a graduated milled head. By this arrangement parallelism is obtained with facility; it also has the additional advantage of indicating and regulating the thickness of the section.

The tissue to be operated on may be placed on cork, on the wax tablet before referred to, or on leather, and held steadily between the fingers and thumb of the left hand, or may be simply retained between the fingers and thumb. The method devised by Dr. Fenwick is remarkably good for membranous structures, *e. g.* a portion of stomach is drawn around the thumb and held in position by the fingers, the section being taken from that part covering the thumb nail. The knife must be drawn by one continuous stroke completely through the tissue, then the cutting edge slightly turned, so that the section may be severed from the surrounding material. The section is now made, and is to be liberated by opening the blades and gently agitating the knife in water, when it will float off; or it may be displaced from the blade with a camel's-hair brush. In removing thus, great care is necessary, otherwise the section will be lacerated. As regards wetting the blades, the same precaution obtains here as in the method described in section II.

(To be continued.)

(*a*) Beale, *loc. cit.*

(*b*) Maddox, No. I "Monthly Microscopical Journal."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 4, 1873.

THE (BRITISH MEDICAL) ASSOCIATION AND MEDICAL REFORM.

UNDER this caption the Journal of the Metropolitan Committee of the British Medical Association publishes in its last issue a concise history of that corner of the Medical Reform movement to which the intervention of the Association has, in past years, been confined, and it laboriously assures the Medical Profession, with much repetition, that all the light which since 1852 has fallen upon the question of Medical education and practice has radiated from Queen Street, Lincoln's-Inn.

The *Journal* importunes us to believe that it, and not the *Lancet*, is the only original Medical law-giver, and that all other persons, notably the *Lancet*, using such trade-mark are impostors; and to sustain this proposition—a new one to those who are acquainted with the actual progress of events—it unblushingly appropriates to itself all the services which have for the last twenty years been rendered to the cause of reform by Mr. Headlam, or any other person who may have been complaisant enough to listen to the say of the Association Council.

The parallel between the Medical measures constructed by the rival Journals—the *Lancet* and the *British Medica Journal*—is perfectly just and expressive of the real truth as regards the services of each. Both editors have been the advocates of schemes which, however meritorious in principle, were utterly impracticable.

The *Lancet* has, indeed, excelled in this quality, but the Association has followed close in the contest of impossibilities. Not to follow the *British Medical Journal* back to its chimerical Bill of 1852, we may remind our readers that so late as 1870 the coach was upset by the demand for its own method of direct representation, and the Bill which passed the Lords was left out of the Commons principally because the British Medical Association stopped the way. No part of the present Bill, except the clause for adding six new members to the Medical Council (which provision is likely to be fatal to the measure) is inspired by the Association or its Editor. It is, substantially, the Bill framed by the Irish College of Surgeons in 1870, and after its adoption by Lord Ripon put into parliamentary form by the Privy Council Office. Neither Mr. Headlam nor the Association has had hand, act, or part in it, except to add to it a direct representation clause, which not even those whom it is intended to serve can approve of.

Mr. Headlam is entitled to the best acknowledgments and earnest gratitude of the Profession for his long-tried zeal for reform, but he who would aspire to be the Medical legislator of the future would be wise enough to keep his skirts free of the grasp of any clique who may be disposed to compete for his popularity by appropriating his services. The only man who can make an acceptable Medical Reform Bill will be he who can recommend to the House of Commons a measure which shall have no aroma either of Corporate jobbery, University narrowness, *Lancet* revolutionism, or "British Medical" impracticability or Professional self-interest. In the attainment of such an object he will certainly receive no help from the intervention of fussy committees or the laudatory co-partnership of rival journals.

◆

THE ANÆSTHETIC CONTROVERSY.

SINCE the ventilation of the question of etherisation this session at the Surgical Society of Ireland by Dr. Morgan, the question of the relative applicability and safety of ether and chloroform has excited considerable interest, and the committee appointed to enquire into the subject furnished the several Dublin hospitals with schedules to be filled up at the time of administration, in which various items were referred to.

The tabulation we printed in last week's number gave an outline of the more salient results, particularly as to the questions which have been debated, of the applicability of ether. The objections have chiefly hitherto been those of the use of a large quantity of ether, its diffusion through the room and to the bystanders, the formation of cold and ice on the face, irritation of the skin, the resistance to its inhalation, struggling, sickness, &c. The returns which have been filled up by various persons and at various hospitals independently one of another, demonstrate that these objections are not valid; the use of an inhaler properly constructed obviates the objections of diffusion, odour, danger of inflammability when operating by gas or candle light, formation of cold, &c. Sickness, which has been so much talked about, is found to be rare indeed, and to bear no proportion whatever to the well-known "chloroform sickness." The patients awoke, as a rule, "jolly," and not depressed. No *contretemps* occurred in any of the cases, although one is noted as 80 minutes under complete anæsthesia (we are aware of another, previous to the issue of these enquiries, that was 1¾ hours completely anæsthetic). On the other hand, in the few chloroform cases that were noted, one of them caused much anxiety, and three were sick.

It is remarkable that the colour under etherisation is good, and the blood which flows during operation of a bright hue; the pulse increased in frequency and in general fullness. The results so far seem greatly in favour of ether, but as our readers can judge for themselves we have put the reports for their inspection.

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REMARKS ON THE CONTAGIOUS DISEASES ACTS DEBATE.

[COMMUNICATED.]

THE recent discussion and vote in Parliament have demonstrated that the balance of opinion is decidedly in favour of the extension of the Acts, notwithstanding the extraordinary outcry that was raised and the more extraordinary assertions that were made before the Royal Commission on the subject. The opponents of these Acts, who cannot certainly be blamed for want of vigour and pertinacity, had every facility given to them; in sporting parlance, they not only "won the toss," but they were freely given every advantage; yet the evidence to any one judging impartially is wholly against their assertions as to the difficulties and imperfections of the working of the Acts; beyond any question the solid advantage to the State is established by the returns furnished from trustworthy sources as to the direct repression of this horrible plague where the Acts have been enforced.

It must also be borne in mind that the advocates of the system left many sources of information unsupplied; for instance, no testimony was sought from Ireland, where the Acts are in force in some military quarters, and though in Dublin the percentage of the disease amongst the troops is enormous, being absolutely the next to that of London, no evidence was brought from these quarters; yet in Dublin the voluntary system (so strongly advocated by the opponents of the Act) is most efficiently and actively carried out, and the compulsory system has been in force in other districts, as Cork and the Curragh. The contrast between the two would have satisfied, we apprehend, the most sceptical. However, the vote taken now on the question has finally established to what line legislation should incline, and what the effect of the testimony given at the late Commission has been. We trust that the large majority which has expressed an opinion will encourage the Legislature to deal vigorously with the question and endeavour to check a disease so prevalent and so pestiferous. As to the question of theories of prevention or theories of the cause of the existence of this evil, or theoretical schemes of restraining men such as soldiers from indulgence in so powerful an impulse, by a money fine, we must look on these as beside the question altogether. A disease is in existence, women voluntarily adopt a trade which particularly entails the disease, their occupation renders them propagators of the evil; they must be restrained by the same laws as are recognised already by the State. How to restrain a passion such as stimulates the male, and which is a necessary element of his vigour, is another question, we fear theoretical in the extreme, and when some method has been *proved* to be efficacious in so doing, and to be capable of application, we may then adopt it or enquire into its merits and demerits, but when, on the other hand, practical experience has shown that by the application of certain measures, beyond question an absolute good has been effected, and that the diminution in a marvellous degree of an intolerable contagion has been effected, we go beyond theory and have established the true reason for the vigorous application of measures so advantageous, as far as our means go, of increasing the *salus populi* and fulfilling one of the chief duties of the State, the necessity for which has been so forcibly put by the statistics lately shown by one of the London papers :—

At St. Bartholomew's Hospital . .	About half the patients.
At Guy's „ . . .	43 per cent.
At all the others.	25 to 33 per cent.
At Skin Diseases Hospital . . .	12½ per cent.
Ophthalmic „ . . .	20 per cent.
Throat „ . . .	6 per cent.
Hospital for Sick Children . .	174 hereditary cases treated.
At Glasgow (Orphanage) . . .	38 ditto

With an effective force of 75,000 men it was found that 20,600 entered hospital infected with syphilis, while with the women it was found that 33 per cent. were diseased and daily communicated infection.

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Notes on Current Topics.

Complete Extirpation of the Uterus for the Cure of Prolapse.

Martino Barba, of Naples, relates a case of this operation. A woman, æt. 25, mother of two children at the last confinement; she had complete inversion of the womb followed by severe hæmorrhages, which continued at monthly periods, and after a time ensued from the slightest emotion or touch. She became thoroughly anæmic. As reduction could not be practised it was determined that the uterus itself should be removed ; this was done by means of the écraseur for the first part of the operation, the separation being completed by means of a stout ligature. There was slight peritonitis, and the patient recovered completely in 22 days. The removed part showed it consisted of the uterus, some of the broad ligaments, and the Fallopian tubes. The author finds that in 61 such operations, 44 succeeded, and in the cases where ligature was used the most successful results were obtained.

Two Cases of Traumatic Tetanus Cured by Neurotomy.

It will be unnecessary to draw special attention to the two following cases ; their importance will be apparent to all. They seem to point to a successful mode of treatment of a hitherto very fatal disease. The first is a case of traumatic tetanus consequent on a crush of the fourth and fifth toes. The wound was followed by inflammation and mortification, which partly yielded to treatment. On the 9th day symptoms of tetanus commenced to show themselves. Prof. Rizzolé, having been called in consultation, discovered a white filament in the wound, which he recognised as a nerve, and which when touched caused intense pain, followed by tetanic convulsions. This nervous filament was excised, and with it departed the pain in the whole of the affected region ; the rigid muscles became relaxed, and the convulsions became more and more rare. On the 16th day after the neurotomy the recovery was complete. The nerve, when examined under the microscope, showed several dilated points, due to inflammation of the neurilemma.

The next case is that of a man who received a gun-shot wound in the left forearm. The shot caused severe laceration of the anterior muscles, and finally lodged under the skin near the elbow joint. On the 8th day there was severe hæmorrhage from the bronchial artery, which necessitated ligature of that vessel. On the 10th day an abscess was opened at the bend of the elbow. On the 12th the ligature came away, and there only remained a small fistulous opening. The patient had been going about for eight days when tetanic contractions appeared in the arm, afterwards extending to the whole body. Excision of the N. musculo-cutaneous was performed by Dr. Marinelli, with such success that in three days the tetanic symptoms had disappeared.—*V. Gazette Médicale Belge, No.* 21, *and Gazette Médicale Ital. Prov. Venet.*)

Liquor Picis Alkalinus.

The following preparation is that of the late Dr. H. D. Bulkley, of New York, who proposed it to fill the place of a secret French preparation of tar :—

℞ Picis liquidæ, ℥ij. ;
Potassæ causticæ, ℥j. ;
Aquæ, ℥v. m. ft. sol.

This mixes with water in all proportions, and discolours the skin to a very moderate extent. It dries rapidly and leaves very little stickiness. He has used it in all degrees of strength, and regards it as one of the best methods of employing tar. The potash heightens the anti-pruritic effect of the tar. The solution he has employed with advantage in eczema, both in its chronic stage with thickenings, and in the more acute forms, where exudation has about or nearly ceased and the itching is intense. In chronic cases with infiltration, it may be used in full strength. Good success has followed its use in lupus erythematosus and psoriasis.

Obscure Forms of Hemiplegia.

Dr. C. E. Brown-Sequard, in the *Archives of Scientific and Practical Medicine*, of February, gives in detail, with comments, the histories and *post-mortem* examination of four cases of hemiplegia.

Case 1st.—Wound of the medulla oblongata in its right half attended by paralysis of the right side of the face, and of the right limbs.

Case 2nd.—Right half of the medulla oblongata almost entirely destroyed by a tumour, attended by paralysis of the right side of the face, and of the right limbs.

Case 3rd.—Lesion of the right side of the medulla oblongata attended by paralysis of the left extremities and right side of the face.

Case 4th.—Tumour occupying the whole left side of the pons varolii, attended by hemiplegia on left side.

1. After showing that the facts recorded in these cases cannot be explained by the accepted views of the physiology of the cerebral centres, the Dr. remarks that we must admit that either half of the brain alone can will and regulate the movements of the limbs on the two sides.

2. When disease exists in any part of the brain proper, the cerebrum, the pons varolii or medulla oblongata, the lesion can produce paralysis either in the corresponding side or the opposite side.

3. If there be paralysis it is produced not by the destruction of either the organ of the will, or that of conductors between it and muscles, but by an arrested influence exerted on distant parts by the irritation of the diseased fibres or cells.

Skim-Milk in Diabetes.

For three years or more the proposal of Dr. Donkin to treat diabetes by an exclusive diet of skim-milk has been more or less before the Profession, and more than a year ago this plan of treatment was fully described in a pleasantly-written volume (*a*), in which the symptoms and pathology of diabetes and Bright's disease were illustrated by some interesting clinical observations. This work would have been noticed at an earlier date, but our reviewer had waited in the hope of putting the plan fully to the test. Dr. Donkin has, in the meantime, related more successful cases, and other persons have also reported favourably of the method of treatment. Among them may be mentioned Dr. Greenhow, who lately brought a case before the Clinical Society. It is desirable that all who try this plan should remember that Dr. Donkin lays great stress on the necessity of following his plan absolutely. It is not fair certainly to call a partial trial a failure. Only skim-milk is to be taken, and that is to be the exclusive article of diet. The patient must live on it entirely for several weeks. No benefit need be expected for the first ten days, or even a fortnight—and a month or more is required to cause the disappearance of sugar from the urine. In some cases less time has sufficed. In others more has been required. We really think Dr. Donkin is entitled to expect that those who speak of his plan should be particular in this respect. He has related most striking cases, and it is not irrational to expect that glycosuria may be caused to disappear by some sort of very strict diet. If patients cease to pass urine loaded with sugar, and gain strength and flesh under such a diet, surely they will be ready to deny themselves indulgence in other food for a time. We draw attention to the subject in this place as deserving consideration, and shall be glad to receive the history of cases in which our readers may have tried Dr. Donkin's plan of treatment.

Brain-work and Brain-worry.

Our readers will remember the remarks made by Dr. Radcliffe "On Brain Work," which appear in our articles on the Croonian Lectures. In connection with them it is interesting to observe the distinction between work and worry.

The Boston *Medical and Surgical Journal* says:—From this text has proceeded much profitable hygienic discourse, of late, in some foreign journals. The conclusion reached is this: brain-work is conducive to health and longevity, while brain-worry causes disease and shortens life. The truth of the statement, and its application to what we see around us, is evident enough; yet it is well that such subjects should be continually discussed. Intellectual labour, although severe, like that performed by the judges of our highest courts, or by scholars and persons devoted to literary persuits, if unmixed with excitement, and followed with regularity, is seen to promote bodily health and long life. On the other hand, mental cares, attended with suppressed emotions, and occupations which from their nature are subject to great vicissitudes of fortune and constant anxiety, break down the lives of the strongest. Every one has seen a class of men whose early mental training was deficient, and to whom the writing of memoranda was irksome, engaged in middle life in great undertakings, and taxing the memory with a mass of complicated business accounts, simply because they could more easily remember than write. Their power of memory for a certain kind of facts is often truly astonishing, but the strain is at last too much and they die before their time. The brain-worry of our school children might furnish useful illustrations of the truth of the same general proposition, but we forbear.

Arresting Small-pox by use of Tinct. Ferri Chloridi.

In the *Medical Herald* of March, Dr. J. P. Rood, of Santiago, Chili, strongly recommends the use of tincture of iron in small-pox, and talks of cutting short the disease, and curing the patient in a week or even less. He gives it in all stages of the disease in doses of from five to fifty drops every four to six hours. Between the doses he gives from one-third to two teaspoonfuls of prepared chalk. Such treatment seems to him rational!

Effusions of Blood caused by a Nervous Influence.

Dr. Brown-Sequard, in the *Archives of Scientific and Practical Medicine*, offers an explanation of some curious cases of effusion of blood.

1. He has shown that injury to the dorsal region of the spinal cord is followed by congestion, and often effusion of blood in the supra-renal capsules.

2. Irritation of the nerves of a limb may produce hæmorrhages in the bowels or other abdominal organs.

3. Injury to the corpus restiformis is, in guinea pigs, rapidly followed by ecchymoses under the skin of the external ear.

4. Lesion of the pons varolii or neighbouring parts of the brain is followed by an immediate effusion of blood into the lungs or other organs, as heart, pericardium, pluræ, supra-renal capsules and kidneys, stomach, bowels, liver.

5. The nerve fibres by which these results are produced, are not transmitted by the par vagum, as experiment proved.

6. They are transmitted by the spinal cord, from which they pass into the first thoracic ganglion of the sympathetic nerve, and thence to the various organs.

7. The tearing of blood vessels which gives rise to an effusion, in the experiments detailed, must be due to either—(*a*) a contraction occurring at the same time in veins and arteries, that in one of these sets of vessels taking place gradually from a trunk towards its ramifications, pushing the blood into capillaries till they burst and give rise to the effusion of blood; or (*b*) a similar contraction taking place simultaneously in both arteries and veins, so that both vessels push blood towards the capillaries, and so burst them.

8. It is certain that the capillaries are the vessels which

(*a*) The Skim-Milk Treatment of Diabetes and Bright's Disease. By Arthur Scott Donkin, M.D., Lecturer on Medical Jurisprudence in the University of Durham. London: Longmans and Co.

burst and allow the effusion of blood. Further, it is by an irritation of nerves of blood vessels that the irritation of the pons varolii produces ecchymoses and larger hæmorrhages in the lungs and elsewhere.

Hereditary Supracondyloid Process in Man.

Dr. Struthers, of Aberdeen, lately contributed a paper to a contemporary, "On Hereditary Supracondyloid Process in Man." This structure for some years past has been carefully dissected at St. Petersburg. Dr. Struthers detected it during life in the father of a family in one arm, and in no fewer than four out of his seven children. Of the latter three had this outgrowth on one side only, and that the same as in the father, the left; while in the fourth, a son, it occurred on both sides, and in a greater degree of development; that, however, on the left still predominating in size.

Professor Gruber, of St. Petersburg, mentions (*Bulletins de l'Academie des Sciences de St. Petersburg*, tome xx., p. 455) that this process may mislead a surgeon ignorant of its possible existence; and Professors Turner and Struthers (*Journal of Anatomy*) regard its occurrence in man as more frequent than is usually suspected.

The Belgian Medical Association on Drunkenness.

Dr. Desquin, of Antwerp, has submitted a report to the Medical Association of Belgium on the increase of drunkenness in that country. Dr. Desquin is president of a commission appointed to investigate the subject.

Febris Diphtheroides.

This is the name given to a disease first described by Dr. G. H. Gray, assistant-surgeon United States Navy, in the *American Journal of Medical Sciences* for January last. Dr. Gray was on duty in China, and observed the disease at Shanghai and Ningpo. Diphtheria and intermittent fever both prevail in the regions above mentioned, but the febris diphtheroides is to be clearly separated from them.

Anatomically it is a fever accompanied by inflammation of the mucous membranes of the body, this inflammation being attended by an exudation which has a tendency to organise. The exudation, at first thin and transparent, like the white of a raw egg, soon becomes thick and opaque, with less abrupt edges than diphtheria proper. Exfoliation takes place in a few hours, and is generally followed by a second or third formation, each new formation being accompanied by a chill.

Clinically the disease begins with general lassitude, loss of appetite, closed bowels, soon a well-marked chill, followed by a fever. The skin sometimes presents peculiar appearances. The tongue is characteristic of the disease. The edges are red, looking like raw beef, and the rest of the organ resembles an unbaked brick.

The pulse is variable. In every case, within forty-eight hours after the chill, there is pain and tenderness of the abdomen. There is considerable tympanitic distention of the colon, and the countenance of the patient is anxious, expressive of pain or distress somewhere in the economy. The sensibility of all the parts attacked by the inflammation is destroyed. Duration of disease is from one to two weeks. Those who recover do so rapidly, and steadily maintain their usual robust health. The patient ascribes most of his suffering to the distention of the abdomen.

The diagnosis is readily made out from the condition of the tongue, uniform constipation, abdominal symptoms, and the throat appearances.

In treatment quinine and iron are given, large doses of hyposulphites, and other remedies to meet the various symptoms.

Quinine in Whooping-Cough.

Dr. Dawson has reprinted an article on this subject, which he has published in the *American Journal of Obstetrics* for February last, strongly advocating the use of quinine in whooping-cough. We extract from his pamphlet the following rules for the use of the drug:—

1. Give the quinine (sulphate), dissolved by acid, in pure water only. For children under three years, from five to eight grains, and for older children and adults from ten to twelve grains to the ounce.
2. Give not less than a teaspoonful every single, or at the longest every two hours during the day, and whenever cough comes on in the night.
3. Give nothing afterwards for some minutes to destroy the taste or to wash out the mouth.
4. Continue giving it, notwithstanding the first doses may be vomited.
5. Be sure that the quinine is pure and thoroughly dissolved.

Out of sixteen cases thus treated, the shortest cure was effected in one day, and the longest in twenty days. In two cases there was a partial failure, due to negligence in giving the medicine.

Extraordinary Cost of Lunacy.

The cost to the parish of Liverpool (which only includes a portion of the borough) of maintaining the pauper lunatics for twelve months past has been £17,000, or about £2,000 more than in any previous year.

Normal Ovariotomy.

Under this heading Dr. R. Batty suggests the use of excision of the ovaries as a preventative of incurable maladies. He instances the case of a girl of twenty-one who experienced the menstrual molimen monthly for five years. She got an endocarditis with hypertrophy and died. Examination showed that the uterus was imperfect. He tried the excision of the ovaries in a young girl who had menstruated but twice from the age of sixteen to twenty-three. She got endometritis, which was followed by abscess, and ovariotomy was finally decided on, and it was found that ovarian abscesses had originally formed. She recovered in thirty-one days, and her condition of health improved. We hardly think that "Norma Ovariotomy" will gain many advocates.

A recent occurrence, to which we refer with much pain, has given rise to great excitement and distress amongst the Medical men of Dublin. A member of the Profession—professor in the oldest and most respected institution in Ireland—has been arraigned before the metropolitan magistrates for having habitually travelled in the carriages of the Wicklow Railway Company without a ticket, and without any authority to pass free. The gentleman in question has hitherto enjoyed a spotless reputation, and considerable independent means, and is chairman of a mercantile company whose business is carried on in Wicklow. He defended himself from the imputation of dishonest intentions by denying that, as the responsible officer of a company which had large business transactions with the railway company, he considered himself entitled to travel free over their line, and he had been at one time in possession of a free pass, for which he had not taken the trouble to ask a renewal. The magistrate, however, considered the charge proved, and imposed a fine of 40s. Pending a further development of the case, which is said to be likely, we do not think ourselves justified in mentioning names.

The fourth donation of £1,000 has just been received from the same anonymous individual by the authorities of St. Mary's Hospital, London.

The fourth donation of £1,000 was announced at the annual meeting of the Brompton Consumption Hospital last week from the same anonymous benefactor.

The second child of Her Royal Highness Princess Alice (Princess of Hesse) fell from one of the windows of the Palace at Darmstadt on Friday last, and fractured his skull. Death almost immediately ensued.

The *Lyon Médical* of May 25 contains an article on Dr. Burdon-Sanderson's "Views on Pyæmia and Septicæmia."

Dr. Humphry, F.R.S., commenced his course of lectures on the "Varieties in the Muscles of Man," in the theatre of the Royal College of Surgeons, on Monday, and will be succeeded by Professor Holmes, who will deliver six lectures "On the Surgical treatment of Aneurism in its various forms."

In ten poor-law unions in England there was expended, year ended Michaelmas, 1871, upon alcoholic drink the sum of £126,000, of which £11,275 was upon officers, and the remainder on paupers.

Literature.

HANDBOOK FOR THE PHYSIOLOGICAL LABORATORY (a).

[FIRST NOTICE.]

The publication of a handbook for the physiological laboratory, in which Drs. Klein, Burdon-Sanderson, Michael Foster, and Lauder Brunton, unite their efforts, is quite the event of this season's Medical publishing. To give a review of the volumes before us would occupy more space than is usually assigned to one or two notices in the weekly journals. Inasmuch as no such handbook is to be obtained in the English language, it seems, however, to demand that we should give some account of it, especially as it will probably go far to influence the teachings of practical physiology in our Medical schools, where this branch of instruction has not yet settled down into anything like uniformity.

Our first announcement is, that the book consists of two volumes, one of which contains the text, the other the plates. The text is a very handsomely printed volume of 580 pages, in which there is comprised a good index. The plates form a thinner volume of the same size. There are no less than 123 plates, the quality of which deserves the highest commendation. The artist, Mr. Collings, has both drawn and engraved most of the histological illustrations, and while their accuracy is thus ensured, we cannot withhold our admiration for their artistic effect. These engravings are from original drawings by the author, and thus are quite new, even to those who have read other works. Some other drawings have been lent by Mr. Sutton, from his work on "Volumetrical Analysis." The plates alone form a superb book for the student, and with the text, which may be looked upon as a sort of key to them by men of the highest reputation, should find a place in every earnest student's library. Not, however, as a library work alone. Indeed, the editor tells us distinctly that it claims a place in the laboratory rather than the study; and while we entirely accept this as its first use, we must say that in the study it is not out of place. Its primary value is to those actually at work; it should, therefore, be used by everyone going through a course of practical physiology, and afterwards it will be found invaluable as a means of refreshing the memory.

To others, however, it cannot fail to be of value. Let the many who are removed from the possibility of laboratory work, but who wish to inform themselves as far as possible by reading, as to the progress of experimental physiology, take this work in hand. They will find much in it that they will be very glad to learn. They will see the nature of that experimental work in which the distinguished authors desire to train the next generation of practitioners. They will acquire a knowledge of how far physiology is based on experiment, and they will appreciate the nature of those experiments which are considered fundamental. Moreover, they will have brought before them the facts of histology and physiology, as they have never before been grouped for the purpose, and by exalting the plates to the first position, and using the text as a key, those facts they may learn *through the eye*, in a way that can only be surpassed by the actual preparations themselves. These considerations lead us to recommend this work to practitioners as well as students, and to compliment the publishers as well as the authors on the production of a handbook, which is a credit to English literature. In a future notice we hope to criticise portions of the text.

HEALTH IN INDIA (a).

The traveller who, in preparing the inevitable account of his adventures and *discoveries*, made the post-prandial confession that the only difficulty he experienced in the whole matter was in describing places he had never been at, has been replaced by a more recent creation, namely the easy-chair geographer. The easy-chair authority upon health in India, considerably older than his brother the geographer, has like him been accepted as Sir Oracle. Has he not spent a whole half-hour at a time in a conservatory with the temperature at 80° F.? "Yes, 80° of Fahrenheit's scale, sir, and did not suffer a bit in health from it, rather enjoyed it." "Don't tell me that the mere heat of India does any person any harm. If people get sick and die there, depend upon it they have themselves to blame. It's all from drinking, curry, and punkahs—the punkahs most dangerous of all—only a little less terrible than the ferocious dhoolies on the field of battle." Mr. Hunter, unlike such *authorities*, has lived under the conditions, the effects of which he well and truthfully describes in the work before us. He tells his readers that they who proceed to India will there be exposed to many causes of sickness and death besides those which prevail in the United Kingdom, the principal being cholera, liver disease, dysentry and fever. He points out that, in addition to these, pulmonary consumption and mental disorders are more common than in Britain, and that even when no actual disease occurs, a gradual deterioration of health takes place after a few years. He believes that persons of the melancholic and nervous temperament suffer more than those of the phlegmatic, "of a sluggish nature, proof against the pests of daily life, and with no mental corns to tread upon." But what will men who are about to marry think of his notions about women? He enumerates various forms of illness which specially affect the fair sex in that country. He tells intending husbands that they should "reflect how far they will be justified in undertaking the responsibility of a wife in an unsuitable climate; that in nine cases out of ten she will require a change to Europe every three or four years;" and adds, "this is an important consideration when the pocket is concerned, into which, as the money is doled out, the affections may be put."

(a) "Handbook for the Physiological Laboratory." By E. Klein, M.D., J. Burdon-Sanderson, M.D., and T. Lauder Brunton, M.D. Edited by J. Burdon-Sanderson. Two Volumes. London: J. and A. Churchill. 1873.

(a) "Health in India." By George Yeates Hunter, Surgeon, Bombay Army. Calcutta: Thacker, Spink & Co. London: W. Thacker & Co Bombay Thacker, Vining & Co.

He deals severely, but certainly not more than is perfectly right, with the views expressed by some arm-chair sanitarians in regard to *climate;* he alludes to the great results claimed by some of them as following the extensive and expensive *improvements* that have of late years been introduced in India; and, as a commentary, observes that while he wrote "cholera is striking down its victims in some of the largest military station," and from many districts it is never wholly absent. Like civilisation, sanitation, which is one of its prroducts, often travels the wrong road, and expends itself in petty minutiæ, detailed with much verbiage—in the words, according to the Scotch proverb, "in muckle cry and little oo" (wool). He dwells upon the influence of climate and alcoholic drinks in producing mortality, and that enormous amount of invaliding among our troops, "which tends to disguise the real state of affairs, and to furnish too *couleur de rose* figures;" and points out the removal of the troops to the Hills as a partial remedy for both these evils. No doubt, were the object of Government in maintaining a large force of white troops in India no other than to preserve their health, this would be best attained by the manner Mr. Hunter advocates. When, however, it is borne in mind that soldiers are there "to hold" the country, only such sanitary measures as are compatible with this great object really come within the sphere of the military and medical authorities. Even according to the views of the author, however, residence in the Hills could not ensure health, nor prevent the necessity of occasionally sending men back to the United Kingdom for change of climate.

Having discussed the more general subjects of fitness for life in India, and climate, the author devotes a considerable part of his volume to matters connected with the care of the body, such as diet, exercise, clothing, bathing, ventilation, sleep, occupation and travelling, his remarks on all being judicious and practical. With regard to occupation in India, he observes, "that bad as overwork may be, underwork is worse; and where one person overdoes it in the tropics, ten underdo it." "Unquestionably, long-continued and excessive heat causes languor, and makes it an effort to settle down to work; but persons will find their reward in better health and spirits if they conquer indolence and cultivate a habit of work." He warns against inordinate brain work, however, "Straining the intellectual faculties without remitting the strain, and giving time for relaxation, has, in many notorious instances, been attended with disastrous consequences." On the other hand there are many officers and civilians in India whose compulsory work is so limited as to be almost nominal, and to those supplementary exertion is a boon.

The hints given regarding the means to be taken in times of sickness are valuable and useful, not only to patients but to their Medical attendants. He gives five years as the ordinary interval at which *home* should be visited, and we venture to assert that very few, even of actual experience, will think otherwise. From subjects more immediately bearing upon adults, Mr. Hunter passes on to those connected with the nursery. All Indian children are sickly, but according to the author those born *at home* and taken out there suffer more than those who are born in the country—an observation, the correctness of which we are just at present without the means of testing, but which we commend to the attention of officers and others debating the question, whether or not to take young children out with them to Hindostan. Not only, however, do infants and little children suffer from *climate* to an extent far greater than adults, but they by no means seldom do so also from want of care by an natural viciousness of their native nurses or Ayahs. Mr. Hunter tells us that their little creatures are sometimes drugged, and he mentions a case in which an infant was smeared all over by its nurse with the juice of prickly pear, the fever and irritation thereby occasioned, nearly causing death. It is, he observes, "a good general rule to follow to allow no child to remain in India after it is five years old, in fact, the sooner children are sent away the better, for, to say nothing of the climate, it is well to remove them as soon as possible from the association with the native servants."

The volume concludes with some hints to the "returned tropical" in England, practical and sensible, as indeed are the various bits of advice with which the manual is filled; nor can this notice be more appropriately ended than by an extract, the application of which must be familiar to all who have been thrown in contact with the typical Indian:—"Those who have lived long in India frequently return home, not only with bodily disease, which calls for advice, but with a tendency to contract and suffer from mental morbidness, commencing with *ennui*, sometimes intensifying, until they become thoroughly hipped." "They find themselves lost in England." "They are too prone to talk shop, to prose about their Service grievances and their Indian experiences, and when they discover that they do not interest, but rather bore, they retire within themselves and mope."

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THE PRACTICE OF SURGERY (*a*).

It does not invariably follow that the quantity of a commodity, be it ever so elaborately displayed, may be correctly judged as to its quality without a minute examination of the several particles of which it is composed, nor does a severe scrutiny uniformly leave after it pleasant impressions to compensate for the task performed. In the work before us, however, voluminous as it is, the reverse obtains, for a minute examination of its contents will reveal to the reader—be he student or practitioner—qualities of so superior an order as to entrance him *a capite ad calcem*, and subsequently leave him in the happy condition of a man who had gained much information, and pleasantly.

Mr. Bryant, in his preface, modestly desires us to remember that his work is a manual of the practice of surgery, and deals only with essentials and principles. He suggests to the student, too, the propriety of consulting other sources "when more detail is wanted;" but Mr. Bryant might have added, and few of us, if any, would feel disposed to cavil at his words—"In this manual of nearly 1,100 pages, and more than 500 illustrations, I think you will find much to promote your studies, if a tyro, and old facts pithily retold, and many new ones of striking interest to you, should you be otherwise." It is true the book is not without imperfections, but even these mostly indicate the difficulty of condensing into a single manual the practice of surgery in all its details.

(*a*) "The Practice of Surgery: a Manual." By Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital. London: J. and A. Churchill.

To the student, the introductory and the first chapters of this work will be found exceedingly useful. Familiarity with the illustrations and a thorough knowledge of the "points for observation in surgical cases," will form a healthy base whereon he may securely plant a first foot in his ascent towards the Profession, and to these chapters we invite his particular and more immediate attention.

We have alluded to the engravings in which the book abounds; let us state that with scarcely an exception they possess extraordinary merit as works of art. Where life-like, or rather, we should say, human delineations have been depicted, they are true to nature; and where instruments or other matters have been treated, the minuteness and sharpness of the lines throughout, are exceedingly fine. In the illustrations to the chapter on "The Ligature of Arteries, Special Aneurisms, &c.," the vessels have been coloured at the points of operation, by which means the reader is able to see at a glance the positions of the parts exposed.

Mr. Thomas Bryant has accomplished an arduous task. Divided into ninety-four chapters, his manual embraces the entire practice of surgery. In each chapter the subjects treated on have been most skillfully handled, authorities are unsparingly quoted, and the author's large experience, coupled with cases when possible, set down. Probably one of the most interesting chapters many readers may find to be that on "Skin Grafting," wherein the author states the case treated by M. Reverdin, of Paris, and also details his own experience regarding the operation.

We should like to submit to our readers a few quotations from this manual, but by doing so we should deprive them of the pleasure a perusal of the work is sure to give them, and, after all, from any quotations that we might be inclined to place in our pages, they would be able to form a very sorry opinion of its merits. We have no doubt that in a future edition the author will be afforded the opportunity of removing some marks of haste in the composition of his work, which we have read with profit from beginning to end.

ELECTRO-THERAPIA (*a*).

This is an excellent *résumé* of what has been written on the very important point of the treatment of aneurisms by means of electro-puncture. The works of many writers are referred to by the author in a most learned and satisfactory manner; and he sums up the views of Ciniselli in the following way:—

1. In the actual position of the science, electro-puncture is the most rational remedy for treating aneurisms of the thoracic aorta.

2. Electro-puncture, in certain determinate cases, may cure such aneurisms just as it cures external aneurisms.

3. The cure takes place by means of the electric coagulum, which, commencing from the moment of the operation, goes on gradually increasing until it fills the sac of the aneurism, making it a solid tumour smaller in size and hard.

4. The conditions necessary to arrive at this result principally refer to the degree and form of the disease, and to the way in which the application is made; upon these conditions, and their simultaneous and favourable concourse, depends the issue of the operation.

5. The favourable conditions are, when the aneurism is completely contained in the thorax; of medium size, and on one side of the artery; communicating with it by a small aperture; not being complicated with local or general influences, nor with other functional disorders of circulation and respiration besides those caused directly by the presence of the tumour; when the patient's constitution is good, and no complications exist capable of compromising the ending of the operation, or being aggravated by it.

The diseased condition is still favourable when these said circumstances exist; but the aneurism has acquired a larger size, so as to have bulged out the ribs and corresponding intercostal spaces, and exhibiting pulsations to the eye externally. In an aneurism which presents the form and history just mentioned, the blood current penetrates, is renewed slowly and continuously, and presents the plastic materials necessary for the formation of the electric coagulum and for the consecutive coagulation.

8. The conditions favourable to the happy result of electro-puncture are those most difficult to meet with in practice; when they are found, they constitute the just and true indication for electro-puncture. One application of this may sometimes suffice for the cure of an aneurism; and this is seen in the six cases mentioned in Ciniselli's tables, in the only aneurisms which offered the said favourable circumstances.

9. Even in the most unfortunate cases the salutary effects of the operation were soon noticed, in augmenting the consistence of the tumour, lowering the pulsation, mitigating the pain and the difficulty of respiration. The electric coagulum only slowly takes place, and sometimes is slow to cause the induration of the tumour. We must, therefore, wait for some days or even weeks before being certain that the operation has been useless or deciding to practise a second one.

10. When the cause which produced the aneurism continues to exist, which, as a general rule, arises from the degeneration of atheroma, it occurs that as this goes on, the affected artery is more or less subject to greater dilatation, which exposes the coagulum which has formed by the electro-puncturation to the solvent action of the current of the blood; the duration of the cure, hence depends on the stationary position or regression of this atheroma, as well as on other considerations, which, by increasing the torrent of the blood, may cause a relapse.

11. The aneurism which is not cured by the application of electro-puncture, but which preserves still its favourable conditions, may be submitted to successive applications with hopes of a good result.

12. The diseased conditions which are contrary to the happy termination of the operation are numerous, and the most frequently met with in practice.

13. An aneurism which develops rapidly offers an unfavourable circumstance for cure, indicating by its progress the active power of the cause producing it; if its progress be quicker than the production of the coagulum, the aneurism is ruptured before the tumour is solidified. The result in these cases is, consequently, most uncertain; so that it may almost be said that the operation is contra-indicated.

14. The peripheric aneurism, which communicates with the artery by a narrow aperture where some great arterial trunks leave it, offers several other conditions unfavourable and contrary to its cure; since, although entirely confined to the cavity of the thorax, the blood keeps circulating rapidly through it, and opposes the complete formation of the electric coagulum, whilst it favours the dissolution of the same. In such circumstances the electro-puncture may be looked on as useless.

15. The aneurism which has developed itself until it has caused an aperture in the thoracic walls, exhibiting itself as a secondary external tumour, has many conditions most unfavourable to cure.

16. If the opening in the thoracic walls be narrow, the blood arrives at the secondary aneurism, but is not renewed; the coagulum may form from the electric action; but as the necessary condition to its termination is wanting, the electro-puncture remains without effect, and the disease continues to progress to its fatal termination.

17. When the thoracic aperture is narrow so that the blood passes through the internal tumour, electro-puncture may render the external tumour hard, but this does not cure the aneurism inside, whilst gangrene sometimes occurs.

(*a*) "Unas cuantas palabras acerca de la Electro-Puntura en el Tratamiento de los Aneurismas." Par Dr. Bertran Rubio: Barcelona, 1872. *Pp. 27.*

With respect to the apparatus required, it should be so constructed as to give the least possible intensity of current with tension sufficient to produce the electric coagulum. A current of great intensity would cause a local consecutive phlegmon; a too weak tension would fail to produce the desired chemical effect, and that which overpasses the indicated limit would expose to the formation of eschars. The electro-motor apparatus may be of any system so that the current unites the above-named conditions, and be as continuous as possible. The voltaic pile of thirty discs of a square decimeter each, with salt water to excite it, affords a current which clinical experience shows to unite the conditions necessary for the operation, both in regard to intensity and tension. The inconvenience proper to Volta's pile makes us desire a more constant current, but this suffices. As to the tension, it has been found that it suffices to use one which affords two to three cubic centimetres of hydrogen every five minutes by the decomposition of water acidulated with one-thirtieth of its weight of sulphuric acid.

The needle should be of fine steel, and from two to four should be used in intra-thoracic aneurisms, each being at a distance of a centimetre and half from the other, and passed in from three to five centimetres. The current should be changed from the negative to the positive at intervals of five minutes; and the duration of the application should be from twenty-five to forty-five minutes.

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NOTES ON NATURAL PHILOSOPHY (*a*).

This little book is a series of brief notes on Natural Philosophy, which were originally delivered as lectures at Guy's Hospital. They are now published in a compact form, and may be found useful elsewhere. The author states in his preface that the lectures had special reference to the requirements of the preliminary scientific (M.B.) examination of the London University. The work before us includes statics, dynamics, hydrostatics, hydraulics, pneumatics, light, heat, magnetism, and electricity. The least satisfactory portion of the book is, perhaps, the portion designated as mechanical philosophy. The standard of the preliminary scientific examination in this subject is such that we doubt whether this little book would be sufficient, especially as it contains no examples for practice. It may, however, be useful to the student as giving in a condensed form and conveniently arranged the principle laws of physics, and may serve to refresh his memory just previous to an examination. The notes given on experimental illustrations, and the apparatus needed may prove useful to teachers.

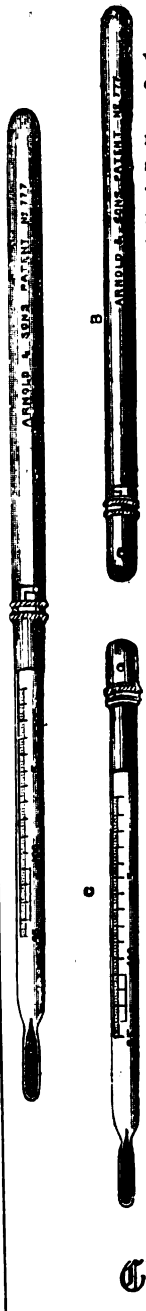
TREATMENT OF BILE STONES.

An Italian physician, Dr. Schiff, says that biliary calculi are generally produced, not in consequence of an excessive formation of cholesterine, but because there is a deficiency of its solvents in the bile, the cholinates and cholates of soda and potash. He suggests the administration of these salts in cases of gall-stone; not to remove the cholesterine already deposited, which he does not think possible, but to hold it in solution and prevent further deposit. It has been proved that bile, or a solution of biliary salts, taken into the stomach or intestine, is conveyed to the liver, and that the bile discharged is richer and more dense. He advises that the cholinate of soda should be given in doses of 7½ grains twice a day, until symptoms of disturbance of digestion or of circulation are noticed. Saturation of the system with the medicine is indicated by irregularity of the pulse, which becomes very slow during rest, and is sensibly accelerated by movement of the body or by slight excitement. When this occurs the medicine should not be interrupted but the dose must be diminished. No good effect is to be expected unless the remedy be continuously administered for some time.

Inventions.

POCKET CLINICAL THERMOMETERS (PATENTED).

Suggested by Professor Brown.



The woodcut A. shows the thermometer with case attached, C. the instrument without case, and B. the thermometer when closed.

The diagram is the actual size of the instrument. To the end of the thermometer is secured part of the case, as shown in Fig. C., which mount is so formed that the instrument is not liable to slip through the fingers and thereby get broken, which is so frequently the case with those in present use, particularly during the operation of setting or bringing down the mercurial register.

When greater length is required it is achieved by simply plugging the mount into the case, as shown in Fig. A., and you then have an instrument double its original length, which can be used for the rectum, vagina, &c.

To prevent the possibility of the mount slipping or becoming detached from its case, which then forms the handle, a bayonet joint is attached, which effectually secures it, and at the same time precludes the possibility of its detachment.

It will at once be seen, that by a very simple arrangement, a thermometer of 3½ inches long can instantly be increased to one of 7 inches in length, and at the same time, when closed, can be carried in the waistcoat pocket, and is less cumbersome than a common pencil-case.

In the ordinary thermometer cases, the instruments are constantly being broken, whereas in the patent instrument referred to, this is almost a matter of impossibility. The two scales in common use, that of Fahrenheit and Centigrade, are engraved on each instrument; the operator is therefore enabled to read off either, or both of them, or to convert one reading into the other at a glance.

It may be fairly claimed for the instrument that it has the merit of perfect simplicity, extreme portability, and security against breakage. The manufacturers are Messrs. Arnold and Sons, Smithfield, E.C.

Correspondence.

"PROPHYLAXIS OF SYPHILIS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—"Your Reviewer," in the last number of the Medical Press and Circular, does not seem to agree that women prostitute themselves chiefly because they are compelled to do so by the "iron necessities of industrial life," as was put forward by Dr. C. R. Taylor and Dr. C. Drysdale, in letters alluded to by him. He would have us believe, it seems to me, that women are far more licentious than men, for he tells us that the great practical difficulty is to keep women from selling their persons.

(*a*) "Notes of a Course of Nineteen Lectures on Natural Philosophy, Delivered at Guy's Hospital During the Session 1872-73." By G. F. Rodwell, F.R.A.S., F.C.S., Lecturer on Natural Philosophy in Guy's Hospital, Science Master in Malborough College. London: J. and A. Churchill. 1873.

For my part, I think few women would be found so foolish as to prostitute themselves and incur all the misery and degradation of so doing, if they could gain their livelihood as easily as men do. Because we notice that female artists such as singers or theatrical ladies, although by no means universally continent, are not in the habit of selling their favours to all comers, which is the definition of a prostitute.

As to Mary Magdalene and other biblical characters spoken of by "Your Reviewer," I think, it very likely that there was quite as much difficulty for these women to get a living, as there is now-a-days. At any rate this is not a clear answer to the charge of over-competition adduced by the writers referred to.

He is quite right in saying that there are many idle and dissipated women among prostitutes; but he can have little studied the question, if he does not know that, in London for instance, the great mass of prostitutes have been, and will soon again be domestic servants or get married and keep house for some of the working classes.

I also venture to say that Dr. Taylor's idea that men spread Syphilis very widely is by no means an unpractical statement, for many soldiers lead a life very much like that of prostitutes, and spread disease far and wide.

The tenour of "Your Reviewer's" letter is to prove that every woman in her heart is a rake, and that it requires the combined police of all men to keep them on the rails. This is surely, even if *practical*, an exaggeration.

Your obedient Servant,
ALICE TOMKINS.

5 Harrow Road. W.

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Scraps from the Editor's Table.

A PHYSICIAN'S DIARY OF BUSINESS.

A POCKET diary has been picked up in the street, and now is in the finder's possession, awaiting its owner. From the following extracts, it appears the loser was a Medical man :—

"Kase 230, MARY AN PERKINS. Bisnes, washwoman. Sikness in her hed. Fisik sum blue pils a soaperifik; age 52. Ped me one dollar, 1 kuarter bogus. Mind get good kuarter and mak her tak mo fisik.

"Kase 231, TUMMES KRINKS, Bisines, Nirishman. Lives with PADY MOLOUNY whot keeps a dray—Sikness, digg in ribs and tow blak eys. Fisik to drink my mixter twict a day of sasiperily bere and jellop, and fish ile, with asifidety to make it taste fisiky. Rubed his face with kart grese liniment, aged 39 years of age. Drinked the mixter and wuddnt pay me bekase it tasted nasty, but the mixter'll work his innards, I reckon.

"Kase 232, Old Misses BOGGS. Aint got no bisnes, but plenty of money. Siknes awl a humbug. Gav her sum of my celebrated 'Dipseflorikon' which she sed drank like cold tee—wich it was too. Must put sumthink in it to mak her feel sik and bad. The Old Wommen has got the roks."—*The Sanitarian.*

SCHOOLS AND ALUMNI.

THE *Nashville Medical Journal* contains the following remarks under the title of "Elevating the Standard :"—

"Our friend of the *Medical Record* thinks it must be a very poor Medical school which would not, in twenty years, turn out one or more who would afterwards work out for themselves a reputation that would not die with them. We dare say he is right in this; for it would be difficult to believe that a road-side public house could exist prosperously for a score of years without enabling the landlord to show on his register, names whose owners had risen to celebrity after supping and lodging with him. But we think it extremely doubtful whether a landlord, in all the country round, would swallow metaphysics enough in a lifetime to attempt to establish the relation of cause and effect between his jug-tavern and that celebrity. Oh! no! Nobody but a doctor could do that.

Let us be understood. There were great doctors before Medical schools, and there have been great ones since, and in despite of them. We believe a Medical school never made one great man, and never will, though they are helps and spring-boards in that direction. The new plan to force this unnatural relation, by adding to the name of the graduate the place where he was born into medicine, in the vain hope that mamma may help baby along, to say nothing of the palpable violation of our ethics it involves, is a laughable puerility. One signs himself P. Q. Z., M.D., Edin., and immediately there spring up, in the mind of the reader, winding rivers, tall, thin-clad trees, long grass, and abundance of sunshine and azure, with a couple of fig-leaf-aproned people, otherwise nude, of opposite sexes and desperately in love with each other, But unfortunately, Eden is spelled with an "i," and the picture vanishes. What can it mean? Why, it is intended to convey the idea that the owner of that name graduated at Edinburgh, Scotland-a weak parody upon "Help me, Cassius, ere I sink." Another writes "Harv." at the end of his name, to show that mamma is somebody, whatever may be thought of young hopeful. But the reader seeing "Harv.," has his mind running on "harvest home," and is busy recalling its festivities with the English peasants in the time of Henry VIII. Then comes "Jeff.," and "Penn.," and "Belle," and "Lou.," and "Cin.," and "Nash.," and a whole Babel of jargon of thundering sound, signifying nothing—non-asinine. Graduate in medicine from our honoured University on yonder hill, rely on nothing under God but your own brave soul, with fixed determination of purpose to *deserve* distinction, and, if life lasts, it will perch upon the standard that *you*, not I, have raised. Here, as elsewhere, you must work out your own salvation.

"'I plant my standard in the milky way,
Upon the very key-star of the arch,
And to my hesitating pupil say,
'Look ye steadfast, upward, and forward, march!

"Let its bright silken streamers rustle there,
Amid the gems and glories of the sky.
While pointing to it, in that virgin air,
I ask opposers, 'How is that for high?'"

COLOURLESS TINCTURE OF IODINE.

℞ Tincture of iodine,
Pure glycerine, āā ℥j.
Sulphite of soda, ʒj.

Rub the salt to a powder in a small mortar, and add glycerine gradually; then pour in the tincture of iodine, and triturate gently until a solution is effected, and the mixture assumes an amber colour. It is asserted that the properties of iodine are increased by the addition of the sulphite of soda, and that the glycerine enhances the value and convenience of the preparation for local application.

A HAIR DYE.

A NEW hair dye, without noxious properties, is suggested by Dr. Hogan in *Pharm. Central Halle* :—

Sub-nitrate bismuth 10 parts, and glycerine 150 parts, are mixed in a glass vessel and heated in a water bath; solution of potassa is then added in small quantities, and with continued agitation, until a clear solution has been obtained, to which a concentrated solution of citric acid is added, until merely a slight alkaline reaction is observed. Enough orange flower water is added to make the whole weigh 300 parts, the addition of a small quantity of solution of an orange-colour completes the preparation.

ANCIENT MEDICAL ART.

IN Egypt mummies have been found with teeth filled with gold, and in Quito a skeleton has been discovered with false teeth secured to the cheekbone by a gold wire. In the museum at Naples, among some of the surgical instruments discovered at Pompeii, there is a fac simile of Sims' speculum. In the ruins of Nineveh, Layard found several magnifying glasses.—*Med and Surg. Rep.*

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Matriculation in the University of London.—The next half-yearly examination of candidates for matriculation will commence on the 30th inst. Each candidate must transmit his certificate of age to the Registrar, at least fourteen days before the commencement.

Dr. H. E. S.—The paper to which you refer, as having seen in an American contemporary, appeared first in the columns of this paper from the pen of Dr. Archibald Bleloch, of Edinburgh, in our Number for Sept. 21, 1870, entitled "The Correlation of the Physical and Vital Forces."

Mr. Richard A. Proctor, B.A., Hon. Sec. of the Royal Astronomical Society, has contributed an article on "The Approaching Transits of Venus," to the June number of "Cassell's Magazine."

L.S.A.—1. Our correspondent cannot do better than consult Dr. Handsel Griffith's "Posological Tables," and to keep the chart hung up in his surgery. 2. An American book; we do not remember the names of the publishers; try Baillière, Trubner, or, Sampson Low. 3. Is announced as in the press by Churchill.

Scalpel.—You will find a report in the last number of the "Society of Arts' Journal." It is almost identical with that which appeared about a month since in a Medical contemporary, and betrays most unmistakably the authorship of the latter.

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VACANCIES.

London Temperance Hospital. Two Visiting Physicians and one Visiting Surgeon. Must be total abstainers. Address, The Chairman, at the Hospital (see advertisement).

Fylde Union, Blackpool. Medical Officer of Health for combined district. Salary £500 per annum. Applicants must address the Clerk of the Union, Kirkham.

North London Consumption Hospital. Physician. Honorary. (See advt.)

Sheffield Public Hospital. Physician. Honorary.

Sheffield General Infirmary. House Surgeon. Increasing salary £140 per annum, with board and residence. Address, The Medical Staff, care of the Secretary.

Carmarthen Infirmary. House-Surgeon. Salary £100 per annum. Applications to be addressed to the Secretary.

Grantham Sanitary District. Medical Officer of Health, at a salary of £650 per annum. Applications to be forwarded to the Clerk, Grantham Union, Lincolnshire.

Chelmsford Rural Sanitary District. Medical Officer of Health, at a salary of £800 per annum. Applicants must address the Clerk of the Union, Chelmsford.

Stockton Union. Medical Officer. Salary £50, with fees extra. Address, The Clerk, Corporation Hall, Stockton.

Victoria Hospital for Sick Children, Chelsea. Assistant-Physician.

Bloomsbury Dispensary. Resident Medical Officer.

Cheltenham Hospital. Dispenser. Salary £60, with board and residence. Applications to the House-Surgeon.

Torrington Union, Devon. Medical Officer for the Great Torrington and Winkleigh Districts. Salary about £90, with fees extra. Address the Clerk of the Union.

Royal Hospital, Bath. House-Surgeon. Salary £60, with board and residence.

Billericay Union, Essex. Medical Officer for the Mountnessing District. Salary £30, fees extra.

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APPOINTMENTS.

Allchin, W. H., M.B., M.R.C.P.L., Assistant-Physician to the Westminster Hospital.

Anstie, F. E., M.D., F.R.C.P.L., a Physician to the Westminster Hospital.

Bancroft, Mr. J. J., Public Analyst for Denbighshire.

Barclay, A. W., M.D., Public Analyst for Chelsea, provisionally.

Blake, J. Fr., L.S.A., House-Physician to the Charing-cross Hospital.

Brown, Dr. J. C., Public Analyst for Cheshire. Also for Carnarvonshire.

Case, H., M.R.C.S.E., Assistant Medical Officer to the Metropolitan Asylum District Asylum for Imbeciles, Leavesden.

Collins, Mr. J., Public Analyst for Bolton.

Corfield, W. H., M.D., Medical Officer of Health, and Public Analyst for St. George, Hanover Square.

Delamotte, P. W., M.R.C.S., Resident Accoucheur to the Charing-cross Hospital.

Eagar, R. T. S., M.B., M.R.C.S.E., Assistant Medical Superintendent of the Buckinghamshire Lunatic Asylum.

Heale, A. L., M.R.C.S.E., House-Surgeon to the Westminster Hospital.

Horsley, J., F.C.S., Public Analyst for Gloucestershire.

Kynsey, T. B., M.D., Medical Officer to the Fever Hospital, Athy, co. Kildare.

Letheby, Dr. H., Public Analyst for Hertfordshire and for East Sussex.

Lyddon, C., House-Surgeon to the Kidderminster Infirmary.

M'Carthy, J. P., M.D., L.R.C.S.Ed., Medical Officer, &c., for the Abbeyfeale Dispensary District of the Newcastle Union, and Medical Attendant to the Royal Irish Constabulary, Abbeyfeale, co. Limerick.

Mackay, A. F., L.R.C.P.Ed., Medical Officer and Public Vaccinator for District No. 8 of the City Parish, Glasgow.

Malcolmson, J. A., M.D., House-Surgeon to the North Riding Infirmary, Middlesborough.

Muter, Dr., Public Analyst for Streatham, Tooting, and Balham.

Nally, W. J., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, &c., for the Ardrahan Dispensary District of the Gort Union, co. Galway.

Newnham, L. J., M.R.C.S.E., House-Surgeon to the Charing-cross Hospital.

O'Doherty, J., L.R.C.P.Ed., Medical Officer to the Inishowen Workhouse, and Medical Officer, &c., for the Carndonagh Dispensary District of the Inishowen Union.

Spence, R., M.B., C.M., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

Sutton, Mr. F., Public Analyst for Norfolk.

Turner, G., M.R.C.S., Public Analyst for the Borough of Portsmouth.

Whitmore, J., M.D., Public Analyst for St. Marylebone.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, June 4.

Middlesex Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
St. Thomas's Hospital.—Operations, 2 P.M.
St. Mary's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 2 P.M.
Great Northern Hospital.—Operations, 2 P.M.
University College Hospital.—Operations, 2 P.M.
St. George's Hospital.—Ophthalmic Operations, 1½ P.M.
London Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Cancer Hospital.—Operations, 3 P.M.

Thursday, June 5.

St. George's Hospital.—Operations, 1 P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
University College Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
Royal Orthopædic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Friday, June 6.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal South London Ophthalmic Hospital.—Operations, 2 P.M.
Central London Ophthalmic Hospital.—Operations, 2 P.M.

Saturday, June 7.

Hospital for Women, Soho square.—Operations, 9½ P.M.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
Royal Free Hospital.—Operations, 9 A.M. and 2 P.M.

Monday, June 9.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ P.M.
St. Mark's Hospital.—Operations, 2 P.M.
Metropolitan Free Hospital.—Operations, 2 P.M.
St. Bartholomew's Hospital.—Operations, 1½ P.M.
King's College Hospital.—Operations, 1½ P.M.
Charing-cross Hospital.—Operations, 2 P.M.

Tuesday, June 10.

Royal Westminster Ophthalmic Hospital.—Operations,
Guy's Hospital.—Operations, 1½ P.M.
Westminster Hospital.—Operations, 2 P.M.
Throat Hospital.—Demonstration, 2½ P.M.
National Orthopædic Hospital.—Operations, 2 P.M.
West London Hospital.—Operations, 2 P.M.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1873.

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Original Communications.

OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

By Thomas Wrigley Grimshaw, M.D.Dub.,

Fellow and Censor of the King and Queen's College of Physicians; Physician to the Hospital, and Senior Physician to the Fever Hospital, Cork Street, &c.

Reported and Edited by Henry Tweedy, M.B.Dub.,

Fellow and Examiner in Arts in the Royal College of Surgeons in Ireland.

In bringing before you the subject of fever, I wish you distinctly to understand that the subject we have under consideration is not fever in the general sense of the term as I defined it when, at the commencement of the winter session, I addressed you on the subject of Medical diagnosis. I then told you that fever merely meant a particular condition characterised by a high body temperature and a quick pulse, which might accompany many general conditions, and not a few local diseases.

On the present occasion I propose to use the term fever in the more popular sense, and to apply it to that group of specific diseases which have been classed under the head of Continued Fevers, I will not say incorrectly, but yet rather dubiously, for to one, certainly of this group, viz., relapsing fever, this designation does not exactly apply.

The group commonly denominated Continued Fevers includes simple continued fever, typhus fever, relapsing fever, and enteric and typhoid fever.

In considering these affections, I shall adopt the definitions given in the "Nomenclature of Disease" of the London College of Physicians, which I find are as follows:—

I.—Simple Continued Fever.

"Continued fever, having no specific rash."

II.—Typhus Fever.

"A continued fever, characterised by great prostration; a general dusky mottled rash without specific lesion of the bowels."

III.—Relapsing Fever.

"A continued fever of short duration, characterised by absence of eruption, and an abrupt relapse occurring after an interval of about a week."

IV.—Enteric (or Typhoid) Fever.

"A continued fever, characterised by rose-coloured spots, chiefly on the abdomen and a tendency to diarrhœa, with specific lesion of the bowels."

Here then are the definitions of continued fevers, but before I go further I must say I do not think that relapsing fever can fairly be called continued, as its principal—perhaps its only specific feature is the relapse, and I must also state that I do not consider simple continued fever to belong properly to the class of specific fevers, or more correctly I should say, it may belong to any one of these, or to none of them, according to circumstances.

In considering the different forms of fever, I propose treating of them in a manner somewhat different from that usually pursued. These lectures being altogether with a view of assisting you in your clinical studies, and instead of discussing each form of fever separately, we shall take the symptoms, diagnosis, and treatment of each in a parallel manner, and dwell upon them severally in detail, contrasting them as we proceed.

We have now to consider the causes of fevers. These must be examined in a two-fold aspect. Those which tend to promote all kinds of fever in common, and those which give rise to certain forms in particular. Those which promote all kinds in common, may be looked upon altogether as predisposing causes, but most of those which give rise to the distinct forms may be regarded as exciting causes, if we except the tuberculous diathesis, which I think may be admitted as a *special* predisposing cause to enteric fever.

The conditions favouring the origin of continued fevers in common are the same as those which promote the spread of zymotic diseases generally, and must therefore be looked at from a stand-point, opening up a much wider field for inquiry than I can venture to enter upon in a lecture like the present. I have recently treated of them in another place, and you will find the main features detailed in the MEDICAL PRESS AND CIRCULAR, and in a paper which treats of the prevalence and distribution of fever in Dublin, which I have recently written.

The conditions specially favouring the spread of fevers are poverty, dirt, hunger, overcrowding, bad drainage, and bad water supply; but these have not equal weight in promoting each form of fever, and we must now consider the conditions under which each form may arise.

We have now to consider the conditions which favour the spread of each type of fever. Now, although these may be to a great extent the result of general causes, still the circumstances under which the several forms arise are, with the exception of simple fever, specifically distinct; and this is still further manifested by the fact that when the causes of two or more varieties co-exist, several types of fever may arise at the same time and place, or even in the same individual.

In considering the causes of simple fever, I may now state that I do not believe in the existence of such as a specific disease. That there are mild forms of continued fever I have no doubt, having frequently seen such; but I am convinced that the disease, or more properly diseases, described as "simple continued fever" are merely other forms of fever imperfectly developed, *e.g.*, typhus fever without its specific eruption; enteric fever where the rash and characteristic diarrhœa are absent, or relapsing fever without a relapse, if we may use the expression.

It is only from a careful consideration of the surrounding circumstances that we can pronounce with any degree of accuracy the real form of the disease—for example, in my investigation as to the distribution of fever in certain localities in Dublin, I discovered that out of 42 houses in which fever existed,

13 houses afforded cases of 3 forms of Fever.
19 ,, ,, ,, Simple Fever and Typhus.
4 ,, ,, ,, Simple Fever and Enteric.
4 ,, ,, ,, Typhus and Enteric.
2 ,, ,, ,, Simple only.
0 ,, ,, ,, Typhus only.
0 ,, ,, ,, Enteric only.

The three varieties of fever mentioned in this table are—simple continued, typhus and enteric. You will thus observe that simple fever is found associated with the two other forms, but more especially with typhus; and I believe that the majority of the so-called cases of simple fever will be found to be really typhus, minus the characteristic eruption.

In addition to these we have numerous forms of simple fever, arising from such causes as over-eating, over-drinking, and exposure to wet or cold, all of which are continually coming under our notice. There is a form of this affection I have frequently met with in early summer, owing, I feel assured, to incautious bathing when the water is too cold. I have already this summer met with several cases; the disease usually lasts for a week.

None of these varieties are distinguishable the one from the other. We may, therefore, I think, remove the title "simple continued fever" from the list of specific diseases, and, as far as its causes are concerned, conclude that where conditions exist calculated to give rise to any of the other specific forms of continued fever, there also we may expect to find simple continued fever.

(To be continued.)

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HOSPITAL SUNDAY.—Upon the outside of almost every hospital in London may be seen large placards announcing "Hospital Sunday, June 15th." We hope that this the first united effort in the metropolis to assist the Medical charities will be very productive, and that other large towns may profit by the example.

ON THE SEQUELÆ OF VARIOLA AND VACCINIA SINCE THE LAST EPIDEMIC OF SMALL-POX IN THE METROPOLIS.

By GEORGE GASKOIN,
Surgeon to the British Hospital for Diseases of the Skin.

FROM the latter part of the year 1871, at the close of a small-pox epidemic of quite unequalled proportions, I have been observant of its sequelæ with an increasing amount of interest, the pabulum for which is not yet exhausted. Even in the present year the impress of that epidemic continues to be felt in our hospital routine. It is principally, however, in regard to vaccination that the following may have a claim on the reader. The vast scale upon which re-vaccination was performed under fear of the prevailing epidemic, has made the opportunity unique, or at least quite unprecedented, of observing its exceptional results, of balancing its defects, and of judging how far it is applicable to every type of constitution and all conditions of health. It may be long indeed before such another opportunity will recur, and I hope that others in like circumstances with myself, have availed themselves of it. As regards variola I may be brief; beyond its immediate ravages, which were a frequent subject of pitiful appeal, the exhibition of its sequelæ was less than might have been expected. For the recent deformity in the way of alleviation there was little more to be done than scaling off the tough, adherent scabs, soothing local inflammation, and removing a few minute fungiform or cauliform masses.

A few cases, badly recorded, of ecthyma and impetigo were noticed; of the latter, one very bad case on the nates; three or four cases of alopecia, and one of leucoderma. Several of acne, mostly of the rosaceous type; and here I will venture an observation which has not, I believe, been made as yet, viz., that this acne, or dermatitis, is one of the most frequent, perhaps the most frequent, of the sequelæ of small-pox. I take the following from my note-book: *Acne rosacea*, after variola last May; now the hair comes off in patches; "never had either of them before." *Acne rosacea*, "Had nothing of the kind before small-pox of last year; she supposes it was that." *Acne rosacea*, began after small-pox, which was moderate. I have found that where the patient had shown a predisposition for the complaint, it suffered from small-pox a remarkable aggravation; as, for instance, acne rosacea in a female adult; had small-pox last year, since which time she has been getting terribly worse. *Acne rosacea*, a bad case, hypertrophic; had small-pox eight years ago; every year since it gets much worse.

I pass on to the vaccinations and re-vaccinations. There was no one case of even suspected syphilitic contamination. The results of primary vaccination were such as are generally received, eczema being the most frequent; in one or two cases, accompanying it were swollen glands and otorrhœa; in a single case, constitutional eczema had been made intense; in one, vaccination had been too soon performed after measles; in one where vaccination had been delayed until five years of age, it was accused of producing an eczema of considerable proportions. Lichen and strophulus were also attributed to vaccination, but the cases were not many nor striking. In one instance of an adult who underwent primary vaccination, acne was imputed; in another warts. I do not pretend to have written down every case, but only the greatest number, and those where the accusation was spontaneous. Among the sequelæ of re-vaccination urticaria was the most frequent. As far as my notes carry me, they were some half dozen in all. Two of them appeared in one day of the present year; one of the two cases, with much suffering, had lasted two years; the other more than a year. In one the face chiefly, in the other the chest was more affected, but it was pretty general in both. These cases of urticaria were scarcely of frank type. They were mostly distinguished by erythematous patches; occasionally presenting a pimple in the centre, "white, which turned to red," like the bite of an insect. In one case a predisposition was detected, but if I may believe the patient, it became much aggravated after. The prejudice to vaccination in some of these cases was intense, corresponding to the amount of distress experienced, and they would not admit they had nettlerash (*a*). The same allusion to the bite of an insect was volunteered by another patient who suffered from localised and eccentric erythema of very unfrequent type, which, however, is not ill-described by Devergie as wearing the appearance of a chilblain. Of minute proportions the patches were situated on the dorsum of the hand, and of the fingers, with somewhat more of irritation than Devergie describes. The subject of this affection was a young woman, of clear, healthy, but delicate complexion. It came on some weeks after vaccination, and there were also spots on the face when it first appeared. These raised patches of erythema torment her exceedingly; they continually re-appear; they have lasted for nearly two years; each spot continues for a month or so; only once for two months' term has she been without them; they are of the size of a horsebean, but once a single spot nearly covered the back of her hand. She attributes her complaint to vaccine, but it is perhaps one of the most doubtful of my cases (*b*). Of psoriasis I have recorded four instances from no distant date. In a middle-aged woman, *psoriasis diffusa*, a general dry scaly disorder that appeared about a month after successful re-vaccination. She had nothing of the kind before. In a boy, æt. 14, *psoriasis guttata*. It came out soon after successful re-vaccination; never before affected. The following, on account of the intelligence and respectability of the parties, impressed me strongly. A young woman and her mother attribute to vaccination the psoriasis with which the former is affected. She is slightly pitted with the small-pox, but being employed in a noble family, was vaccinated with the rest of the household. Before that time there was absolutely nothing of the kind, but very soon after came out this psoriasis, which now has considerable proportions. All these are surpassed in definiteness by the following: A young woman, of fair amount of education and much intelligence, presented herself with crescentic patches of psoriasis pretty numerous on the arms and elsewhere; æt. 27, unmarried; complexion blonde; has naturally a pure white skin, nothing that leads to suspicion of syphilis; seven years ago she was vaccinated under panic of small-pox, the places were long in healing, and the doctor said he "could not understand it at all." From these sores, as they healed, commenced the figured patches of psoriasis which since have troubled her, and which have been so difficult to cure. The patients in both instances entertain no doubt about the cause of their disease.

These cases go far to persuade me that where the constitution is fully prepared, it needs but little to overthrow the balance, and to this effect, no doubt, vaccination is sufficient. I cannot subscribe to the axiom recently announced that in the production of a psoriasis constitutional agencies are exclusively concerned, independent of provocation from without. The following case is to the point: I have now under my care a middle-aged man, employed in the engine-room of a railway. From a blow on his leg there first commenced a psoriasis, which soon spread to his arms and other parts of the body. I believe that the lesson conveyed by all such cases is that the disease of the skin, often hereditary, or at least constitutional, is, so to speak, brought to a head, and thrown into act by some extraneous or purely accidental stimulus. In adults, from re-vaccination I have recorded no single case of eczema. Of syphilitic conditions, which were fortunately few, the following may pass as type: A woman, of middle age, in fair health as to outward appearance, has ringed eruption on the back of the feet, serpiginous on the thigh. The eruption is superficial, and much benefited by the zinc ointment. Infected by her husband in early years of marriage, she has seen absolutely nothing of her complaint for these ten years past, but now unhesitatingly attributes these symptoms to re-vaccination, combined with the old disorder. In such cases vaccination may be esteemed detective, far more so than mineral waters. An ingenious Russian physician has even instituted and pursued the practice of exhausting the syphilitic element by reiterated vaccinations.

In concluding these remarks, which I have derived from a very large number of cases, I cannot but consider those related as most insignificant in proportion to the social benefit conferred on the mass. If I might hazard a remark on the subject, I would say that more scandal derives from sores on the arm that are long in healing than by consequences remote and equivocal, and which, fortunately, admit some degree of palliation on the part of the Medical attendant. A little timely aid from vinum ferri would probably shorten the career of many of these bad arms. One cannot deny a certain similarity of *facies* between the vaccinal and venereal sores. There is also something of the same kind discernible in the descriptions left us by the early vaccinators; it is notorious that many vaccinal sores have been mistaken for syphilitic, which, in the proof, are nothing of the kind. The writings of Fournier and Morgan as to the behaviour of accidental sores implanted on syphilitic persons, are valuable accessories to this subject. I have not much recent experience of the immediate effects of vaccine; these fall more under the scope of the public vaccinator. I may record, however, the somewhat recent case of a deeply-coloured erythema traversing the nose and face occurring in a strong man eight days after the operation, the effect of which upon the arm did not advance beyond the third day. This erythema on the face, which was most disfiguring, faded after a week with slight desquamation. There was one day's fever, but nothing of the kind on the body elsewhere. In these cases, which are generally slurred over under the name of blood poisoning, the line of succession seems to have split up, or gone wrong; just as you see erysipelas from diphtheria; just as I find it in a case of purpura in a healthy man now under my charge, whose children are laid down with typhoid fever.

(*a*) In one case the urticaria first commenced on the third day of vaccination, long before the maturation of the vesicle. This urticaria has now lasted more than a year with intense suffering.

(*b*) I should mention, however, that this precise form of eruption happens as sequela to specific fevers, of which variola and typhoid are particularly instanced by Devergie.

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American Communications.

A CLINICAL LECTURE ON CONVULSIVE TREMOR.

Delivered at the Bellevue Hospital Medical College, New York.

By William A. Hammond, M.D.,
Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine.

J. X., the patient before you, is a well-nourished, healthy young man, a farmer by occupation. You have only to look at him to see that he cannot be the subject of any serious organic disease, and yet he is suffering from an affection which, to say the least, is very inconvenient, if not alarming.

At periods varying from a few weeks to several months, he is subject to violent convulsive movements in almost all the muscles of his body, and unattended, except in one instance, by loss of consciousness. The paroxysms last several hours, and during their continuance the patient, owing to the violent jactitations into which his limbs are thrown, is totally unable to execute voluntary movements. He is even unable to stand without support, and cannot guide either his hands or feet. The muscles of speech are likewise affected, and he is consequently unable to articulate distinctly the words he may attempt to utter. While all this is going on, his body is bathed in cold perspiration

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and the circulation is accelerated; the respiration is increased in frequency, and there is well-marked and persistent pain in the back of the head and nape of the neck.

He is very positive that, except in the one instance to which reference has been made, he is entirely conscious, and just as capable of accurate reasoning as he ever is.

On the occasion of loss of consciousness, the paroxysm had lasted several hours; he was, in consequence, very much exhausted; and, therefore, he may have been suffering from simple syncope. Still, it is possible that the attack in question may have been epileptiform in character. He has been subjected to various kinds of Medical treatment, but nothing has appeared to be of any service. The last attack was about three months ago, and he says it may be three or four months before he will have another attack. He has suffered from the affection since the year 1866, a period now of over six years.

According to his description of the attacks, the muscles are affected very much as those of persons suffering from chorea of a very violent character; and yet it is evident that the disease is not chorea, for the clinical history of that affection does not include such entire remissions as part of its phenomena.

It certainly is not epilepsy, although it must be confessed that it borders upon it; but the essential feature of epilepsy, loss of consciousness, has never been present in any one of its paroxysms unless it was a feature of the occasion already mentioned, and relative to which there is some doubt; for, when we come to question him specifically in regard to loss of consciousness, he is not very decided in his answers.

With the other affections in which tremor and tonic spasm are prominent features, the disease in question has no affinity.

Now this case is not the first of the kind which has come under my observation. In the *New York Medical Journal* for June, 1867, in an article entitled "Convulsive Tremor," I gave the clinical histories of three very similar cases, and as the affection is not very common, and the disease may be entirely distinct from any other, it will not be uninteresting if I briefly relate to you not only the main points of my own cases, but likewise what was previously known upon the subject.

In the year 1822 Dr. Pritchard (*a*), under the name of convulsive tremor, gave an account of two cases, presenting somewhat similar features to the one before us. His attention was first directed to the subject by noticing that, in some epileptic patients who had come under his observation, fits of tremor occurred in the intervals between the paroxysms and even appeared to take the place of the ordinary seizure. He then noticed several cases in which there were no epileptic attacks, but in which there were violent clonic spasms of the muscles, accompanied with severe pain in the head and profuse perspiration. Dr. Pritchard states that, previous to his observations, the affection had not attracted much attention; but he cites a case from Tulpius of a young unmarried woman, of a pale complexion and phlegmatic temperament, who was afflicted during three years with what was called the shaking palsy, which did not affect her constantly, but came on in periodical fits; each paroxysm lasted nearly two hours, and was accompanied by hoarseness and loss of voice, the consciousness being unimpaired.

He also refers to other cases quoted by Sauvages from Bonetus, in which the symptoms were very similar, consisting of convulsive tremor, attended with headache and vertigo. This disorder was fatal in a few days, and after death a parasite was found in the brain. In this connection it is interesting to recall the fact that the sheep is subject to a somewhat similar train of symptoms, due to the presence of an entozoon in the brain.

In his very excellent treatise on the shaking palsy, Parkinson (*b*), in calling attention to the fact that several diseases characterised by tremor have been confounded with paralysis agitans, quotes the following case from Dr. Kirkland:—

"Mary Ford, of a sanguineous and robust constitution, had an involuntary motion of her right arm, occasioned by a fright, which first brought on convulsion-fits and most excruciating pain in the stomach, which vanished on a sudden, and her right arm was instantaneously flung into an involuntary and perpetual motion like the swing of a pendulum, raising the hand at every vibration higher than the head; but if by any means whatever it was stopped, the pain in her stomach came on again, and convulsion-fits were the certain consequence, which went off when the vibration of her hand returned."

Parkinson also quotes another case from the same source, resulting apparently from worms, and which is thus described:—

"A poor boy, about twelve or thirteen years of age, was seized with a shaking palsy. His legs became useless, and together with his head and hands were in continued agitation; after many weeks' trial of various remedies, my assistance was desired. His bowels being cleared, I ordered him a grain of opium a day in the gum-pill; and in three or four days the shaking had nearly left him. By pursuing this plan, the medicine proving a vermifuge, he could soon walk, and was restored to perfect health."

Toulmouche (*a*), in a paper which is very suggestive in the light of recent contributions to neurological pathology, cites a case which is likewise similar to the one now before us:—

"A woman, whose respiration was convulsive, presented from time to time the following condition:—Her nostrils were strongly dilated, the angles of the mouth drawn down, the shoulders and chest spasmodically elevated, the inspiration strong and deep, the sterno-cleido-mastoid muscles were powerfully contracted. During these paroxysms, which lasted several minutes, the patient was deprived of the faculty of speech and threatened with suffocation. Nevertheless she could, if so directed, move the head, the shoulders, and the muscles of the face, although the spasm continued. . . . In another case the affection was almost entirely confined to the sterno-cleido-mastoid muscle. The patient could turn the head in either direction, but gradually it moved from right to left, without her ability to control its action, so that the right ear almost rested upon the sternum. The other muscles of the shoulder contracted at the same time. He likewise reports another case in which the head was almost continually in motion, the patient executing twenty-two rotations in a minute; the movement was due to the alternate contraction of the sterno-cleido-mastoid and splenius muscles of each side; respiration was not obstructed. The movements diminished and finally ceased, after two or three attacks of hæmoptysics.

The conclusion which the author draws from his own cases and those which he cites from other authorities, are mainly interesting in relation to his theory of the pathology. They are—1. That there exists for the movements of our different groups of muscles different central motor forces. 2. That the cerebellum only presides over the co-ordination of those complex movements which are necessary to the different acts of standing and locomotion, and not at all over those that regulate the more simple movements of the trunks and the members. 3. That this nervous centre is to vertebrate animals the power to maintain themselves in equilibrium and to exercise locomotion. 4. That if in the species of neurosis that I have described, the sensational and intellectual faculties experience no change, this fact is due to the circumstance that the lesions of the cerebellum have not yet involved the tubercular quadrigemina. That these last-named organs are in a kind of dependence upon the brain, since in the normal state, animals move through the impulsion of various motives of which the brain is the seat

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(*a*) "A Treatise on Diseases of the Nervous System." London, 1822. P. 393.

(*b*) "Essay on the Shaking Palsy." London, 1817. P. 29.

(*a*) "Observations de quelques Fonctions involontaires des App de la Locomotion, et de la Préhension. Mémoires de l'Académie de Médicine." Tome deuxième. Paris, 1833.

5. That finally a number of affections, called nervous, consisting in the most erratic derangements of the muscular functions, such as an irresistible tendency to go backward or to advance without rational motive, to leap, to perform other disorderly movements, constitute only a species of insanity, or aberration of the locomotor fuctions depending on an affection, either organic or functional, of the cerebellum.

I have quoted these conclusions of Toulmouche in full, more as evidence of the fact that he was disposed to locate the seat of these troubles in the cerebellum than as intending to indorse his collateral hypothesis. It would be easy to quote other instances more or less similar to those we have before us, but I will simply refer to some later cases, and then pass to the consideration of treatment.

Dr. Hughlings Jackson, as appears from a clinical lecture published in December, 1871, in the London *Medical Times and Gazette*, brought forward a boy, æt. 15, who was admitted into the London Hospital in January, 1871, the subject of epileptiform convulsions, confined to the right side of the body; he was also aphasic. It is stated that the paroxysms began in June, 1869, in "the more external fingers of the right hand." Dr. Jackson also refers to several other similar cases which he has published from time to time since 1867.

These cases he regards as simply unilateral epileptiform convulsions, and he embraces them all under the title of epilepsy of the corpus striatum. They ordinarily begin in the hand which the patient is the more accustomed to use, and especially the thumb and index-finger. The face and tongue are sometimes primarily attacked, rarely the foot, and then always the great-toe. These cases have not a great deal of connection with the one before us, they have none at all with the disease which I have described as athetosis, and to which a French writer (a) rather hastily likens them probably, because no cases of either disease have come under his observation. A case, however, which has some analogies to the one before us, is now under my charge. It is that of a boy from North Carolina, who has spasmodic muscular contractions confined to the left side, and mainly affecting the muscles of the face, neck, and upper extremity. The duration of a paroxysm never exceeds half a minute, and there is not the least loss of consciousness. These paroxysms may be brought on by simply touching his neck lightly on the left side of the thorax. At intervals of two or three months he has one or more perfectly marked epileptic convulsions. But even this case, I do not regard as identical with the instances of purely convulsive tremor which have come under my observation, though doubtless there is a family resemblance.

In the paper to which reference has been made as published in the *New York Medical Journal*, I gave it as my opinion that the affection described "depended upon a disorder of the cerebellum, unattended with any serious organic lesion, and consisting essentially in congestion of some limited portion of its substance." While still disposed to regard its seat as being in the cerebellum, I am not so sure that it is always the result of congestion. Indeed, several similar cases which subsequently came under my care, were aggravated by the use of bromide of potassium, which, as you know, lessens the amount of the ntra-cranial blood, and they were cured by means calcuated to increase the amount of blood in the brain and pinal cord. Consequently I am induced to think that erebral anæmia may be one of the pathological conditions apable of giving rise to convulsive tremor. The pathoogy, however, must remain more or less obscure until we ave the opportunity of verifying our diagnosis by *postortem* examinations.

In the cases described in the memoir to which reference as been made, the measures which were found efficacious were—1. Counter-irritation by means of a seton in the nape of the neck; 2. Large doses of the bromide of potassium; 3. The primary galvanic current. In two of the cases, as there was a generally anæmic condition, iron and quinine were also administered. In one case the bromide of potassium produced no perceptible effect, and the tincture of hyoscyamus was substituted for it, with good results.

In the case of the young man before us, I am inclined to think from his general aspect, and especially from the fact of the extremely dilated state of his pupils, that there is cerebral anæmia, although his general system gives no indication of debility. He is obliged to leave town immediately, and I cannot, therefore, subject him to an ophthalmoscopic examination. I propose, therefore, to act tentatively upon the theory of cerebral anæmia, and to treat him with strychnia in gradually increasing doses; a plan of treatment which is eminently successful in the analogous affection chorea, and occasionally even in epilepsy. We will, therefore, direct that a solution of the sulphate of strychnia in the proportion of two grains to the ounce of water be made, and that of this the patient shall take the first day ten minims three times; this will give him the twenty-fourth of a grain at a dose. The next day he will take eleven minims at each dose, the next twelve, the next thirteen, and so increasing in like manner till the physiological effect of strychnia be produced. This will consist in slight rigidity of the muscles of the calves of the leg, and perhaps of those of the neck and jaws. When this effect ensues, the dose is to be dropped to the original quantity of ten minims, which is to be gradually increased as before, and so on till the period for the occurrence of the paroxysm is passed. Should this plan of treatment be successful in preventing an attack, it ought to be continued for several months longer. I may state, in conclusion, that there is not the least danger in carrying out this system of treatment. It simply requires ordinary care and prudence.

NOTE.—Three months after the delivery of the foregoing lecture, the patient reported that he had had no paroxysm; it had generally taken from thirty to thirty-five minims of the solution of the strychnia to produce the physiological effects. He also reported that his general health had never been better, and that he was working assiduously on his farm. The therapeutical promise is therefore good.

Reports
ON
DISEASES OF THE THROAT.
Edited for the "MEDICAL PRESS AND CIRCULAR."

BY PROSSER JAMES, M.D., M.R.C.P.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

HISTORY OF LARYNGOSCOPY—(*Continued.*)

Czermak. Türck. Liston. Avery. Bozzini. Levret. Senn. Baumés. Cagniard de Latour. Warden. Babington.

WE have seen that Garcia's paper was known to Türck, who had endeavoured to utilise the discovery, and that from the latter Czermak first heard of the method of exploring the larynx. It is to be regretted that a dispute as to priority should have arisen between Türck and Czermak, especially considering what others had done. Czermak so improved the laryngoscope as to make it far more easy to use. He substituted the concave mirror for the plain one used by Garcia, taking the idea from the ophthalmoscope, as I had already done.

He illustrated the value of the instrument by public auto-laryngoscopic demonstrations, and travelled to Paris and then to London for the purpose of thus stimulating others to occupy themselves with the subject. Moreover, he extended the use of the method to the exploration of the posterior nares, and thus originated the art of rhinoscopy, while the cases he related sufficed to prove the clinical value of the method. It is impossible to overestimate the influence this enthusiasm had in rapidly diffusing a knowledge of the value of laryngoscopy throughout the Medical world, nor can we deny that but for him the art might once more have been forgotten. Still we must not forget the claims of others.

(a) "Dictionnaire Annuel des Progrès des Sciences et Institutions édicales: suite et Complément de Tous les Dictionnaires." Par M. P. rnier. Paris, Baillière. 1873. Art. Athétose, p. 42.

Türck seems to have been roused by Czermak's success to new efforts. He at once put in his claim to priority—a claim as to which there can be no question, and he henceforth worked constantly at the subject. The result was, that he produced the most elaborate and complete work on the subject, in which he recorded numerous cases, and depicted the laryngoscopic appearances. His "Klinik" and the accompanying "Atlas" of coloured plates remain as monuments of the skill and industry with which he followed up the art of laryngoscopy in all its ramifications.

In his earliest papers Czermak spoke of the laryngoscope as Garcia's. Later he seems to have discovered that Liston had proposed to use a dentist's mirror dipped in warm water to explore the glottis (*a*), and accordingly spoke of the "principle of Liston and Garcia's method of inspecting the larynx." Liston had said this when writing of swellings that obstruct the larynx, and even then seemed to rely more on the touch (*b*), so that it is doubtful how far that skilful surgeon expected to see.

Subsequent writers have found that both before and after Liston many others had similar ideas, and even seem to have come much nearer to the discovery, some, as already mentioned, scarcely escaping it.

Thus Mr. Avery seems, about 1844, to have invented an instrument which may be called a laryngoscope, inasmuch as he fixed a mirror to a speculum and adapted a lamp to it. Mr. Avery seems to have applied himself with considerable success to the exploration of the passages of the body, and amongst them of the larynx. Being himself possessed of great mechanical skill, he constructed his own instruments, which were much admired at the time, but a description of them was not published until a later date, when the late Mr. Yearsley called attention to his claims (*c*).

But Avery's lamp was scarcely new, for at the beginning of the century Bozzini had incurred considerable odium by an invention of the same kind, with which he claimed to be able to see the interior of the passages of the body. Nay, long back in the former century—before its middle—in 1743, French authors claim for their celebrated accoucheur and inventor, Levret, that he had applied the principle of the laryngoscope by the mirror he used in connection with a speculum of his own invention in applying ligatures to polypi behind the velum.

It is not improbable that earlier citations will yet be made, but it is clear that these men only foreshadowed as others did, what was to be achieved.

Senn and Baumés both used faucial mirrors, as did several others.

Cagniard de Latour employed a second mirror to direct (*d*) the light, and thus seems to have nearly anticipated Garcia, for that was in 1825, in seeing the vocal cords. He failed to see the glottis, but had he tried on several persons he would assuredly have accomplished his object.

It was after this that Dr. Warden, of Edinburgh (1844), endeavoured to illuminate the larynx by means of prisms.

As early as 1829 a distinguished English physician, the elder Babington, had publicly exhibited an instrument which he called a "glottiscope," and in which the principle of laryngoscopy was clearly exemplified. So many claims to priority have been put forward, that it will perhaps interest the reader to peruse the terms in which Dr. Babington's discovery were recorded at the time. I therefore extract the following passage from the *London Medical Gazette* of that year :—

HUNTERIAN SOCIETY.

March 18, 1829.

DR. BILLING, President, in the Chair.

DR. BENJAMIN BABINGTON submitted to the meeting an ingenious instrument for the examination of parts within the fauces not admitting of inspection by unaided sight. It consisted of an oblong piece of looking-glass set in silver-wire, with a long shank. The reflecting portion is placed against the palate whilst the tongue is held down by a spatula, when the epiglottis and upper part of the larynx become visible in the glass. A strong light is required, and the instrument should be dipped in water so as to have a film of the fluid upon it when used, or the halitus of the breath renders it cloudy. The doctor proposes to call it the *Glottiscope* (*a*).

The claim of Dr. Babington to be considered the inventor of the laryngoscope, was brought before the Royal Medical and Chirurgical Society of London on the 26th April, 1864, by Dr. M. Mackenzie, who exhibited the original instruments and the maker's invoice. It seems that Dr. Babington employed a hand-mirror to reflect the light of the sun on to the faucial mirror, which he at first combined with a tongue depressor. Of course, the principle of laryngoscopy was here acted upon. The "glottiscope," as the inventor called it, was, in fact, a laryngoscope such as we now use ; but we find that a concave mirror is better, as it brings the rays of light to a focus where their illuminating power is required, and artificial light is more manageable. Had Dr. Babington employed artificial light it is probable his experiments would have been more numerous and more successful. It cannot, however, be denied that he had really invented and used a laryngoscope.

Dr. Babington was present himself at the society when his claim was thus brought forward after the instrument had been perfected by others, who claimed to have invented it. He stated (*b*) that at the time his instruments were invented a great deal was being said about infiltration of the glottis, and it occurred to him that it was desirable to seek means of examining the glottis more narrowly. With his instrument he had seen ulceration on the epiglottis, but he confessed that he did not contemplate looking through the glottis. He expressed himself obliged for the remarks made in the debate, "although he considered that he had been praised far too highly." In this the reader will scarcely coincide, but put it down to Dr. Babington's innate modesty, for assuredly he had done much, and deserved much credit.

(*a*) "Practical Surgery," 3rd Ed. 1840.

(*b*) The passage is as follows :—

"The existence of this swelling may often be ascertained by a careful examination with the fingers, and a view of the parts may sometimes be obtained by means of a speculum—such a glass as is used by dentists on a long stalk, previously dipped in hot water, introduced with its reflecting surface downwards, and carried well into the fauces."

(*c*) MEDICAL CIRCULAR, vol. xx., 1862.

(*d*) "Physiologie de la Voix." Par Ed. Fournié. Paris, 1866.

(*a*) *Lond. Med. Gaz.*, vol. iii., 1829, p. 558.

(*b*) *Medical Times and Gazette*, May 7, 1864.

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STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

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LECTURE VI.—*Continued.*

TURNING now to consider more particularly the INNOMINATE BONE AS A WHOLE we perceive that it possesses two *Surfaces*, an *Internal* and an *External*, and a *Circumference*, which is divisible into four *Borders—Superior*, *Inferior*, *Anterior*, and *Posterior*.

The *External Surface* is mainly occupied by the attachments of the numerous muscles which surround the Hip joint and produce various movements of the Femur. Its most conspicuous feature, as already noticed, is the *Cotyloid*

Cavity or *Acetabulum.* This cavity may be regarded as the most important part of the Innominate Bone, for the osseous architecture bears evident reference to the requirements of the Hip-joint, both as regards the reception of the weight of the body and the provision of advantageous points of origin for the muscles surrounding the articulation and acting upon it. To the formation of the Acetabulum the Pubes contributes a fifth, the Ilium rather less than two-fifths, and the Ischium rather more than two-fifths. Its Cavity is nearly hemispherical (*a*), about two inches in diameter, and directed downwards, outwards, and forwards. It is surrounded by an elevated rim, uneven, and interrupted internally by a deep notch called the *Cotyloid Notch,* which leads to the bottom of the Cavity. Its floor is formed by a thin, foraminiferous, and sometimes transparent plate of bone, which is rough and depressed below the level of the general surface. The rest of the socket is occupied by a smooth, semilunar tract, covered in the recent state by cartilage, and presenting two extremities with more or less prominent edges, which correspond with the margins of the large notch in the rim of the cup. The superior extremity of the articular surface is comparatively narrow and less raised than the inferior, which overhangs the Cotyloid Notch. Its widest part is directly opposite the Notch, a little outside of the point from which springs the anterior border of the Ilium. Between this border and the horizontal ramus of the Pubes there is a marked concavity, a shallow excavation or notch in the brim of the Acetabulum, which may be called the *Pubic* or *Ilio-Pubic Notch.* A third notch sometimes observable at an opposite point, about an inch from the Cotyloid Notch, may be termed the *Ischiatic* or *Ilio-Ischiatic Notch.* Traces of the original division into three parts are often seen in the form of lines traversing the bottom of the cup, and leading to the three notches in its margin.

If the Innominate Bone be held with its natural inclination from behind forwards and from without inwards the Cotyloid Notch will be at the lowest part of the Acetabulum. This cavity lodges the head of the Femur, with which the cartilaginous lining of the horse-shoe tract round its circumference comes into contact. The circular depression or *Fossa* at the bottom of the cup is about the size of a florin, and is occupied by a little cushion of yellow fat with a covering of synovial membrane which rises to the level of the articular part of the socket, and is known as the *Gland of Havers.*

The elevated *Margin of the Acetabulum* attaches a ligament called the *Cotyloid Ligament,* which deepens the cavity. The *Notch,* which is converted by a ligamentous band into a *Foramen* called the *Cotyloid Foramen,* serves to transmit nutrient vessels and nerves into the joint, whilst its prominent margins give attachment to a very important and interesting ligament, the *Ligamentum Teres* or *Round Ligament* of the Hip-joint.

The *External Aspect of the Brim of the Acetabulum,* convex, rounded, and foraminiferous, is continuous with the adjacent surfaces of the Ilium and Ischium. Immediately above the superior part of its brim is a *rough impression* or *depression,* often very indistinctly marked, which indicates the attachment of *the external tendon of the Rectus* Muscle of the Thigh. At this part, to which with the Acetabular portion the name *Body* has been applied, the Ilium is stout but constricted by the encroachment of the *Great Sciatic Notch.* Higher up it spreads upwards and backwards into the thin, fan-like expansion of the *Ala,* which is surmounted by the *Crest* and bounded in front and behind by the *Anterior* and *Posterior Borders,* carrying the *Spinous Processes.* The margin of the Ala is readily felt through the soft parts covering it, and forms what is popularly termed the Hip (*b*). Its comparative size and strength are characteristic of man, for they exceed those of any other animal and have special reference to the attachment of groups of large muscles which maintain the trunk erect and form the boundary of the abdominal cavity. The Ala does not rise vertically from the Acetabulum, but is inclined outwards for the purpose of affording room for the viscera in the abdomen; nor does it present an uniform plane from before backwards, but is disposed in a sinuous curve—convex outwards anteriorly where it corresponds with the hollow on the inner side called the *Internal Iliac Fossa,* which affords additional space for the intestines—concave outwards posteriorly where it corresponds to the internal prominence of the *Sacral Surface,* and has received the name of the *External Iliac Fossa.* Nor is this the only object of the wavy configuration of the bone. Nowhere in the body do we meet with bones which are perfectly straight. The long bones are not straight, the flat bones are not straight, the composite bone which we call the *Spinal Column* has been seen to follow a series of curves. In all these bones the predominant figure is that of the italic letter *S,* and the advantages gained are, elasticity, grace, and the diffusion of shocks. It is thus with the Ilium, through whose thicker parts travel both the weight of the body and the jars which ascend from the lower extremities to the Trunk.

Traversing the *Dorsum Ilii* are three rough lines, irregularly semi-circular in shape and called the *superior, middle,* and *inferior curved lines of the Ilium.* These lines map out three spaces which are occupied by the fibres of the three largest muscles of the buttock or gluteal region—the *Gluteus Maximus, Gluteus Medius,* and *Gluteus Minimus.* Thus the *superior curved line* commences about two inches from the posterior extremity of the Crest of the Ilium, runs obliquely downwards and backwards for an inch or two, and then often turns backwards to the posterior border, cutting off a narrow rough surface for the attachment of the largest and most superficial gluteal muscle, the *Gluteus Maximus.* The superior curved line is generally described as passing downwards as far as the Great Sciatic Notch, and in some specimens it does so, but the continuation of the line below the surface for the muscle may be less real than imaginary. The *middle curved line,* the longest and best marked of the three, begins about an inch from the anterior edge of the Crest of the Ilium or anterior superior spinous process, pursues a convex but undulating course, and ends in the posterior border at the margin of the Great Sciatic Notch. Between this line, the Crest of the Ilium, and the superior curved line, is an elongated surface "having the form of a curved triangle, broad behind and pointed in front" (Quain), which attaches the middle gluteal muscle, the *Gluteus Medius.* The *inferior curved line* begins either at the notch below the anterior superior spinous process, or at the anterior inferior spinous process, and runs to the posterior border in the centre of the Great Sciatic Notch. Between the middle and inferior curved lines the smallest of the three gluteal muscles, *Gluteus Minimus,* takes its rise. A little below the centre of the middle curved line is a groove leading to the orifice of a canal, which runs downwards in the substance of the bone and lodges the largest of the external nutrient vessels. A number of smaller openings are observable scattered over the dorsal surface, but most numerously in the neighbourhood of the Iliac Crest.

Let me here call your attention to a circumstance of wide application in the human body. Most bones exhibit surfaces for muscular attachment, and these surfaces are more or less rough, and present in varying degrees ridges traversing or surrounding their surfaces. The muscles which are attached to these surfaces are either fastened to them directly by the muscular fibres which join the periosteum, or by distinct tendons taking the place of periosteum, or by admixture of tendons and fleshy fibres. Now it is a general rule that ridges and asperities attach tendinous fibres—the threads of the white fibrous tissue—and that the smooth parts are reserved for muscular fibres, for it is on the smooth parts that the periosteum is most abundant. The sharp edges which we find on the shafts of such long bones as the Femur and Humerus near their articular extremities attach the tendinous or aponeurotic fibres of a strong fascia which binds down the muscles. The ridges and roughnesses and semicircular lines of the Ala of the Ilium attach the bands of aponeurosis or fascia which surround or belong to the great muscles of this region. I might illustrate this matter further here, but I can do so as I proceed, for I have said enough to inculcate a fact which I wish you to bear constantly in mind, that the ridges on bones are the evidence of the former presence and attachment of white fibrous tissue, either in the form of investing fascia or tendon of muscle. And here, before proceeding with the anatomy of the Innominate Bone, I may point out once more an instance of the discrepancies of authors. In a note to his masterly treatise on "Human Osteology" Ward has stated

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(*a*) "The Acetabulum does not form more than 170° to 175° of a circle, that is, not so much as a half-circle in any direction." Humphry "On the Human Skeleton," p. 510.

(*b*) The term Hip is not very definitely used, being also applied to the parts below the Crest, including the prominence formed by the Great Trochanter.

that of the "three curved lines the French anatomists in general recognise only the two upper, while the English anatomists, on the contrary, usually describe only the two lower. What we have here described as the *middle* line is called the *lower* by Cloquet and Cruvelhier, and the *upper* by Quain. To increase the ambiguity thus created, the upper and middle lines have sometimes both been described as superior in different parts of the same work. These discrepancies are of no great importance in themselves, but they are likely to mislead the student as to the attachment of the gluteal muscles."

Returning to the Acetabulum, we find behind it the *Posterior Surface of the Body of the Ischium*, quadrilateral in outline, and rendered convex both vertically and transversely by the bulging of the Cotyloid Cavity. It is marked by the orifices of numerous small foramina, and supports the *Spine of the Ischium*, which in its present connection must be regarded as a prominence attaching on its outer surface a little muscle called the *Gemellus Superior*. Below the Acetabulum is the strong, thick *Descending Branch* of the Ischium, which terminates in the *Tuberosity* or *Tuber Ischii*. It is the pillar which supports the Cotyloid Cavity and receives a large share of the weight of the trunk in the sitting posture. It presents to our view what is termed usually the *External Surface of the Body*, comprising the Acetabular part and a smooth *Groove*, which runs above the Tuberosity beneath the shadow of the overhanging brim of the cup, and is designed for the reception of the tendon of the *Obturator Externus* Muscle as it winds outwards and backwards to reach the pit at the back of the Neck of the Femur. In front of the Acetabulum is the *Obturator Foramen*, bounded, as we have already seen, above by the *Superior Ramus of the Pubes*, internally by the *Inferior Ramus of the Pubes* and the *Anterior Ramus of the Ischium* united together, below by the *Body of the Ischium*, and externally by the Pubic and Ischiatic sections of the *Acetabulum* together with the *Cotyloid Notch*. The margin of the foramen is generally thin, rounded and smooth below where it corresponds to the Ischium, often rough and spiculated where it belongs to the Pubes. It is interrupted at the outer part of the upper boundary by a wide, smooth *Groove* which runs from the Pelvic cavity obliquely forwards and outwards underneath the horizontal ramus of the Pubes, and gives passage to the *Obturator Vessels* and *Nerves*. The anterior lip of the *Obturator Groove* is formed by the external margin of the Obturator Foramen continued into the *Anterior Border of the Horizontal Ramus of the Pubes*. The posterior lip of the groove is formed by the internal border of the foramen continued along the *Horizontal Ramus* as its *Inferior Border*. Thus between the continuations of the internal and external borders of the oval foramen we have the Obturator groove, and the floor of this groove is a part of the inferior surface of the prismatic superior ramus. Further inwards this inferior surface has widened into the flattened *Anterior Surface* of the bone, which itself narrows below and passes into the *Inferior Ramus* of the Pubes and conjoined *Ramus* of the Ischium. The whole of this compound but continuous surface is used for the attachment of the group of muscles which draw the Femur inwards, the Adductor Muscles of the Thigh, comprising the Gracilis, Adductor Longus, Adductor Brevis, Adductor Magnus, and Obturator Externus. It is bounded internally by a rough everted margin which forms part of the inferior border of the Innominate Bone.

The narrowest part of the strip of bone on the inner side of the oval hole is near the centre, either at or above the point of junction of the rami of the Pubes and Ischium. This point is indicated by a rough ridge on the anterior surface, but not at all distinctly in many specimens.

The *Inner* or *Pelvic Surface* is seen to be at once divisible into two main parts, an *Upper* or *Iliac* and a *Lower* or *Ischio-Pubic*, united in such a manner as to adapt the whole bone for forming the anterior and lateral walls of the Pelvic cavity. The *Iliac Division*, whose general aspect is upwards, forwards, and inwards, and whose boundaries are the Crest and the anterior and posterior borders, presents posteriorly the *Sacral Surface*, which is the medium of union between the Innominate Bone and the Sacrum. The *Sacral Surface* again is divisible into an *Anterior* or *Inferior* and a *Posterior* or *Superior Portion*. The *Anterior Division* resembles in shape an external ear, and has therefore received the name *Auricular Surface*. It is either semilunar in shape or markedly angular, with two unequal borders meeting in front nearly at a right angle, either abruptly or with a curve. Of the two borders the *inferior* is the longer, and slants backwards to the lower end of the posterior inferior spine, whilst the *superior* or shorter passes obliquely backwards and upwards to a ridge which marks the summit of the posterior convexity of the inner aspect of the Ala of the Ilium, and is therefore opposite the deepest part of the corresponding external concavity or *External Iliac Fossa*. The Auricular Surface is very uneven, alternately raised and depressed. Thus, in front, immediately behind the angle, is a pit, behind the pit is an eminence, and behind the eminence a second hollow beneath the posterior division of the Sacral Surface. This posterior division is marked by "a thick, massy, irregular prominence just below the posterior extremity of the Crest, which is continued to the posterior superior spine, and serves for the attachment of powerful ligaments which connect this bone to the Sacrum." It is called by Cloquet and Wood the *Iliac Tuberosity*. Covering the Auricular Surface in the recent state is a layer of cartilage, which is united to a similar layer on the Auricular Surface of the Sacrum, and is more firmly united to the bone by reason of the inequalities on which we have commented. As it is through the Auricular Surface that the weight of the body passes, the part of the Ilium which bears it is rendered remarkably thick and strong. Small nutrient foramina are sprinkled over the Sacral Surface, and a large one is often visible close to the Auricular Surface on the adjacent portion of the *Iliac Fossa*. To this *Fossa* the anterior part of the *Iliac portion of the inner surface* is devoted. It is a very regular depression which gives attachment, as before stated, to the *Iliacus* muscle. Observe the smoothness of the surface, and if there be any faith reposable in general maxims you may securely say that the Iliac muscle arises from this smooth Fossa, not by aponeurotic, but by fleshy fibres attached to a thick periosteum. Observe secondly the thinness of the bone forming the floor of the Fossa. Hold it up to the light and you find it translucent at the deepest point, where the excessive application of the student may have already worn a hole through its substance. Evidently there is but little weight or traction sustained by this part of the bone, and Nature can safely carry out here her favourite principle of rendering the bony framework of the body as light as is compatible with the requisite strength. Observe thirdly that when the Innominate Bone is held in position the Iliac Fossa slopes downwards and forwards to a notch which lies below the anterior inferior spine already known to us as the Ilio-Pubic Notch. Along this track the muscle passes out of the Pelvis into the Thigh. Observe again that the lower limit of the Iliac Fossa is a curved and rounded ridge, which commences behind at the salient angle of the Auricular Surface and runs forwards to the Pubes, where it becomes sharp and prominent and terminates in the Pubic Spine. This ridge is the *Ilio-pectineal Line*; where it belongs to the Ilium it has been termed the *Arcuate Line*. On reference to a Pelvis you will see that the ridge is continuous behind with the prominent edge on the Sacrum which separates its anterior surface from the upper triangular surface of its *Ala* or *Wing*. The whole line divides the Pelvis into two parts, an upper and a lower. The upper division is known as the *False* Pelvis, because it is a very incomplete cavity, and really belongs to the Abdomen; the lower is named the *True* Pelvis, for it is the cavity from which the Pelvis derives its name. The greater part of the True Pelvis is formed by the Ischium and Pubes, but there is a narrow tract of Ilium just below the Ilio-Pectineal line, and observable above the Sciatic Notch. Immediately underneath the Ilium and continuous with it, is a wide quadrilateral surface called the *Internal Surface of the Body of the Ischium*. It forms the back of the Cotyloid Cavity, and may often be seen to present three distinct rough lines, which indicate the meeting-points of the Ilium, Ischium, and Pubes. As in the Cotyloid Cavity, the lines of junction are Y-shaped, the anterior limb running upwards to an eminence called the *Ilio-Pubic* or *Ilio-Pectineal Eminence*, the posterior limb running backwards to the upper part of the Sciatic Notch, and the inferior limb running to the Obturator Foramen close to the commencement of the Obturator or Sub-Pubic Groove.

Projecting backwards from the Ischium is the curved triangular process known as its *Spine*. It serves for the attachment of the Lesser Sciatic Ligament and the Levator Ani and Coccygeus muscles, and is a most important obstetric object.

Between the Spine and the Tuberosity is a *grooved surface*, which leads to the *lesser Sciatic Notch* and gives passage to the Pudic Vessels and Nerve *en route* to the genital organs. The remaining parts bound the Obturator Foramen, and consist of the *Posterior Surfaces of the Hori* *zontal Ramus, Body,* and *Descending Ramus of the Pubes,* and *the Ascending Ramus of the Ischium.* Owing to the proximity of the Pelvic Viscera, all the parts are smooth and rounded. From the back of the Pubes the Levator Ani and Compressor Urethræ muscles arise, whilst the Obturator Internus covers tracts of bone surrounding the Obturator Foramen internally, inferiorly, and posteriorly. On the internal surface of the body of the Ischium the Obturator Internus Muscle reaches to the Great Sciatic Notch. All its fibres converge to a tendon which leaves the Pelvis by winding round the Spine of the Ischium along the floor of the lesser Sciatic Notch.

In looking at the *Circumference* of the Innominate Bone we are naturally arrested by the *Superior Border* or *Crest of the Ilium.* From before backwards it forms an arch, from side to side it is sinuously curved like the fan-shaped plate of bone which it surmounts, being turned outwards in front and inwards behind. Strong throughout, it varies in thickness, alternately widening and contracting. It is thick at its extremities, thickest about two inches from the anterior end, and thinnest in the centre. It is sufficiently thick to admit of being described as possessing *three lips, an internal, middle, and external,* each of which gives attachment to muscles or aponeurosis. Thus, to the external margin is attached the strong *Fascia Lata* of the Thigh, and the *Tensor Vaginæ Femoris* below, and the *External Oblique* Muscle of the Abdomen and *Latissimus Dorsi* above. To the middle lip is attached the *Internal Oblique* Muscle of the Abdomen; to the internal lip the *Transversalis,* the *Quadratus Lumborum,* and the *Erector Spinæ,* and internally the *Fascia* which covers over the *Iliacus*—the *Iliac Fascia.* In other words the Crest attaches some flat muscles forming the fleshy parietes of the Abdomen, some muscles and fasciæ of the Thigh and Abdomen, the large erector muscle of the Trunk, and a muscle which belongs to the arm. All the muscles are large and strong, a circumstance which, once mentioned, will assist you in appreciating the importance of the Iliac Crest as a muscular fulcrum, and will explain the necessity for its size and strength. It terminates in front in a projection known as the *Anterior Inferior Spinous Process,* and behind in a similar prominence called the *Posterior Superior Spinous Process,* as already mentioned.

The *Anterior Border* begins at the *Anterior Superior Spine of the Ilium,* and ends at the *Angle of the Pubes.* Its upper part, nearly vertical, belongs to the Ilium; its lower part, often called horizontal, but really oblique, belongs to the Pubes. The *Iliac Portion* presents in succession below the *Anterior Superior Spine,* a *Notch,* a rough projection termed the *Anterior Inferior Spine,* a *ridge* or buttress of bone leading down to the upper part of the Cotyloid Cavity and strengthening it at this point against upward pressure, an excavation ending anteriorly in a large *Ilio-Pubic Notch,* and the rough *Ilio-Pectineal Eminence.* Then comes the *Pubic Portion,* which exhibits a triangular concave surface, wider externally than internally, bounded behind by the sharp *Pectineal Ridge,* and in front by the anterior border of the ramus, and called the *Superior Surface of the Horizontal Ramus of the Pubes* or the *Pectineal Surface.* Beyond this surface is the rough, elevated *Crest of the Pubes,* ending externally in the prominent tubercle called the *Spine,* and internally in the abrupt *Angle.* The Crest of the Pubes is at the anterior margin of the bone, and the Spine when well marked overhangs the anterior aspect of the body.

Between the Anterior Superior Spine of the Ilium and the Spine of the Pubes stretches a very important fibrous band, which is called *Poupart's Ligament* or the *Ligament of Fallopius,* and represents the Clavicle in the upper limb. Underneath Poupart's Ligament are placed the structures which pass from the Abdomen to the Thigh, viz., the *Iliacus* and *Psoas* Muscles, filling up the Ilio-Pubic Notch, the *Femoral Blood Vessels,* and the *Pectineus* Muscle. The fleshy fibres of the Pectineus arise from the smooth triangular surface mentioned above as the *Pectineal Surface,* and is covered by a layer of *Fascia,* which is fastened to the sharp Pectineal line behind it—another illustration of the principle above laid down.

The Crest of the Pubes attaches the *Rectus Abdominis, Pyramidalis,* and conjoined tendon of the *Internal Oblique* and *Transversalis.* The Ilio-Pectineal eminence receives part of the insertion of a small Abdominal muscle called the *Psoas Parvus.* The Anterior Inferior Spine of the Ilium gives origin to one head of the *Rectus,* the margin of the Notch above and the Anterior Superior Spine to the *Sartorius.*

The *Inferior Border* belongs above to the Pubes, below to the Ischium, and extends from the *Angle* of the former to the *Tuberosity* of the latter. At the commencement is a rough, elongated oval surface, united to a similar surface on the bone of the opposite side by a piece of fibro-cartilage, forming the articulation to which the name *Symphysis* has been applied. Ward says that "this articular surface often presents eight or nine transverse ridges separated by grooves. In a few specimens I have observed instead of ridges a series of nipple-shaped eminences regularly arranged in horizontal rows of three or four each. This curious structure which anatomical writers have not hitherto described is doubtless intended to enable the inter-pubic fibro-cartilage by sending in its fibres between these mastoid tubercles to take a firmer hold of the bone." Wood states that "the posterior border of this articular surface is often raised into a ridge projecting backwards, especially in old persons. Cruvelhier mentions one observed in a woman who had borne many children, where this was a perfect crest." Cloquet also notices this ridge.

Below the Symphysis the margin slopes downwards and outwards, and is surmounted by a rough, everted ridge for the attachment of muscles, fascia, and the *Root* or *Leg of the Penis.* It widens at its termination into a broad, rough, curved, elongated, and oval surface often mentioned as the *Tuberosity of the Ischium.* This important eminence, belonging in great part to the posterior border, is everted, and is bounded by two prominent margins called its *inner* and its *outer lips.* The *inner lip* projects into the Cavity of the Pelvis, forming a ridge for the attachment of the *Great Sacro-Sciatic Ligament,* and bounding a *Groove* called the *Pudic Groove* on the Pelvic aspect of the body of the Ischium designed for the reception of the Pudic Vessels and Nerve. The *outer lip,* less prominent, attaches the *Quadratus Femoris* and *Adductor Magnus* Muscles. The under surface is marked by separate impressions. On the anterior half there are two marked off from each other by a prominent ridge continuous with the margin of the ramus. To the *inner impression* the *Great Sciatic Ligament* is attached; to the *outer* the *Adductor Magnus* Muscle. On the posterior superior and more external half of the Tuberosity are two smoother surfaces separated by an oblique line. To the *outer and higher impression* is attached the *Semi-Membranosus,* whilst the *lower* one, which is again divisible into two, gives origin to the *Biceps* and *Semi-Tendinous.* These three muscles, situated at the back of the Thigh, are long muscles reaching down to the Knee, and are popularly known as the Hamstring Muscles. The *Gemellus Inferior* arises from the upper margin of the Tuberosity.

The *Posterior Border* extends from the *Posterior Superior Spinous Process of the Ilium* to the *Tuberosity of the Ischium.* It exhibits below the posterior superior spine a small *Notch,* the *Posterior Inferior Spine,* the concave margin of the *Great Sciatic Notch,* the *Spine of the Ischium,* the *Small Sciatic Notch,* and the upper end of the *Tuberosity.*

The *structure* of the Innominate Bone is that of the flat bones in general, composed of two plates of firm compact bone with cancellous tissue intervening between them. In the thicker portions of the bone, such as the Crest, Spines, Tuberosity, and Auricular Surface of the Ilium, the Body and Tuberosity of the Ischium, the Acetabular part of the Pubes, the cancellous tissue is abundant, and is occupied by that red-stained, watery marrow which is peculiar to the flat and cuboid bones. In one or two spots the cancellous tissue is deficient, and the two plates of compact bone come into contact and are amalgamated into thin lamellæ. The floors of the Iliac Fossa and Acetabulum are the examples. The thickest parts of the bone lie along the line of pressure and shocks, and as the chief route for the transmission of weight is along the Arcuate line, extending from the Auricular Surface to the Hip-joint, the greatest quantity of osseous matter is found in this situation, as may be demonstrated by a transverse section of the bone. Where the line abuts on the Acetabulum the bone is more than an inch in thickness. Wherever there is any collection of cancellated tissue we find nutrient foramina near at hand. On the inner surface one or two large foramina generally exist in front of the Auricular Surface, not far from the Cotyloid Rib. On the outer surface they collect near the Iliac Crest and around the Acetabulum. The descending segment of the Ischium is composed to a great extent of more dense tissue than the other parts.

(*To be continued.*)

ON CUTTING SECTIONS OF ANIMAL TISSUES FOR MICROSCOPICAL EXAMINATION (a).

By Joseph Needham, F.R.M.S., &c.,
Demonstrator of Histology at the London Hospital Medical College.

(*Continued from page* 492.)

(B.) Finer sections can always be made when the tissue is firmly supported. For this purpose embedding is necessary. Various mixtures have been proposed by different authorities, of which the following is at best an incomplete list :—

(C.) Stricker (a) employs equal parts of white wax and olive oil. Drs. Pritchard and Ferrier (b) recommend a mixture composed of solid paraffin, five parts spermaceti, two parts; lard, one part. His (c) covers the object in pure paraffin, and a mixture of white wax and cocoa-butter is used by Moseley (d).

Of the above mixtures, perhaps the best and cheapest is the wax and oil mass. In its preparation the finest white wax and purest olive oil must be used; the proportion of wax to oil will greatly depend upon the firmness of the tissue to be embedded. The greater the density, the larger will be the amount of wax required, and *vice versâ;* but the mass generally used is made as follows :—Equal parts of the ingredients are placed in a porcelain dish and heated till all the wax has melted, being continually stirred with a glass rod, that the mixture may be well incorporated; the mass is now ready for use. If the material from which sections are to be made has been hardened in aqueous solutions, it must be removed and steeped in ordinary methylated or absolute alcohol, so that the water may be replaced by spirit; this will occupy a longer or shorter time, according to the strength of the alcohol and size of the tissue. When perfectly saturated with spirit, an oblong piece is to be removed from it with a scalpel. A paper box must now be made according to the size of the piece, and about half as long again, the breadth and depth being in proportion; say, for example, the piece to be embedded is 1 in. long, and ½ in. in breadth and depth. We must take a piece of stiff, well-glazed paper, 2½ in. long and 1¼ in. broad which is to be folded on itself for about ½ in. on both sides in the long diameter, then the ends for a similar distance, so that it now appears to be only ½ in. broad and 1½ in. long. Now unfold the sides to half the distance, so that four walls are formed; the triangular pieces projecting from the corners are to be folded on the ends so that they overlap each other, and kept in position with a little gum or a pin, our box is now complete. It should be placed on a flat piece of cork and fillled with the melted mass sufficiently to cover the piece of tissue, as soon as the wax mixture begins to solidify around the edges of the box, the tissue is to be introduced as follows (a):—A needle is stuck slightly into the end opposite to that from which sections are to be cut, and the bit is plunged into the mass with its long diameter horizontal, and in such a position that the end furthest from the needle is near but not in contact with the side of the box, and consequently the other end is at a considerable distance from the side. In this way although the whole is surrounded with the wax mass, there is a greater thickness around the end into which the needle is stuck, so that the whole can be securely and conviently held." By passing the needle directly through the tissue and into the cork, upon which the box rests, "the operator is saved the trouble of holding the needle till the wax mixture solidifies. In finally withdrawing the needle, the greatest care must be taken to give it a twisting motion, as otherwise especially if the object is thin, it is apt to be displaced." If a thin membrane is to be embedded, of such tenuity that a needle could not be introduced without danger of destroying it, the following method may be used :—A box is half filled with the mass, and then, as soon as it begins to solidify, the membrane is applied to the half solid surface; the box is then filled with a thoroughly fused mass, care being taken that it is not too hot." In embedding any of the fatty masses, great care should be taken that the surfaces of the piece is dry previous to immersion in the mass otherwise the medium will not adhere to it.

Besides the media already mentioned, others, as gum (a), and a mixture of gelatine and glycerine (b), have been used for some tissues with great success. The first is prepared by making a clear concentrated solution of the pulverised gum acacia, the gelatine mixture is prepared as follows :—Two parts of concentrated solution of isinglass and one part of pure glycerine. It is not necessary to place the tissues in alcohol previous to embedding in these. A paper box or cone having been prepared, it is filled with the mixture—the gum cold, the gelatine hot; the piece of tissue is then thrust into it. The gelatine mass when cold becomes solid. Both are then placed into common alcohol until a sufficient degree of hardness is attained; on releasing them from the paper they are ready for further treatment.

When cavernous structures, as lung-tissue, cochlea, &c., are embedded by the foregoing methods, good sections cannot always be obtained, in consequence of the tissue not being supported within, as well as without; but if it be placed in any one of the melted embedding mixtures, or in the gum mass cold, under the receiver of an air pump, and exhausted till bubbles cease to come from the tissue, the mass will penetrate into the spaces, previously occupied by air; after solidification has taken place they may be dealt with as an ordinary embedding, and in this way it will be possible to obtain fine preparations.

Professor Quekett used to inject hot tallow through the bronchi into the air cells of an injected lung which after cooling and drying yielded a splendid mass. All transparent lung injections put up by Mr. Topping are prepared in this way; although this plan answers the purpose very well, it is doubtful if it be even equal to the last.

For making sections of the tissues thus embedded, razors, or sections knives are used. I have employed for a considerable time the flexible-edged, concave-sided razors made by John Heiffor, and stamped "made for the army;" they are extremely thin for some distance from the edge, and the hollowed-out surface holds plenty of alcohol; this is absolutely necessary to prevent the section sticking to the blade. Mr. Mosely (c), also strongly recommends them for histological work, Dr. Klein's section knife has one side flat, and the other concave; the blade is eight inches in length. The razors previously referred to are equal and considerably cheaper, being obtainable from any cutler for the small sum of one shilling each. Previous to cutting the tissue embedded in any of the fatty masses, the instrument must be wetted with ordinary spirit, or still better, absolute alcohol; in which liquid the sections must be placed as soon as made, to clean them from the surrounding material, after which they are ready for staining. If embedded in gum or gelatine, water or glycerine must be used to moisten the knife, and the sections cleaned in water. For lung injected with tallow, the razor is kept wet with turpentine, in which fluid the sections must be immersed; the tallow will readily dissolve, and the sections may be put up at once in Canada balsam or solution of damma or balsam in benzole (d).

(D.) It is often desirable to obtain sections of perfectly fresh tissue, for the purpose of immediate examination, or perhaps for impregnation with some metallic salt. It is obvious that no assistance can be looked for from hardening fluids or embedding, and very little indeed by means of the double-bladed knife. We must have recourse to one of the refrigerating methods. (1) the process generally adopted is that described by Klein in the 'Handbook for Physiological Laboratory,' from which the following is quoted :—"A freezing mixture is prepared by introducing alternately small quantities of broken ice, or snow (not so advantageous), and of finely-powdered salt, into a large vessel, mixing the two ingredients thoroughly after each addition. The object, which must be small, should be cut to an oblong form, and placed on a flat piece of cork, much wider then itself. It must be pinned to this cork at the end opposite that from which the sections are to be cut. In the case of a membrane the object must be folded, and fixed in the same way. The whole is then placed in a platinum crucible, which has been previously plunged into the freezing mixture. The crucible must be at once covered, and a little of the freezing mixture placed on the top of it. The section knife, which must be sharp, is cooled by laying it on ice. As soon as it is ascertained by exploration with a needle that the preparation is firm enough, the knife is handed to an assistant, who wipes it, and holds it in readiness. The cork is then taken out with the forceps, and seized by the fingers of the left hand in such a way that they do not come into contact with the preparation. A succession of sections having been rapidly made, the number varying with the skill of the operator, the cork is replaced in the crucible." This method, perhaps giving very satisfactory results in dexterous hands, seems to be excessively tedious, awkward, and rather primitive, in comparison with that to be next described.

(a) Read before the Medical Microscopical Society, April 18th, 1878.

(a) Stricker *loc, cit.*

(b) Pritchard and Rutherford, P. 16, Quarterly Journal of Microscopical Science, and p. 332, No. 4, ibid.

(c) Mosely, *loc. cit.*

(d) Bastian, p. 66, No, 2., Monthly Microscopical Journal.

(2.) The best way to obtain sections of fresh, hardened, or softened tissues for immediate examination or further treatment, is undoubtedly, by freezing in the refrigerating microtome. I refer to Mr. McCarthy's modification of Professor Rutherford's microtome made by Khrone and Sesseman, of Whitechapel Road. It consists essentially of a brass plate having a hole in the centre; to the under surface a tube is fixed whose bore corresponds to, and is continous with, the hole; a thin plug is accurately packed in the tube, capable of being moved up and down by means of a graduated screw; external to the tube is an oblong box, through the bottom of which the screw passes into the tube. A small tap communicates with the interior of the box to carry off water, if neccessary, as produced by the ice. The plate rests on, and occupies about the middle fourth of two sides of the outer box. The whole is capable of being securely fastened to any table by a second screw. The machine is made of brass, and the sides are padded externally with leather.

The machine is first fastened to a table a large square piece of flannel being interposed between them, the tap turned on, and the plug forced to the bottom of the tube, after displacing the graduated screw. The pieces of tissue, I say "pieces," because two or more different portions may be cut at the same time, if it be possible to distinguish the sections by the shape or colour from each other; *e.g.*, lung and intestine may be readily distinguished by their shape, and easily separated after being cut into sections of extreme tenuity—are placed in the desired position in the tube, which is filled up with water, the aperture and contents being protected by placing a small piece of oil skin over the plate. A thin layer of ice, divided into small pieces, is now placed in the box and on the oil-skin, over this is sprinkled a quantity of pulverised salt, another layer of ice is then added and again more salt and so on till the refrigerating mixture is piled over the plate; finally, the whole mass, machine included, is covered up with the flannel. After an interval of about twenty minutes from the completion of the operation, the tissues will be sufficiently frozen for cutting. All that is now necessary is to remove the ice mixture *above* the plate and sides of the machine, when the tissue embedded in *ice* will be exposed ready for cutting. By turning the graduated screw—the thickness of the section depending upon the number of turns or part of a turn given to this screw—the frozen mass will be elevated; a razor is placed at a slight angle on the brass plate and drawn obliquely through the mass projecting from the tube; the sections as they are cut can be easily floated off the razor into water. The razors used for this machine must be *flat and kept sharp* by frequent stropping.

Tissues hardened or preserved in spirit must be placed in water, or a very dilute solution of bichromate of potass to withdraw the spirit, otherwise the freezing of it will be retarded, if not entirely prevented.

By this method I have cut large and beautiful sections of *uniform* thickness of softened teeth and bone, of cartilage and tendon, and of hardened and fresh tissues of every description. Further, I may safely say that, if the given directions be rigidly followed, failure will be impossible; moreover, should you give this method a fair trial (a certain amount of experience in this, as in all things, being necessary), I am confident you will readily concur in Stricker's (*a*) assertion: "*The simplest and most elegant mode is that of refrigeration.*"

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 11, 1873.

THE ELECTION OF COUNCIL AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE election which took place—as fixed by the Charter—on the first Monday of this month, was one of the most anxiously contested which has occurred for some years, and it resulted in important changes in the constitution of the Council.

As we have stated to our readers, the new candidates who competed with the nineteen out-going members of the Council, all of whom sought to be re-elected, were nine in number,—Mr. John Hamilton, Dr. M'Clintock, Dr. Jacob, Dr. Mapother, Dr. Mason, Mr. Croly, Dr. Barton, Mr. Hamilton Labatt, and the out-going President, Dr. Frederick Kirkpatrick. So large a number of claimants have not presented themselves for many years; and inasmuch as the Vice-President elect had not been previously a Councillor, there was no actual vacancy in the number of that body.

About 125 Fellows recorded their votes, and the scrutiny of the poll showed that Dr. Hargrave, Mr.

(*a*) Stricker. *loc, cit*

Irvine, Dr. Elliott, Dr. Hatchell, and Mr. Smyly were replaced in the administration of the College by Dr. Kirkpatrick, Dr. Mapother, Dr. Jacob, Mr. Croly, and Dr. M'Clintock.

It is many years since so extensive a change in the constitution of the administrative body of the College has taken place. The Council now stands as follows :—President—John Denham ; Vice-President—Robert W. Smith ; Secretary of the College—William Colles ; Council—Robert Adams, William Colles, Richard G. H. Butcher, Rawdon Macnamara, George H. Porter, Benjamin M'Dowel, Edward Ledwich, Alexander Carte, James H. Wharton, Albert J. Walsh, Edward D. Mapother, Archibald H. Jacob, John Morgan, Edward Hamilton, Robert M'Donnell, George H. Kidd, Frederick Kirkpatrick, Alfred H. M'Clintock, and Henry G. Croly, Esq.

The chances of this election were influenced to a certain extent by an alteration in the form of the voting paper, decided on by the Fellows at their last general meeting, and brought into effect for the first time at this election. In the ballot lists of former years the outgoing Councillors were placed according to the order of their seniority as Councillors and in a place by themselves, while the new candidates were placed elsewhere, and separated by a perforated line.

It was considered by the Fellows that this arrangement of the list operated as an inducement to voters to tear off the Council list and put it into the ballot box in its entirety, and that thus an unfair advantage was enjoyed by the ex-Council in respect of their continuance in office.

The resolution of the Fellow ordered that the names of all Candidates should be printed in one column in order of seniority, not as Councillors, but as Fellows. This arrangement, notwithstanding that it was obviously unfavourable to the younger candidates whose names would thus stand at the bottom, was supported by the junior Fellows, and by Dr. Jacob, Dr. Mapother, and Dr. Morgan, and was thus brought into operation at this election.

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THE DIFFICULTY AT THE MACCLESFIELD INFIRMARY.

A DIFFICULTY has arisen at this institution which aptly illustrates the unsatisfactory position of the Medical officers of this in common with a large number of other charities, and which we, therefore, think well to comment on in this place. We do so the more cheerfully, inasmuch as it is desirable to occasionally enforce our views by reference to what transpires at a distance, and on which, therefore, we are in no danger of allowing our minds to be influenced by a personal knowledge of the parties concerned. In this case all our information is derived from the local newspapers, and we are therefore as little prejudiced as it is possible for anyone to be. None of the names were known to us until now, and now they only represent unknown persons. What then is the difficulty? Five honorary surgeons and two honorary consulting surgeons have resigned their appointments, as they felt, after the adoption of a resolution against which they had protested, they could not continue in office.

Two other surgeons state their reasons for not resigning, from which we gather that the Infirmary had an unusually large staff.

We confess our sympathies are entirely with those who have resigned. We congratulate them on their united determination to uphold the honour of their profession, and we regret that the others did not regard the question raised in the same light. Sad it is that the Profession is so seldom unanimous. But we may, nevertheless, rejoice that seven against two were of one opinion. We trust the minority carefully weighed the fact that so large a majority of their brethren took the other course. It appears that the rules of the infirmary were under discussion, and it was resolved to limit the appointments of the staff to three years, and to make this law retrospective, so that those at present in office would have to seek re-election every three years.

How could this be regarded as other than insult? It shows clearly how little the governors of our charities appreciate the services of the officers on whom they depend. We cannot understand the feelings of those who could thus vote, for we find a letter was read from one of the consultants, as chairman of the staff, in which it was shown that the new rule would be prejudicial to the interests of the charity for the following reasons:—

1. Because the relative eligibility of its Medical officers having been once determined, it would scarcely be creditable to the judgment of those by whom the appointment was made, arbitrarily, and against all precedent, to revoke the same.
2. That the services of the staff being perfectly gratuitous, a virtual renunciation of those services at the close of a definite period, without any ostensible pretext, would be regarded by the members of the staff as anything rather than a graceful and complimentary recognition as to the value of their previous services.
3. That such a procedure, being at variance with the usages of all similar institutions, would, moreover, be deemed humiliating by those who would be notoriously, and by publicity, affected by it.
4. That the competency of the Medical staff for all emergencies depends very materially on the progressive experience and facilities furnished by all such institutions; no presumable change of Medical officers is likely to adapt itself to these emergencies, which supposes the lack, in a greater or less degree, of the dexterity acquired by a *continuous* course of hospital practice.
5. That the present honorary staff is composed of the *elite* of the Profession in this locality; all young men of talent, of professional emulation, and of manual adroitness.
6. That the impolicy of such an innovation as the one contemplated may be seen in the light of the principle which governs the appointment of Medical men to serve in parishes and unions; such appointments being held in perpetuity; and no suspension or revision of the same, (although *salaried* officers) being ever entertained, except on the ground of manifest incompetency or delinquency.

It would appear that some discourteous remarks were made by one governor at the meeting, and that the objections of the majority of the staff were treated as too often the sentiments of Medical officers are by committees. The result was the resignation of seven.

We regret to add that the two who give their reasons for retaining office assign as one that the resolution to resign was adopted "at a hastily convened meeting." For our parts we fail to see that two minutes were necessary to resolve on a course which we consider the one to uphold the honour of the Profession, and we should have felt completely satisfied had the resolution to resign been carried out by every one of the staff. Committees and governors of charities throughout the kingdom are sadly in need of a few such lessons.

PROPOSED ABOLITION OF THE OFFICE OF MEDICAL COMMISSIONER IN THE IRISH LOCAL GOVERNMENT BOARD.

We have the best authority for the belief that a job is in contemplation which, in the best interest of the public not less than the welfare of the Profession, inspires us with alarm and even indignation. For the behoof of those who are not acquainted with the Irish Poor Relief and Medical Charities system it is necessary for us to explain that the ruling power of those services is vested in three Commissioners—Sir Alfred Power, Mr. Bellew, and Dr. John McDonnell—it being specially provided by the Medical Charities Act that one of the three shall be a non-practising Medical man. Under the supervision of this Board the Medical relief system of Ireland has grown to be proverbially efficient and as a public service has been, on the whole, most satisfactory. For twenty-two years it has gradually extended the limits of its usefulness until, to-day, the purely Medical part of the system deals with no less than three-quarters of a million of sick persons—more than a thousand Medical officers and an expenditure of about £135,000 annually. The Board has at present to consider and decide not only upon the Medical treatment of this large sick population—the performance of every detail of their duties by the thousand Medical men, and the economical application of the very large cost of the system, but the whole sanitary and epidemiological administration of the country has been vested in them by the Local Government Act of last year.

Will it be believed that it is seriously proposed at such a juncture to effect one of Mr. Lowe's favourite strokes of economy by throwing the management of these great interests upon the non-Medical Commissioner, and entrusting the settlement of the questions which arise almost hourly to the suggestions of a Medical "adviser"?

This most extraordinary proposal will, we understand, form a part of the recommendation of the Civil Service Commissioners which met last year in Sackville Street—Viscount Monck, Mr. O'Reilly, and Mr. Blackwood. The latter of these gentlemen had been detached from the head cheeseparing department at Whitehall nearly a year before, with the special mission of marking out the "clippable" corners of Irish Government. The Commissioners' report is not yet before Parliament, and it is yet possible that this monstrous proposition may be expunged. We are satisfied to find that its importance, suspicious object, and disastrous effect are already appreciated in the Profession. The Council of the Royal College of Surgeons and of the Irish Medical Association have already forwarded to Whitehall their earnest protest against it, and the daily papers have taken the subject in hand with much eartiness.

Although it cannot be said that the Medical men of reland will gain or lose anything directly by the carryg out of this recommendation, we believe ourselves ntitled to speak with authority as to their unanimity and orce of feeling on the subject. The action of the Poor-aw Commissioners has not been at all times just or olitic towards the Profession, but every Medical man is, evertheless, aware that the Medical Commissioner, cting through his Board, has been a most important and aluable control and—individually—they feel a sincere egard for Dr. McDonnell, and gratitude for his just appreiation of the subjects which have come under his onsideration.

To save £1,200 a-year on an expenditure of £135,000 (just 2d. in the £) by unsettling so complete a system, and entrusting to non-Medical Commissioners subjects and queries of which they know nothing, is a uniquely foolish idea. We are not on that account—judging from late experience—prepared to say that it will not be carried into effect by Government and Parliament. Whether or not, it is the duty of the Profession to make its protest against such a suggestion heard far and loud.

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Notes on Current Topics.

Addison's Disease.

Dr. Merkell relates (*Deuts. Arch. f. Klin Med.*, 1873) a case of bronze skin where there existed all the symptoms of Addison's disease, and at the *post-mortem* examination, whilst the supra-renal capsules were healthy, there were found tubercles in the peritoneum, with perihepatitis and peri-nephritis.

A Nut for Physiologists.

The lovers of the marvellous are furnished with some novelties on the remarks of Abbé Dicquemase. He gives in illustration the union of a cat and rabbit, producing three young rabbits with cats' tails. Next, a cat and rat producing young, which were to be seen in London. Also the union of a female pigeon and rabbit, producing a white pigeon with mixed feathers and fur.

Milk Stimulants.

Dr. Oefinger recommends galega officinalis as a milk-secreting stimulant for nurses and mothers, It not only increases the quantity, but the quality. It should be taken in the form of syrup several times a day.

The *New York Medical Record* recommends for the same purpose a combination of tincture of perchloride of iron and chlorate of potash, in gradually increased doses.

Antidote to Mushroom Poisoning.

Experiments lately made with the active principle of mushroom (muscarine), pure agaricus muscarius, show that its effect on the system is the reverse of that of atropine. It causes a great sensibility to light and increase of the pulse, and seems in its action to promise the best remedy for belladonna poisoning, and *vice versâ*. Its subcutaneous injection was used.

Medical Microscopy.

The establishment of a Medical Microscopical Society in London has already been chronicled in our columns, and it seems likely to do much good by encouraging the cultivation of microscopy amongst Medical practitioners and students. To all who desire to become practical workers in this branch of study we commend the paper of Mr. Needham, of the London Hospital, which appears in this and our preceding number. We hear that the Society is likely to have a number of strictly practical papers, and heartily wish it success.

Mr. Needham's paper, we observe, also appears in the current number of the *Monthly Microscopical Journal*, where it is illustrated by a page-sized plate, showing the knives and machine for cutting the fine sections of which he speaks.

Diagnosis of Poisoning by Phosphorus by the Urine.

Dr. POULET (*La France Médicale*) mentions the case of a man, æt. 65, who had been treated for two months for a supposed degeneration of the liver with anæmia. Dr. Poulet examined the urine by adding strong nitric acid to it, and evaporating in a porcelain capsule over a spirit lamp. When the temperature was lowered the contents of the capsule became all at once inflamed, so that the capsule looked like a ball of fire. The residue on analysis gave all the reactions of phosphoric acid. Dr. Poulet comes to the conclusion that when phosphorus is taken into the system it is eliminated by the urine in the form of hypophosphoric acid, and that the method of analysis above described should be made use of in cases of suspected poisoning by phosphorus.

Maintenance of Respirability of Water.

THE problem of maintaining the just relation between the quantity of oxygen necessary for respiration, the proportion of vegetation necessary to keep up that amount of oxygen, and the number of consuming inhabitants in the marine aquarium has, it would appear, been at length perfectly solved by Mr. Lloyd, the superintendent of the Crystal Palace Aquarium, who has given us some account of his success in his newly-issued handbook. A self-maintaining vivarium has been a thing unknown, except on a very small scale and by the most skilled hands. If the vegetation were too much or the light too great the water would become thick and green. If the inhabiting fish or mollusca were too many they were slowly asphyxiated; if too few the vegetation luxuriated too much. Mr. Lloyd has kept his tanks since 1871 without material change of the water, and has succeeded in establishing a perfectly self-adjusting miniature ocean peopled with visitors from remote parts of the world. Such a success is a veritable accession to zoology, and a contribution of infinite value to science. Even from a utilitarian standpoint it cannot fail to yield the best fruit in respect of fish culture.

Records of Royal Aches.

WE have repeatedly protested against the publication by the *British Medical Journal* and *Lancet* of decoy paragraphs respecting the health of potentates and great men, intended to catch a quotation in the daily papers, and thus indirectly to net an occasional advertisement. Without the least scientific or Medical purpose it has been the habit of our contemporaries to paraphrase the information cut from the penny papers of the previous day, to tack on a little popular surgery or anatomy, in order to give the paragraph a professional tint, and send the slip to the public newspapers for quotation. In this way we have had records of the maladies of every sick potentate without one scrap of special information or scientific application which might make the paragraph fit for a Medical journal. We observe with pleasure that this *ruse* is not encouraged by the editors whose assistance is necessary to make it effective. The *Pall Mall Gazette* of the 23rd of May says—

> "The *Lancet*, pursuing a practice which has been common in regard to eminent persons, though it appears to us offensive, has published an ominous account of the Pope's health. We do not pretend to judge of the technical details, and we think that the taste for their publication is essentially morbid, not to say indecent, but it requires no particular Medical knowledge to see that when a man past 80 labours under a complication of serious diseases the end cannot be far off."

Transformation of Bacteria into Microzymes and vice versa in the Digestive Tract of the same Animal.

M. BECHAMP has recently submitted some interesting observations on this subject to the Académie des Sciences. If the contents of a dog's stomach be examined at the end of an ordinary repast free microzymes are to be found, particularly in the aggregated form, also movable, larger and smaller bacteria; the pylorus forms a barrier, behind which there is not a single bacteria to be found, these are only microzymes. The small intestine normally does not contain bacteria, near to the ilio-cœcal valve are to be found a few small ones, and shortly a larger number; in the large intestine there is found an immense number of all sizes, but experience demonstrates if there happen to be any cause of irritation that microzymes immediately form into bacteria—these conditions are caused very frequently in the dog by the presence of tenia, or associated with the parasite there are always bacteria to be seen.

Oriental Ideas regarding some Western Wedding Customs.

To be "beaten with a shoe" is, according to Eastern notions, to suffer the greatest indignity it is possible for one of the "Faithful" to inflict upon a "kaffir" or a menial; the surprise of a Mahomedan at seeing our custom of belabouring "happy couples" with old slippers as they drive off to enjoy their "honeymoon" can readily be understood. Here then is a translation of an article on the subject from a native journal, "The Garden," dated Beyrout, 14th January, 1873, which may perhaps interest some of our readers who are about to marry:—

> "However highly mankind become civilised there remain amongst them customs which do not approve themselves to good taste; and one of these is the custom amongst some of the Europeans of beating the bridegroom at the close of the ceremony of tying the knot of marriage, with shoes. For we have been informed that whilst a young lady was being carried off by one whom we know, all those present, both male and female, assembled, carrying old shoes belonging to the servants and others, and began to beat the bridegroom with them upon the head and back and shoulders. He said to them, 'Thank you for your kindness;' and, as he drove off in the carriage with his bride, to travel with her after the completion of the afore-mentioned ceremony according to their custom, the shoes were thrown at him while he was in the carriage. Amongst them it is the custom of the bride to keep them as a remembrance of her wedding day. According to our opinion, this is not a common custom, and the object of it is that the newly-married couple should live to be as old and well worn as the shoes with which the bridegroom was beaten; and it appears that their amiability alone prevented them from bestowing upon the bride that species of congratulation."

The Late Dr. Tyler Smith.

NOT long ago we chronicled the death of Dr. Bence Jones. To-day we record the decease of another distinguished metropolitan physician, Dr. Tyler Smith, who has long filled a very important place among [illegible] obstetricians. He was born in 1815, near [illegible] fulfilled his curriculum at the Medical [illegible] town, graduating at the London University, [illegible] remember him at a later period as Examiner in Obstetrics.

He determined to establish himself in London, and for some time he acted as editor of the *Lancet*, to which he contributed, not only much editorial work, but those contributions which he afterwards revised and issued as "Parturition and the Principles and Practice of Obstetrics." His "Manual" had a similar origin. These works were at one time studied by the writer with the greatest interest and attention, as, indeed, they were by thousands of others, and will long continue to be. He was attached to St. Mary's Hospital from its foundation, and had much to do with the establishment of the Obstetrical Society, of which he afterwards became president. He also assisted in founding the New Equitable Life Office, and, having purchased an estate at Seaford, sought to bring it into notice as a health resort. Dr. Smith had long been an invalid, but his end was not anticipated so soon. It was, indeed, very sudden. He was staying at Richmond, when he was found insensible on a garden step. His Medical friends gave every assistance, but he died the same evening. He was known to be suffering from albuminuria, and had previously had a similar attack—no doubt uræmic. An inquest was held, when a verdict of "died from natural causes" was returned. This sudden termination to his career was on Whit-Monday—the funeral last Saturday.

Cod-Liver Oil and Lacto-Phosphate of Lime.

Mr. Edward Chiles, who has paid much attention to the subject, has published in the American *Journal of Pharmacy* a formula, which, he says, up to the present time has invariably given satisfaction, and produces an article which does not separate and become rancid. It should be prepared extemporaneously as prescribed by physicians, and he has not kept it on hand, but prepares it as wanted, thus always giving a perfectly sweet article. Take of gum arabic, ℥ij.; water, f℥ij.; Syr. lacto-phosphate of lime, f℥vj.; cod-liver oil, f℥viij.; essential oil of bitter almonds, six drops; rub the gum, water, and syrup together, until a smooth mucilage is made, then add the oil gradually with constant stirring, and lastly, the oil of bitter almonds.

Thus made, each tablespoonful of cod-liver oil and lacto-phosphate of lime contains four grains lacto-phosphate of lime and fifty per cent. of cod-liver oil. The gum in the above should be selected, ground, and passed through a sieve of sixty meshes to the inch. Cod-liver oil and lacto-phosphate of lime, prepared in this manner forms a preparation free from unpleasant taste and odour, and enables the practitioner to administer these valuable remedies without repugnance on the part of the patient.

Syrup Lacto-phosphate of Lime.—Take of chloride of calcium, ℥j.; phosphate of soda, ℥iv.; concentrated lactic acid, ℥j.; dissolve the chloride of calcium and phosphate of soda separately, and mix the solutions; wash the precipitate and dissolve in the acid. Filter and mix with sufficient syrup to make two-and-a-half pints.

There was a General Meeting of the Royal Irish Academy on Monday evening last at 8 o'clock, p.m., when papers were read by Alex. McAlister, M.D., on "The Anatomy of the Gorilla." "On the Anatomy of the Baby Hippopotamus (H. Liberiensis)." "On the Muscular Anatomy of the Civets."

Aneurism of the Aorta, with History of Syphilis.

Dr. Petteruti (*Il Movimento Med. Chir.*) mentions the case of a certain Tommaso Amorosi, æt. 40, shoemaker, who entered the clinical hospital of Naples on Sept. 3, 1872, suffering from a persistent and obstinate cough, with scanty expectoration, and with dyspnœa and pain in the dorsal region, with attacks of pyrexia in the evening occurring every three or four days.

From the history it seemed that the patient had contracted ulcers on the penis at the age of sixteen, followed by pains in the bones, which were exacerbated at night. He was frequently subject to bronchial catarrh.

The patient was subject to dyspnœa and slight cough without expectoration. There were severe intercostal pains on the inferior ribs of the left side, commencing from the vertebral column. The digestion was good. There was no œdema. The type of respiration was superior costal. There was tympanitic percussion note over all the anterior region of the thorax, clearer on the right, a little dull posteriorly at the upper part. From the middle of the scapula on the left, and from the inferior angle on the right, dulness on percussion commenced, and extended downwards as far as the lungs reached. In the said regions the respiratory murmur was weak. Vocal fremitus was increased in the two supraspinous fossæ, but completely absent in the lower and posterior part of both sides. Diminished area of dulness of heart, with sounds weakened on auscultation. Pulse weak, 80. Temperature normal. Diagnosis was made of bilateral pleurisy, and the patient was subjected to alkaline treatment, with diminution of fluids. No relief was obtained, and he died in thirty-nine days.

The *post-mortem* examination disclosed abundant yellow citrine fluid in both pleural cavities, and in small quantities also in the pericardium. Great hyperæmia of the laryngeal, tracheal, and broncheal mucous membranes. Heart soft, but normal in volume. The internal wall of the aorta, from its commencement as far as the origin of the large vessels, presented an atheromatous appearance. The descending thoracic aorta ran over the anterior wall of a tumour of the size of an orange, which filled like a sac over the two sides of the vertebral column. The soft and fluctuating tumour was closely attached to the anterior wall of the spinal column. On opening it much fluid blood escaped, and its posterior wall was formed by the vertebræ from the fifth to the eleventh dorsal, which were greatly eroded, whilst their cartilages were intact. The walls of the cavity of the tumour were clothed with grumous, fibrinous matter, soft, and without any appearance of stratification. In the anterior wall there existed an aperture communicating with the trunk of the thoracic aorta.

The bilateral pleural effusion, according to the author, did not present any inflammatory appearance.

Hyrtl has shown by recent investigation that when cancer is inoculated and takes, nevertheless it does not produce infection of the system. Experiments performed on rabbits with human cancer have proved this.

The Baroness de Rothschild has made arrangements for sending a supply of cut and other flowers from Mentmore every week for the wards of the London Hospital.

The Excessive use of "Bitter," Absinthe, &c.

Dr. Decaisne has recently made inquiry into the effect of the excessive use of vermouth absinthe and "bitter," and more particularly observed the effect of "bitter" on twenty-one males and one female, who were addicted to its excessive use.

He found that "bitter" was manufactured from certain bitter and aromatic herbs, just as absinthe and vermouth, and believes that the spirit used being derived from beetroot, potato, and grain, probably causes a more marked action on the nervous system than higher class alcohol. The conclusion is arrived at, that the excessive use of "bitter," absinthe, vermouth, grand chartreuse, and sophisticated white wines, tends to cause epileptic seizures, and that absinthe and vermouth ought to be excluded from general consumption.

Rupture of the Bladder from Injury—Recovery of the Patient.

Dr. J. Mengus, *Abeille Médicale*, records a case of this accident where the usually fatal result did not ensue.

At 9 o'clock in the morning, a young man, æt. 34, fell on the edge of a winepress from a considerable height; he immediately felt an acute pain in the pelvic and right hypochondriac region, but was able to walk and get home to bed. He was seen two hours after the accident, and presented the following symptoms: Pulse very slow and feeble; the right side of the belly swollen, tender, and dull on percussion; he had not passed urine since 4 o'clock in the morning, and could now only pass a few drops. A catheter was passed, which obtained but a few more drops, and a careful examination was made of the bladder, but no rent or opening could be ascertained. The bladder was then injected with warm water. The greater part, but not all, flowed back, tinged with blood. He was treated with opium, camphor, and quinine in pill frequently repeated. On the same day in the evening the pain increased; leeches were applied over the belly; he restrained himself from drinking as far as possible, and by the fourth week the symptoms had disappeared. He could retain and urinate as before.

Presence of Albumen and Sugar in the Urine due to Pressure on the Pons Varolii.

M. Lionville showed at the Biological Society of Paris, the brain, &c., of a man, whose history was as follows:—

Though previously apparently in good health, he fell suddenly, struck down by an apoplectic attack. The collapse was nearly complete; he lay on the back, and he spoke indistinctly a few words; the respiration stertorous, dilated and non-contractile pupils; extreme heat of the face, while the lower limbs were very cold. The bladder was distended and paralysed, the catheter drew off a quantity of urine, which contained albumen and sugar abundantly. He sank the same day, and on autopsy, an extravasation was found at the floor of the fourth ventricle, just at the point where experimental injury proves the same conditions are developed.

There will be a Joint Meeting of the Royal Geological and Zoological Societies of Ireland this evening (Wednesday), in the lecture theatre, Royal Dublin Society. The papers for the evening are:—1. Professor Macalister, M.B., will exhibit the hippopotamus liberiensis, and contrast its anatomy with that of the living and extinct hippopotamus. 2. R. C. R. Tichborne, Esq., F.C.S.—"On the Colloidal Formation of Minerals." 3. Edward T. Hardman, Esq.—"On Analysis of White Chalk from the County of Tyrone, with Note on the Occurrence of Zinc therein."

M. Broca recommends the use of digital pressure on the main artery of the limb as the best means for relieving muscular spasm in cases of fracture.

Her Royal Highness the Princess of Wales, as patroness of the ball in aid of University College Hospital, held on Friday last, has sent £25 as a donation towards the fund.

A grand ball under the patronage of Princess Christian and the Duchess of Teck is announced to take place on Tuesday next in London, in aid of the Royal Hospital for Consumption, Ventnor.

On Friday last His Royal Highness the Duke of Edinburgh, supported by the Duke of Cambridge, distributed the prizes in the Medical Department of King's College, London. The attendance was large, and great interest was manifested in the proceedings.

A Competitive Examination of Candidates for admission into the Medical Service of the Royal Navy, will take place at the University of London, on Monday, 11th August, 1873, and following days, at ten o'clock.

Candidates must present themselves at this department on Thursday, 7th August, 1873, bringing with them the various certificates of qualifications; when, should they be found in all respects eligible, they will be permitted to appear for examination.

An Examination of Candidates for eleven Appointments as Surgeons in Her Majesty's Indian Medical Service will also be held in London in August.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 27, 1873.

Dr. C. J. B. Williams, F.R.S., President, in the Chair.

CASE OF ABDOMINAL ANEURISM SUCCESSFULLY TREATED BY PROXIMAL PRESSURE OF THE AORTA.

By Edward Headlam Greenhow, M.D., F.R.S.,
Physician to and Lecturer on Medicine at the Middlesex Hospital.

In the year 1864 Dr. William Murray, of Newcastle-on-Tyne, communicated to the Royal Medical and Chirurgical Society a "Case of Abdominal Aneurism cured by Proximal Pressure upon the Abdominal Aorta." The patient remained well for six years, and died of a second aneurism. It was found that the remains of the original aneurism consisted merely of a fibrous mass, and that complete collateral circulation had been established by the enlargement of vessels both on the outside and inside of the abdominal cavity. Last year a similar case, cured by the same means, was communicated to the society by Dr. Moxon and Mr. Durham, of Guy's Hospital. These are the only two such cases which have as yet been fully recorded; and the author trusted that the report of a third case would not be considered superfluous, more especially as in this latter some of the results of the compression of the aorta appeared to have an interest apart from that belonging to the cure of the aneurism.

Christopher F——, æt. 28, warder in the House of Correction at Kendal, was admitted into the Middlesex Hospital, under Dr. Greenhow's care, on May 20th, 1872. He was a strong-looking man, and his health had been good until December, 1868, when he was on board H.M.S. *Princess Charlotte* as an able-bodied seaman. Whilst drawing water from alongside he suddenly felt something give way in his abdomen. Was soon after invalided, and on his return home obtained employment as warder. In Dec., 1871, he again began to suffer and lose strength.

On admission he complained of pain in the abdomen and loins, shooting downwards to the groins and thighs. A somewhat globular pulsating tumour, about the size of a large orange, was found in the abdomen, immediately above the umbilicus. It extended more to the right than to the left of the median line, and beat forcibly with an expanding lateral as well as with a forward impulse. Firm pressure over the aorta above the tumour, when the patient was sitting up, stopped the pulsation for the time being. The Medical staff of the hospital having agreed with the author as to the nature of the tumour and the means to be attempted for its cure, Mr. Hulke undertook to apply the tourniquet.

May 25th.—Chloroform having been administered, Lister's tourniquet was screwed down between the tumour and the xiphoid cartilage until pulsation ceased both in the tumour itself and in the femoral arteries. On account of vomiting the pressure was withdrawn after three-quarters of an hour. The impulse remained as before, but the tumour felt rather more solid.

27th.—When the patient was thoroughly under the influence of chloroform, Mr. Hulke applied the tourniquet with the same effect as before, and with two brief intermissions the pressure was maintained during four hours. After some time there appeared marked lividity of the lower extremities, which, as well as the lower half of the abdomen, became quite cold. Temperature taken between the toes was 90 deg. Sphygmographic tracings of the radial pulse showed increased arterial tension. The breathing became very shallow and gasping. Pulse from 100 to 120, respiration from 44 to 56 per minute. The removal of the pressure was immediately followed by the subsidence of all these symptoms. The pulsation in the tumour was decreased, the forward impulse being much less forcible, and the lateral expansion only slight.

For several days the patient suffered much from vomiting, the vomit containing altered blood, and from pain, numbness, and coldness in the lower extremities, more particularly in the right limb, which gradually disappeared as the circulation became re-established. The impulse in the aneurism very greatly decreased, until on June 10th it could scarcely be felt, and the patient was allowed to sit up for a short time.

June 25th.—The pulsation in the tumour having decidedly increased again in force during the previous week, the tourniquet was once more applied, so as thoroughly to compress the aorta, and the pressure was maintained for three hours almost continuously. The pulse and breathing showed the some characters as during the former operation, and there was the same coldness of the lower extremities and of the right more than the left foot. When the tourniquet was removed there was forward pulsation of the tumour, but no lateral expansion, and the tumour felt firmer and more solid.

During several days the vomiting and coldness of the extremities continued asbefore. The urine was albuminous for two days. The impulse in the aneurism continued to diminish till July 1st, when it could not be seen, and scarcely felt. On July 14 the patient was well enough to be discharged home to Kendal.

Sept. 20th.—In accordance with Dr. Greenhow's request, he returned to show himself. No pulsation was found in the seat of the aneurism, nor was there any distinct tumour remaining; but above the umbilicus, to the right of the median line, was an undefined somewhat movable hardness. No pulsation could be detected in the aorta from an inch above the umbilicus downwards, nor in the femoral, popliteal, or anterior tibial arteries.

Mr. Noble, of Kendal, who sent the patient to the hospital, wrote to Dr. Greenhow quite recently to say that the man was in perfect health.

It would appear certain from this case, taken in conjunction with Dr. Moxon's and Mr. Durham's, that the process of cure by coagulation of blood in the sac of the aneurism is not necessarily a rapid process, as it was in Dr. Murray's case, but may last during many days, and sometimes even for weeks. The direct effects of the pressure upon the pulse and respiration were very remarkable, and not less so the secondary effects of the disturbed circulation on the stomach and kidneys, producing the hæmatemesis and albuminuria which followed the operations. The occurrence of such symptoms would seem to suggest that the intense arterial distension caused by the treatment might be attended by serious danger to persons suffering from any kind of organic disease, especially degenerative disease of the arteries.

ON THE ETIOLOGY OF ALBUMINURIA AS DEDUCED FROM AN ANALYSIS OF 200 CONSECUTIVE CASES.

By George Johnson, M.D., F.R.S.

About ten years since the author had made a tabular analysis of nearly 300 cases of albuminuria. In each case special inquiry had been made as to the probable exciting cause of the malady, and in the tabular statement of the main points in the history of these cases one column is set apart for the etiology of the disease. Some recent discussion on the influence of alcohol in exciting diseases of the kidney had led him to refer to his analysis of cases for evidence bearing upon this question; nine-tenths of the cases analysed belonging to the class of hospital or dispensary patients. Taking 200 consecutive cases, it is shown that the various etiological influences, single and in combination, come under no fewer than thirty-three heads. It is also shown that scarlet fever, intemperance, cold, wet, and gout—these influences, either single or combined, account for 120 cases out of 200, or 60 per cent. Thus, albuminuria was probably the result of scarlet fever in 24 out of 200 cases, or 12 per cent.; of intemperance in 28, or 14 per cent.; of intemperance and gout in 12, or 6 per cent.; of intemperance and cold in 12, or 6 per cent.; of gout in 8, or 4 per cent.; of cold and wet in 23, or 11·5 per cent.; of cold in 13, or 6·5 per cent. It is shown that intemperance, either alone or combined with other influences, was the probable cause of albuminuria in 58 out of 200 cases, or 29 per cent. Of these 58 cases, in 28 intemperance was believed to be the sole cause; in 12 intemperance with gout, in 12 with cold, in 4 with syphilis, and in 2 with lead. Cold, either alone or combined with other influences, was the exciting cause of albuminuria in 25 per cent. of the cases. In 6·5 per cent. cold alone is believed to have been the cause of albuminuria, in 11·5 per cent. cold and wet, in 6 per cent. cold and intemperance, and in 1 per cent. cold and fatigue. It appears, then, that albuminuria was associated with scarlet fever in 12 per cent. out of 200 cases, with exposure to cold and wet in 25 per cent., and with intemperance in 29 per cent.

The following table shows the proportion per cent. of deaths, recoveries, and of persistent albuminuria in cases resulting from—1. Scarlet fever. 2. Exposure to cold and wet. 3. Habits of intemperance.

	Scarlet Fever.	Cold and Wet.	Intemperance.
Deaths	45·83	... 27·5	... 67·23
Recoveries	50·	... 38·88	... 10·36
Persistent albuminuria	4·16	... 33·33	... 22·41

Of the 58 intemperate patients, 11 were women, and 47 were men. In 5 cases out of the 47 men the occupation had not been recorded. Of the 42 men whose occupations had ben noted, 5 were waiters. The remaining 37 intemperate men had no fewer than 30 different occupations, not one of them connected with the manufacture, sale, or distribution of alcoholic liquors. Evidently, then, it is not right to assume that men in the class of hospital patients who are not engaged in the liquor trade, and not notorious drunkards, may be placed in a "non-alcoholic" class.

The excess of Bright's disease amongst males, as compared with females, is explained by the fact that as a rule men are more intemperate and more exposed to cold and wet than women. Amongst the cases analysed, 76 per cent. were males, and 24 per cent. females. Out of the 58 cases associated with intemperance, 83 per cent. were males; and of the 36 resulting from cold and wet, 77 per cent. were males.

In addition to the causes of albuminuria before referred to, the following influences appear to have been causative, the figures showing the proportion per cent. in a total of 200 cases:—Typhus fever, 4; typhoid fever, 1; erysipelas, 1; pyæmia, 1; measles, 1; rheumatic fever, 1; purpura, 1; cholera, 5; whooping-cough, 5; diabetes, 5; syphilis, 3; phthisis, 2; venereal excesses, 5; poverty and hard work, 2·5, emphysema and bronchitis, 3·5; morbus cordis, 3·5; scrofulous disease of bones or joints, 2·5; scrofulous abscess, 5; pneumonia, 5; lead, 1 tropical climate, 5; hydrophobia, ·5; mental anxiety, 1·5; pregnancy, 2·5. The result of the author's later experience would be to add to this long list of causes of albuminuria, particular reference being made to diphtheria, relapsing fever, malarious fevers, yellow fever, and to certain forms of dyspepsia, either with or without an excessive consumption of alcohol or of tobacco, as causative of albuminuria and degeneration of the kidney.

ANALYSIS OF OBSERVATIONS ON THE TEMPERATURE, PULSE, AND RESPIRATION IN PHTHISIS AND ACUTE TUBERCULISATION OF THE LUNGS.

By Wilson Fox, M.D.,
Holme Professor of Clinical Medicine, University College, London.

In this paper the author gives an account of an analysis of the morning and evening observations on the temperature, pulse, and respiration of eighty cases of phthisis made at University College Hospital. The cases are divided by him into five classes—viz., (1) Acute Tuberculosis; (2) Acute Tubercular Phthisis; (3) Chronic Phthisis; (4) Cases with high temperatures not ending fatally; (5) Cases with comparatively low temperatures not ending fatally. The phenomena relating to temperature are considered under the following heads:—1 The maximum and minimum temperatures. 2. The maxima of the morning and evening. 3. The mean temperatures of the morning and evening. 4. The exacerbations and remissions occurring from evening to morning and from morning to evening. 5. Circumstances influencing the degree of pyrexia.

In the cases analysed by the author the highest temperatures were most frequently attained in acute tuberculosis, but temperatures exceeding 104° were found in all classes, except in the cases categorised as "low temperatures not ending fatally." The highest temperatures were as a rule met with in the fatal cases, but in chronic phthisis the temperatures are lower than in other classes, with the exception of the last-named. In chronic phthisis high degrees of pyrexia (exceeding 102°) are for the most part due to pneumonic complications.

The mean temperatures of the cases not ending fatally fell considerably below those of the other classes, owing to a gradual fall in temperature being observed in many during their stay in hospital. The mean morning temperature may fall within normal limits in certain cases in all classes. This however, is due in some instances to the extent of the remissions which occur from evening to morning, and which may reach subnormal degrees. Such low averages of the morning temperature are, however, more common in chronic than in acute phthisis.

Averages of the evening temperatures not exceeding 99° were only met with by the author in cases of chronic phthisis and the class of low temperatures not ending fatally; he, however alludes to the fact that these have been recorded by other observers in cases of acute tuberculosis. They are in some cases due to a large proportion of the remissions taking place from morning to evening. The maximum temperature is usually attained in the evening, but by no means invariably. In 10 per cent. of the cases the maximum temperature of the morning and evening observations was equal. In 23 per cent. of the cases the maximum morning temperature observed was higher than the maximum evening, and in 15 per cent. the means of the morning temperatures were higher than those of the evening. High morning temperatures were more common in the class of acute phthisis than in any of the others.

Exacerbations from evening to morning occurred with greater or less frequency in 90 per cent. and remissions from morning to evening in 92 per cent., of 75 cases examined; and these variations were pretty evenly distributed through all classes of cases, being, however, least common in the cases of acute tuberculosis analysed. A morning temperature higher than that of the evening may be found also when the temperature does not exceed normal limits. In a few cases the morning temperature may, throughout nearly the whole series of observations, be found to be higher than that of the evening. Usually, however, these variations occur irregularly throughout the course of the cases.

As the author's analysis is founded solely on morning and evening observations, he thinks it probable, from some cases which he has observed, where the temperature has been frequently recorded, that the apparent remissions from morning to evening may be interrupted by a midday exacerbation; but nevertheless, in a fair proportion, an actual rise takes place from the evening to the ensuing morning. Equality also between the evening and morning is sometimes maintained, though rarely during long periods; it may, however, extend over thirty-six or forty-eight hours. It may exist both for febrile and for non-febrile temperatures; and, as regards individual mornings and evenings, may form a large proportion of the observations in any given case. Such approximative equality between the mornings and evenings is usually associated with high pyrexia and with severe forms of the disease. The order of the remissions and exacerbations is thus frequently interrupted by the conditions now described, when the usual course of exacerbations from morning to evening and of remissions from evening to morning is inverted or neutralised. Severe exacerbations are, however, commonly attended with equally great remissions; the maxima of each of those observed being an exacerbation from morning to evening of 8·8°, and a remission from evening to morning of 8·4° Fahr. The remissions and exacerbations do not, however, precisely correspond: 10 per cent. had remissions, and 8·4 per cent. had exacerbations exceeding 5° Fahr. The larger exacerbations and remissions are nearly equally distributed among the fatal cases and among those not fatal, but presenting in some part of their course high temperatures.

The author, from an analysis of the remissions and exacerbations observed, considers that Prof. Niemeyer's statement that acute tuberculosis is distinguished by continuity of high temperature is not borne out by facts; for a greater proportion of large remissions and exacerbations is observed in the highly pyrexial cases of this class than in any others.

Although the morning temperature is not unfrequently higher than that of the evening, yet the exacerbations from evening to morning, and the remissions from morning to evening, are usually less great than those following the converse order. In some cases, however, they are greater.

Severe exacerbations are sometimes traceable to extension of the disease, sometimes to intercurrent inflammations, but neither of these conditions is always discoverable. Great remissions are most commonly due to exhaustion, and are an unfavourable symptom. Sweating is perhaps not the cause, but the consequence of the remission. It may exist when the temperature is high, and remissions may take place without its appearance. Hæmoptysis has no necessary connexion with any peculiarity of temperature. Lardaceous disease has no necessary connexion with any peculiarities of fever. The fever of phthisis is most closely allied to suppurative fever.

The observations on the pulse in relation to the temperature and respiration are analysed in respect of the quickest and slowest pulses observed in the morning and evening of each case and also of the means of all the observations on the pulse as compared with the mean temperature and the mean number of respirations. The author, on these points, comes to the following conclusions:—1. That the pulse stands, in respect of rapidity, in the majority of cases, in tolerably definite relations to the intensity of the disease and to the severity of the fever, but that a rapid pulse and a high temperature are not always simultaneously present. 2. That the morning pulse is commonly more rapid than that of the evening, thus confirming Dr. Edward Smith's observation on this point. Exceptions, however, were not uncommon, and the rule chiefly applies to the quickest pulses observed; for in the slowest pulses, and also in the means of the pulses in each case, the reverse condition appears to prevail in the periods during which these observations were taken (9 to 11 A.M. and 8 to 10 P.M.).

The respirations are also accelerated, but their frequency bears no proportion to the intensity of fever in the averages of the cases; but this correspondence may be occasionally observed. The relation of the respiration to the pulse is, in respect of frequency, more constant than that to the temperature, but quick respiration may be associated with a slow pulse; or, more commonly, the pulse may be rapid when the respiration is very little accelerated, and the rise of the pulse is commonly greater than that of the respiration. In the more rapid pulses, and also in the means of the pulse and respiration, the ratio of respiration 1, pulse 3 to 4, is commonly maintained, but in the slower pulses the most common proportion is respiration 1 pulse 2 to 3, and occasionally the respiration may be more rapid than the pulse. The pulse-respiration ratio is but little influenced by the temperature; but as the pulse is commonly slower when the temperature is low, a high ratio of the respiration to the pulse is sometimes found under these circumstances. Great variations, however, exist in individual cases in the relation both of the pulse and respiration to the temperature on different days. Either the pulse or the respiration may be singly accelerated or not, both when the temperature falls or rises, or any one of the three may fall while the others rise in frequency or degree of temperature. The absence of correspondence between the rate of respiration and the degree of temperature is probably due to the variations in the amount of respiratory surface remaining as compared with the requirements of the system. Severe pyrexia may, however, be excited by a comparatively small area of disease in the lungs. Pyrexia, however, *per se*, tends, as noticed by Traube, to increase the frequency of respiration.

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Correspondence.

VIENNA UNIVERSAL EXHIBITION OF 1873.

From the Secretary, Royal British Commission, Vienna Exhibition, 1873.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Mr. Owen presents his compliments to the Editor of the Medical Press and Circular, and begs to forward, by direction of Her Majesty's Commissioners, the enclosed copy of a letter received from the Director-General of the Vienna Exhibition. He will be glad if the Editor will kindly allow the same to be inserted in an early number of his journal.

4th June, 1873.

Copy.] "Vienna, 20th May, 1873.

"General Direction.

"Sir,—I hasten to inform you, that the Committee of the Imperial Royal Society of Physicians in Vienna have given notice that, during the continuance of the Exhibition, the Society will have much pleasure in receiving foreign members of the Profession as guests, at their rooms Universitäts-platz, 2 Stadt, both at their scientific assemblies, which are held every Friday, at seven in the evening, and in their reading rooms, where a large number of scientific journals lie upon the tables.

"In making this communication, I can only express the wish that the gentlemen alluded to will make a liberal use of the invitation given them.

"With highest esteem, &c.,

(Signed) "Schwarz Senborn."

P. Cunliffe Owen Esq., Sec. General of the Royal British Commission.

PROPHYLAXIS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me a few remarks on your correspondent's exceptions to mine in your previous issue, as there is some misconception. I did not say or intimate that women "are far more licentious than men," or that the great practical difficulty was to keep women from selling their persons. I said that there are bad women and vicious and weak women just as there are men, and that although every means was provided for *this* class of women, the great practical difficulty was preventing them from returning to their former life, although "the iron necessities of industrial life" did not press on them, as everything was provided for their wants and even their comforts. I brought forward the instance of Mary Magdalene and others as proving that the pressure of "industrial life necessities" did not make them adopt a certain course of life, and they seem to me conclusive. If, indeed, any illustrations, more than what are daily intruded on us by the public journals as "scandals in high life" and scandals in low life, were needed, I repudiate altogether the abominable suggestion that (as instanced by the failure of a number of telegraph clerks) because British young women fail in obtaining certain employments, prostitution suggests itself to them as the alternative. This, happily, is totally against experience, and so, I trust, will long continue, notwithstanding such an aspersion on the sex.

I note with surprise and a certain amount of horror the statement that "the great mass of prostitutes have been and will soon be domestic servants in London, and get married and keep house for some of the working classes;" yet the advocates assert the theory that as honest and modest women cannot get employment, they *must* resort to prostitution. I should hope Londoners would prefer the mass of modest and *chaste* women for servants, and the working men for their wives. The other alternative is abominable, and the danger of marrying, or of allowing into contact with one's family, a female who has been steeped in every degradation, and who carries about with her, in all probability, the seeds of a poison ever ready to germinate and communicate its detestable influence to others, is only too well known; while to employ or to prefer these, and so cause the "iron necessities of industrial life" to press still more heavily on the chaste and virtuous, is only increasing the pressure which, it is argued, already acts as the incentive to prostitution. I do not believe, and never intimated, that "every woman is a rake at heart." Quite the contrary, and I will say the same of my own sex; but there are bad women just as there are bad men. We must not be carried away by hobbies or impulse in considering the serious and practical question of restraining the diffusion of a national poison.

Your Reviewer.

IS ANGINA PECTORIS A DISEASE?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 28th ult. I have read a communication headed "Angina Pectoris" as a disease ending in a very sudden death. As a rule I feel very much puzzled by the ambiguity, vagueness, and want of scientific knowledge conveyed by Medical nomenclature. And as an instance bearing on the matter, I shall take the words used in the present case; the word *angina* we are taught means a *choking*, and in connection with pectoris, of the heart. Could anything be more vague than what is conveyed to the mind by these words, a *choking of the heart?* It is the most complete empiricism imaginable to set down a single symptom as a disease, and to treat it as such. For what is angina pectoris, or breast pang, but a symptom of several thoracic affections, and nothing more, as we shall see by-and-by? However, Sir T. Watson, a good pathologist, says we must sometimes treat symptoms which, from his great experience, must be true; but true only so far, because we are ignorant as to the part or organ that is really affected, and its pathological aspects. The autopsy in this case revealed the following condition of the heart:—"The heart was enlarged and flabby; right ventricle particularly so; and fatty atrophy generally developed throughout. On the edges of the mitral and tricuspid valves were observed small beady-looking deposits which felt and looked like fat." These morbid conditions were no doubt fully sufficient to account for the cause of death, which was no other than organic disease of the heart. There was no mention made as to the state of the coronary vessels. That there is no such disease as angina pectoris I am fully convinced. And Aitken says it should be considered "rather as a symptom of organic disease of the heart, than as a distinct form of disease," and classifies it under diseases of the circulatory system. It would be quite as correct to say that palpitation, as well as angina, of the heart is a distinct and independent disease, which even the laity look on only as a symptom of something more serious. Niemeyer speaks briefly of angina pectoris in his chapter on "Neurosis of the Heart," and says it "is found almost exclusively in persons suffering from organic disease of the heart. Either ossification of the coronary arteries, valvular defects, hypertrophy, degeneration, or aneurism of the aorta, &c." I shall now give a very few other instances out of many of the absurdity of Medical nomenclature, viz.:—Asthma, which I maintain is not a disease *sui generis*, but a symptom of very many and widely different morbid conditions of the organs of the chest and abdomen. Again, influenza, the grippe or influence. Could anything be more ridiculously absurd than to say a man has got the *influence?* Is it not really acute capillary bronchitis, which at different periods assumed the virulence and fatality of epidemics. Niemeyer speaks of it in the chapter under the head of "Acute Bronchial Catarrh." Now as to the fevers. I will first take typhus (*ab Gr., tuphos ab tupho*, to raise a smoke, to stupefy, &c.), then a man has got the stupor! Well, well, there is nothing new under the sun they say, but if there was, this would be the newest of the new. As the mulberry-coloured rash, when it does appear, is one of its most prominent and sensible characters, why not call it the fever with the mulberry-coloured rash, or more concisely the mulberry fever as we say scarlet fever? Then, again, we have typhoid, that is like typhus, but to understand what typhoid is I must be well acquainted with typhus—puzzle of puzzles. Would it not be well to call it the fever with the rose spots, or shortly the rose fever? I find, somewhat lately, that in the Registrar General's reports it is called typhoid or enteric fever. Now in the last term there is something intelligible. Aitken in the collocation of these diseases in his fourth edition takes typhoid first and typhus after; that is, in my opinion, putting the car before the horse (but for this remark I hope he won't pluck me when I go up to Netley for my examination). Niemeyer takes typhus first as the type of these diseases, and typhoid afterwards, which I think the most natural arrangement. Is it not time that our nosology should be looked into and remodelled on a satisfactorily scientific basis? What a flood of light has been thrown on the case of the poor soldier by the autopsy, and would we not be completely in the dark were it not for it, as to the cause of death?

Therefore, I would suggest that in all cases of sudden death, both for the sake of the public and for the advancement of Medical science, *post-mortems* should be held per force of law, and not have us playing at doctors before coroners' juries, by saying this person died of apoplexy, that, of epilepsy.

I remain, Sir, yours, &c.,
J. J. McKeogh, L.R.C.P., &c., &c.

19 Beresford Street, Waterford.
June 3, 1873.

CONTAGIOUS DISEASES (WOMEN'S) ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I differ from your reviewer's remarks in so many points, that I must ask for space to make a few observations on his communication. Clearly Dr. Taylor is right when he says that the main cause of prostitution is poverty and ill-paid female labour; a woman might be immoral from vanity, sex, passion, or other causes, but I take it that a common prostitute is a very different thing, and the hideous realities of that career would appal any woman, were it not for the cruel biting poverty of which Dr. Taylor speaks, and the fact that the avenues of escape are so often closed by the unjust judgments of society. I cannot see any "perfervid enthusiasm" in Dr. Taylor's assertions, that the buyer is as much a trader as the seller; this is an axiom that none can dispute, neither is the force of the observation weakened by the ready reply that trade regulations are applied to sellers, not to buyers.

The Contagious Diseases Acts refer to contagious diseases, and Dr. Taylor has clearly shown, that in this sense the men are as much sellers as the women, since it is evident that they are active propagators of disease. It won't do to say that you can't get hold of men—the police spy, who watches men into houses and then threatens the woman that unless she consents to be examined, he will haul her up on an infamous charge before a bench of magistrates—would find it a simple process to begin at the right end and request the man to undergo the same process. "Fair play is a jewel!"

Again it is clear the law is not limited to common prostitutes, but is deliberately intended to include a large fringe of women who cannot, on any pretence, be said to hire out their persons or make a trade of prostitution; they may be immoral, and they have as much right to be immoral as their partners, but it is an infamous perversion of terms to call them prostitutes, and there is clearly no difference whatever between them and the men who associate with them, who belong to all classes of society, even the highest.

No outrage is so cruel as an attack upon a woman's reputation; it is always believed to some extent and never forgotten. Everybody was revolted at the accusations made upon a certain lady of title in this country not many months since; it was even proposed to pass a short Act making it penal for any one to make such disclosures, an Act I should heartily approve of, but not one, methinks, could consistently support a Government employing spies to fetch away the good names of poor women. I don't say, apply the law to men; I know you cannot, and the outrage would be scarcely less; but the Government that punishes an accomplice and lets the sinner go free, indeed punishes in order that the sinner *may* go free, is unworthy of respect, and will never receive the support of,

Your obedient servant,
Charles Carruthers, M.R.C.S.E.

Kegworth.

CONTAGIOUS DISEASES (WOMEN'S) ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I should not have asked you to insert a rejoinder to your reviewer's reply, had not the writer, unintentionally, I am sure, misrepresented my evidence before the Royal Commission, and also made certain statements which seem to indicate that he is not so well acquainted with the subject as it is desirable for gentlemen to be who undertake to guide the opinions of others on a subject of vital national importance.

It is articles such as the one in your columns from your reviewer's practised pen, which, by their surface gloss of apparent wisdom, mislead our just judgments, and pervert our natural and instinctive sense of right and wrong, *ad captandum* editorial and semi-official utterances, no doubt penned in all honesty, but which, as a lover of my profession and my kind, I am ashamed to say it is impossible to reply to in the columns of some of your leading contemporaries.

Your reviewer accuses me of "starting propositions which are subverted under our very eyes," asserts that I am "totally practically unacquainted with the question," and "argue from premises wholly unsupported by experience." I wish it were so, but as it is not, allow me to recapitulate.

When I stated that the great majority of fallen women were driven on to the streets by cruel biting proverty, I stated a fact which is proved by every-day experience, and which no authority on the subject has ever dared or attempted to deny; there are two and a-half millions of women in this country who are obliged to live without male help, even if exceptionally clever; the pay they get is barely enough to keep them, frequently two others are dependent upon them, and if any hitch occurs from sickness, accident, or what not, they are either totally unprovided for or dependent upon the charity of others little better off than themselves.

Behindhand with rent, or in debt, threatened with petty creditors, or ignorant and sometimes hard-hearted landladies, is it to be wondered at that inexperienced girls should accept assistance, always eagerly proffered if the women are attractive, by men in better positions, meaning no special harm perhaps, yet entailing obligations which, partly from gratitude, liking, or what not, end in intercourse? And this is what, by a perverse and infamous interpretation of terms, originating with the Contagious Diseases Acts police, and sanctioned by higher officials, is considered sufficient to stamp the luckless girl as a "common prostitute," and entail all the infamy and degradation of registration, and periodical violation. It is monstrous to compare these girls to "male jail birds;" their real counterparts are the gentlemen who associate with them. What right have we to cast stones at these victims of our social arrangements? It is the demand that creates the supply, and I only state a plain truth when I say they are sacrificed in the cause of our sexual nature.

It is folly, of course, to say, extend your law to men, though they expose women to the danger of impregnation, its accompanying shame, incumbrance, or alternative child-murder as well as disease.

I would say to Government, for God's sake let the people alone. This is a matter for men and women's own consciences, not for your clumsy legislation.

The true object of all law is to secure perfect freedom, to prevent some people from interfering with the rights of others. You cannot make men or women virtuous by Act of Parliament. Your business is with criminals: such meddling and interfering with delicate matters like these, is like trying to mend a watch with a pickaxe.

I did not state before the Royal Commission, that a life of prostitution was a very healthy one. What I did say was, that prostitution had not the effect of shortening unfortunate women's lives, or interfering with their health materially; and if your reviewer will take the trouble to refer to Duchatelet, Acton, Drysdale, Holmes Coote, or any authority on the subject, he will find that the conclusion is unanimous, that the health of prostitutes is above the average, and it is a glaring mistake to suppose that they live a few years of sin and misery and then die, or make their exit from life in hospitals or poorhouses.

I fail to see the force of your reviewer's quotations. He tells us that Tamar and Mary Magdalene were called harlots in ancient times; this only shows that it is nothing new for men to apply opprobrious epithets to women whose worst crime is to minister to their wants. What has Potiphar's wife to do with the Contagious Diseases Acts? Would your reviewer have had these scriptural characters registered and periodically violated, in order that men, who do not possess Joseph's gifts, might have every inducement to be vicious with impurity, and does he think that Jesus Christ would approve of such proceedings? I have answered your reviewer's arguments on his own grounds, and have not touched on other objections, but the fact is, the Contagious Diseases Acts are indefensible on any ground, and I trust your readers will not suppose that the arguments I have adduced are the main or material objections to the system.

1. The Acts are not necessary.
2. They fail utterly to do any good.
3. Other means quite unobjectionable would accomplish infinite good.
4. They are bitterly opposed to the religious feelings of the people.
5. They violate the first principles of morality—equal laws.
6. By their oppression of the weak in the supposed interests of the strong, they outrage or pervert our best sentiments.
7. They deprive people who have committed no crime of their civil rights, and subject them to bodily torture and imprisonment without trial, and thus violate the constitution, the fundamental laws of this country, and the guaranteed rights of British subjects, and all on account of a manufactured panic about a decreasing disease, which affects a very minute portion of our population, and causes less devastation in *twenty years* than scarlet fever and other similar affections *do in one year.*

I am, Sir, your obedient servant,
Charles Bell Taylor, M.D., F.R.C.S.
Nottingham.

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THE ARMY MEDICAL UNIFICATION WARRANT.

The College of Physicians of Ireland has, by a special committee appointed for the purpose, carefully investigated the complaints which have been urged in the Medical Press and elsewhere against the new Army Medical Warrant, and has, on the 9th of May, adopted the report submitted to it on the 1st of March by that Committee. The report enters at length into the various objections which we have from time to time urged against the provision of the Warrant, and, in conclusion, recommends that the College should use its best efforts to obtain such alteration in the existing regulations, which apply to the Medical Officers of the Army, as will effect the following changes:—

1. The publication in the Army List of the names of all Medical officers attached to regiments or battalions.
2. Full compensation for expenses or pecuniary losses occasioned by the removal of officers from those regiments or battalions.
3. Surgeon-Generals to rank with Major-Generals; the Director-General with Lieutenant-General.
4. The retirement of Surgeon-Generals of five years' standing to be compulsory on full pay.
5. The pay of surgeons of fifteen years' standing to be 17s. 6d. per day.
6. The pay of senior Surgeon-Generals to be increased.
7. The pay of the Director-General to be fixed at £2,000 per annum.
8. Medical officers to have a right to allowance for forage, stable and groom.
9. The military hospitals to be placed in the sole charge of Medical officers.

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed the first part of the professional examination for the Fellowship of the College on the 28th of May:—

E. Corton and G. T. Thomas, St. Bartholomew's Hospital; W. Edmunds and H. W. Verdon, St. Thomas's Hospital; E. M. Cooke, J. K. Fowler, R. W. Lyell, and A. H. Jones, King's College; A. J. Pepper, L. J. Hobson, and B. M. S. Roth, University College; W. J. Tyson, Guy's Hospital.

Hospital Sunday.—On Friday a meeting of the Council of the Metropolitan Hospital Sunday Fund was held at the Mansion House, under the presidency of the Lord Mayor. Amongst those present were Sir A. de Rothschild, Sir W. Gull, Sir F. Hicks, Mr. Charles Reed, M.P., Bishop Claughton, Canon Oakley, the Rev. Dr. Allon, the Rev. Dr. Rigg, the Rev Mr. Rowsell, the Greek Archimandrite, the Rev. Mr. Morphinos, Mr. Octavius Coope, Dr. Jabez Hogg, Lady Lothian, the Lady Mayoress, &c. The Lord Mayor called upon Mr. Martin, one of the honorary secretaries, to read the report of the sub-committee, which stated that the Queen had been graciously pleased to become the patron of the movement, and application had been made to know whether his Royal Highness the Prince of Wales would attend the service at St. Paul's on the 15th of June: but he would not be able to be present on account of absence from London at that date. The sub-committee had sent to all the ministers who had not responded to the original circular a second one, and the response to the last was very satisfactory, the total number of assenting ministers being now 850, and that number was being added to daily. An account—called the Sunday Hospital Fund—had been opened at the Bank of England, and the sum of £183 had been collected by Canon Miller at Greenwich. The Lord Mayor, in opening the proceedings, said the number of assents which had been sent in scarcely represented the amount of sympathy with the movement which existed, as a very large number of ministers had written to say that their arrangements were made for the present year, but that next year they would be most happy to join in the movement. It was to be expected that such a movement could be scarcely a success at first, but when he told them that the positive refusals scarcely exceeded 50 out of 2,500 circulars sent out to ministers within a radius of 20 miles around St. Paul's, he thought they would agree with him that they ought to be perfectly satisfied with the progress they had already made. His lordship then announced that he had received the following letter:

June 2nd, 1873.

My Lord,—In reference to your lordship's letter of the 26th ultimo, I am commanded by the Queen to inform you that her Majesty will be graciously pleased to patronise the Special Service at St. Paul's on Hospital Sunday, June 15th, and have the honour to remain your lordship's obedient servant,

Sydney.

He thought they could not express too clearly their thanks to the Dean and others connected with St. Paul's for the very handsome way in which they had afforded facilities for holding the service which would take place on the 15th inst. There were to be two services at St. Paul's, and at the afternoon service he hoped that many of his brethren on the Aldermanic bench and the council would attend in state, as they did when they met the judges twice during the year. On the motion of the Rev. Mr. Rowsell, seconded by the Rev. Mr. Kitto, the report was unanimously adopted. It was resolved on the motion of Sir W. Gull, seconded by Canon Nisbet, and supported by Mr. E.H. Currie, "that considering the importance of the services rendered by the Lord Mayor in inaugurating the Hospital Sunday in this metropolis, and his zeal in promoting its success, it is desirable that Sir S. Waterlow should retain a permanent connection with the Hospital Sunday movement, and his lordship is therefore appointed chairman of the council." The Rev. Dr. Allon, moved, "That the Lord Mayor be requested to receive contributions from those who are unable to attend places of worship on Hospital Sunday, and others desirous of aiding the movement, up to and including the 30th of June." Mr. C. Reed, in seconding the motion, said it was pleasant to see how, in an act of charity, those differences which were supposed to exist between different sects vanish. There was scarcely any power in the country like that of sympathy, and there were multitudes having the greatest sympathy with the collection for the hospitals who could not possibly be present at places of worship who would wish to contribute to the funds. Therefore, they opened a channel for the reception of gifts from those who could not enjoy the pleasure of attending the services. Sir A. de Rothschild supported the motion, which was also carried. The following resolution was adopted, on the motion of Bishop Claughton, seconded by Dr. Kennedy and supported by Mr. Martin, "That a formal petition be drawn up and signed by the Lord Mayor on behalf of the City companies, praying them to help the fund." The proceedings terminated with a cordial vote of thanks to the chairman, moved by Bishop Claughton, and unanimously carried.

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NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

INDIAN MEDICAL SERVICE.—The next examination of candidates for appointments in Her Majesty's Indian Medical Service will be held in London in August next.

EXEMPTIONS UNDER THE NEW JURY ACT.—Although the number of exemptions is very considerably reduced under the New Juries Bill of the Attorney-General, members of the Medical Profession, members of the College of Veterinary Surgeons, and keepers or managers of public or private lunatic asylums, are still not liable to be called upon to serve.

NAVAL MEDICAL DEPARTMENT.—The next competitive examination for admission to Her Majesty's Royal Naval Medical Service will take place at the University of London, on Monday, August 11th. Candidates must present themselves four days prior thereto.

MR. A. G. H. B.—We regret much to see you in such an unfortunate position, and trust the information furnished to us is incorrect.

DR. J. S., BISHOPS LYDEARD.—Last week there were great complaints of Post Office irregularities; we presume the holidays had something to do with it. If you will complain at the post office at your end, you will probably find that more care is exercised in future.

MEDICAL OFFICERS OF HEALTH, BEWARE!—The Medical Officer of the Lincoln Dispensary District having recently complained to the corporation of serious defects of sanitation in various parts of the borough from imperfect scavenging, the guardians, whom the *Lincoln Chronicle*, with grim irony, styles "the infallible corporation of Lincoln," were pleased to pass the following resolution at their last meeting:—"That the Council, whilst desirous of paying every respect to the Committee of the Lincoln Dispensary, and the reports of their Medical Officer, are nevertheless of opinion that such reports are Utopian in their character, and couched in a spirit of impertinence not consistent with that respect which is due to the corporation of the city."

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COMMUNICATIONS, with Enclosures, &c., have been received from—Dr. Kaldwell, Baltimore. Dr. Sutherland, London. Dr. Pantaleoni, Rome. Dr. Collins McElroy, Lanesville, Ohio. Mr. Gaskoin, Westbourne Park. Dr. Routh, London. Dr. Maull, Southampton. Dr. Handsel Griffiths, Dublin. Dr. Morell Mackenzie. Dr. J. Kent Spender, Bath. Mr. Walter Rivington, London. Mr. Gillingham, Chard. Dr. Birchenall, Macclesfield. Dr. Housley, Lincoln. Mr. Davis, Tenby. Dr. Latham, Cambridge. Mr. Carruthers, Kegworth. Dr. Bell Taylor, Nottingham. Dr. J. O'Connell, Plumstead. Dr. Hamilton, Sligo. Mr. P. Cunliffe Owen, London. General Schwarz Senborn, Vienna. Mr. Hatfield, Thornhill. Dr. Bartle, Liverpool. Mr. Whatford, Brighton. Mr. Savory, London. Mr. Renton, London. Dr. Smith, Bishop's Lydeard. Mr. Hawkesley, London. The Registrar of the Royal College of Physicians, London. Dr. Ormsby, Dublin. Dr. Francis Luther, Cappoquin. Dr. Drysdale, London. The Registrar-General. Dr. Bouchardt, Manchester. Dr. Murdoch, Dublin. Dr. Stokes, Dublin. Mr. Acton Tindall, Aylesbury. Dr. Lever, Goneran. Dr. Saunderson, Poyatz-pass. Dr. O'Reilly, Nobber. Dr. Harrison, Killough. Dr. Doherty, Dublin. Mr. Forder, Winchester. Dr. Kennedy, Dublin. Dr. Cone, Belfast. Dr. Dale. Dr. Ahearne, Kilworth. Dr. Evans, Dublin. Mr. Oliver, Croydon. Dr. West, Rathmullin. Mr. Adams, London. Dr. Garde, Belfast. Dr. Johnson, London. Dr. McCaul, Londonderry. Dr. Williams, London. Dr. McKinstry, Armagh. Dr. Meymott Tidy, London.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Consumption and its Treatment. By Dr. Carl Both, Boston. Moore and Co.

Lectures on Madness. By Edgar Sheppard, M.D. London: J. and A. Churchill.

Popular Lectures on Scientific Subjects. Translated from the German of Professor Helmholtz by Dr. Atkinson. London: Longmans.

Tablets of Anatomy and Physiology. By T. Cooke, F.R.C.S. London: Longmans and Co.

On the Results of Thyrotomy. By Morell Mackenzie, M.D.

Diseases of Children. By E. Ellis, M.D. Second edition. London: J. and A. Churchill.

Observations on the Treatment of In-Growing Toe-Nail. By G. Stilwell, M.R.C.S.

Science Gossip. Microscopical Journal. Nature. Obstetrical Journal. La Tribune Médicale. Bordeaux Médical. La France Médicale. La Presse Médicale Belge. Practitioner. Allgemeine Medizinische Zeitung.

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APPOINTMENTS.

ANDERSON, W., F.R.C.S., Professor of Medical Science of the new University of Yeddo, Japan.

BLAND, G., L.R.C.P.L., M.R.C.S., Medical Officer of Health for the Borough of Macclesfield.

BLUNDEN, M. R., M.B., C.M., Medical Officer, &c., for the Knocktopher Dispensary District of the Thomastown Union.

CAMPBELL, Dr. J. A., Medical Superintendent of the Cumberland and Westmoreland Asylum.

CARR, W., M.B., L.R.C.S.Ed., L.M., House-Surgeon to the Royal Infirmary, Dundee.

DUPRE, Dr. A., Public Analyst for Westminster.

DYER, A. K., M.D., Medical Officer of Health for Sutton-in-Ashfield, Notts.

GOODALL, J., L.R.C.P.L., M.R.C.S.E., Medical Officer to the Lincoln United Friendly Societies' Dispensary.

GRAMSHAW, J. H., M.D., Public Analyst for Gravesend.

HEALY, J., L.R.C.P.Ed., L.F.P. & S.Glas., Medical Attendant to the Royal Irish Constabulary, Waterville, co. Kerry.

JONES, Mr. E. T., Public Analyst for Wolverhampton.

KEBBELL, A., M.R.C.S., House-Surgeon to the London Hospital.

LETHEBY, Dr. H., a Public Analyst for Kent.

MARSHALL, J., F.R.C.S.E., F.R.S., Professor of Anatomy at the Royal Academy of Arts.

MAUDSLEY, Dr. H., F.R.C.P., Consulting Physician to the West London Hospital, Hammersmith.

MUTER, Dr. J., Public Analyst for the Districts of Clapham, Rotherhithe, and Bermondsey.

STONE, W.D., M.D., Physician to the Westminster General Dispensary.

TIDY, Dr. C. M., a Public Analyst for Hertfordshire; also for East Sussex and for Kent.

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VACANCIES.

Hospital for Women, Soho Square, London. Assistant Physician.

St. Georges-in-the-West (London). Dispensary Resident Medical Officer. Salary £170 per annum. Applicants must address the Secretary, 73 Park Street, W.

Hospital for Diseases of the Throat, London. Dispenser. Salary £100, with residence. Address, the Secretary, before the 13th inst.

St. Marylebone (London). District Medical Officer. Salary £120 per annum. Drugs, &c., supplied by the Guardians. Applications to be addressed to the Clerk.

Surrey Dispensary. House-Surgeon. Salary £120, with furnished residence. Applications to R. G. Jones, Esq., 190 Tooley Street, S.E.

West Bromwich Hospital. House-Surgeon. Salary £80 per annum, with board and residence. Address, P. D. Bennett, Esq., West Bromwich.

Sheffield Public Hospital. Honorary Physician. Application to Dr. Hall.

County of Buckingham. Public Analyst, &c. Applications for particulars to be addressed to A. Tindall, Esq., County Hall, Aylesbury. (See advt.)

Bucks County Lunatic Asylum. Assistant Medical Officer. Salary £80 (increasing), with board and residence. Address, A. Tindall, Esq., Aylesbury. (See advt.)

Beckett Hospital, Barnsley. House-Surgeon. Salary £140, with furnished rooms, &c. Address, the Hon. Sec., at the Hospital.

Stockton Union. Medical Officer. Salary £50, with fees extra. Address, The Clerk, Corporation Hall, Stockton.

Duffield Union. Medical Officer for the Wetwang District. Salary £21, with fees extra.

Youghal Union, Ardmore. Dispensary District Medical Officer. Salary £100 per annum, with fees extra. (See advt.)

Lismore Union, Cappoquin. Dispensary District Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

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Marriages.

LISTER—DREWE.—On the 4th inst., at Christ Church, Ryde, Isle of Wight, C. H. Lister, M.R.C.S., of Doncaster, to Catherine Anne, daughter of the late T. Drewe, Esq., of Tasmania.

RUCKLEY—DAWKINS.—On the 4th inst., at St. Ann's, Highgate, Henry Robinson Ruckley, L.R.C.S.I., L.R.C.P., of Walton House, Suffolk, to Rosetta Dawkins, eldest daughter of Thomas Dawkins, Esq., of Brookfield House, Highgate.

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Deaths.

CRISP.—On the 14th May, B. J. Crisp, M.R.C.S.E., of Harleston, Norfolk, aged 81.

EAGER.—On the 29th May, John King Eager, M.R.C.S.E., of Ripley, Surrey, aged 61.

GRIFFITH.—On the 31st May, John Griffith, M.R.C.S.E., of [illegible], Newcastle-Emlyn, formerly Surgeon 15th Hussars.

HEAD.—On the 28th May, W. C. Head, M.R.C.S.E., House-Surgeon at the Beckett Infirmary, Barnsley, aged 24.

LINDO.—On the 2nd June, Zechariah Lindo, M.R.C.S.E., of [illegible] Terrace, Harrow Road, aged 60.

WILLS.—On the 29th May, John Wills, M.D., of Shaftesbury, aged [illegible]

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

ANNUAL MEETING.

THE general assembly of the Association was held on Monday last in the Royal College of Surgeons. The members of the Association, of whom there was a very large attendance, were entertained at breakfast at the Shelborne Hotel, by the chairman of the Council, Dr. Evory Kennedy, before the meeting. The general meeting commenced at twelve o'clock by Dr. Dennis Hynes, of Kinvara, president of the Association. Amongst those present were, Drs. Martin, Portlaw; Nicolls, Longford; Claplin, Kildare; Jacob, Maryboro; Darby, Bray; Hatch, Ardee; Truell, Ashford; Usher, Dundrome; Scully, Clonmel; Jones, Cork; Leonard, Athenry; Nolan, Gort; Davys, Swords; Donaldson, Clontibret; Murdoch, Sandymount; Whistler, Bray; and Drs. MacNamara, Morgan, Jacob, Mapother, Morragh, M'Clintock, Hayden, Labatt, Nugent, of Dublin, and Dr. Quinan, Honorary Secretary.

The Hon. Sec. having read several letters of apology, the president delivered an address which we shall reproduce in our next.

The following annual report was then read :—

ANNUAL REPORT.

Your Council desire to present the report of the business transacted on behalf of the Association during the past year.

Although since our last Annual Meeting the poor-law commission has ceased to exist and the Local Government Board has come into operation, yet, as the position and duties of the poor-law and dispensary Medical officers have been thereby but little affected, your Council have confined themselves to watching the effect of the great sanitary powers with which the Board created by this Act has been entrusted.

The Public Health Act for England, also put in force during the past year, has engaged much of your Council's attention, in expectation of the promised Health Bill for Ireland, which, although long since prepared, has not yet been brought into Parliament. This is much to be regretted, as the Health Act of England has already proved of much utility in the improvement of the sanitary arrangements of the cities and districts where it has been put in force, and has been of equal advantage to the public and the profession—several rural districts having united in appointing Medical officers of health at large salaries, half of which are paid by the Government; thus, both the State and the ratepayer having now recognised that, in England at least, sanitary work is worth paying for, we should take care that, in any Act which may be passed for Ireland, an equally fair rate of remuneration shall be secured to our sanitary officers.

At the time of our last Annual Meeting, a Bill to provide superannuation for the superintendent registrars was before the House of Commons, and although this Bill was not intended to affect the Medical officers, still it afforded the opportunity of amending their Superannuation Act, by having their registration fees and other emoluments of their offices included in the calculation of their superannuation allowances. A deputation waited upon the Right Hon. Baron Dowse, at the time Attorney General, and obtained from him a satisfactory promise. Nevertheless, the Bill went into committee unaltered. Your secretary then proceeded to the House of Commons, and, with the assistance of Dr. Brady and Sir Dominick Corrigan, the amendment was effected.

Thus about £15 a-year has been added to future superannuations.

Towards the close of last year Parliamentary commissioners were appointed to inquire into the working of the Irish Constabulary, and as the arrangements for the Medical attendance upon that force are most unsatisfactory and much complained of by the Medical officers—the payment being miserably small, the duties undefined, and the responsibilities very great—your Council took steps to have them brought under the notice of the commissioners and inquired into. The following resolution was therefore passed and forwarded to the authorities :—

Resolved—"That the Council of the Irish Medical Association are of opinion that the payment of one shilling per month per man for Medical attendance upon, and medicines supplied to, the members of the police force and their families, is entirely inadequate as remuneration for the required services; it being remembered that the attendance upon the wives and children of the men has been superadded since that rate of remuneration was fixed, and that the stations at which such attendance is required are often separated by considerable distances."

At an interview shortly afterwards held with the secretary of the commissioners, your secretary was informed that the commissioners would receive the evidence of the aggrieved parties only, upon application from the Medical officers themselves.

The president of the Association, Dr. Hynes, of Kinvara, then addressed the following letter to the commissioners :—

"SIR,—I desire respectfully to call the attention of 'The Civil Service Commissioners' to a very serious grievance the Medical attendants of the Royal Irish Constabulary are suffering from.

"Some years since the Medical attendants received a very small monthly pittance for their attendance upon that force, but they also received extra payment for any serious case of illness occurring amongst the men under their charge. The smallness of the pay, and its inadequacy to the duties performed, as compared with that given in England, were brought under the notice of the Irish Medical Association, and a deputation, of which I was one, from that body had an interview with Sir H. Brownrigg on the subject. In the statement which we presented to him we complained of the smallness of the remuneration, and we offered that, if the pay were raised to 2s. 6d. per month for each individual of the force, we would attend, not only the men, but their wives and children. After the lapse of nearly twelve months a communication was received from the constabulary authorities to the effect that the 'Lords of the Treasury had consented to allow 1s. per month for each man, instead of 6d. as heretofore.' There was no agreement that for this shilling the Medical attendants of the Royal Irish Constabulary would be obliged to do more than they were wont to do for the 6d. per month previously paid to them, and yet the authorities have enforced upon them the additional and onerous duty of attending upon the wives and children, while they refuse to allow any extra pay for attendance for which additional payment had always been given. Under these circumstances I have taken the liberty of addressing you, in the hope that you will kindly submit this communication for the consideration of the commissioners, and that they will allow us to give evidence of the hardship and unfairness of the treatment we have received, on the presumption of an agreement never entered into or sanctioned by us.

"I have the honour, &c.,

"D. J. Hynes, L.K.Q.C.P.,

"President of the Irish Medical Association.

"To the Secretary Civil Service Commissioners."

To this letter a reply was received, to the effect that the commissioners would appoint a day to receive evidence and inquire into the subject. Several other Constabulary Medical attendants, at the request of your secretary, made similar applications, the result being that an early day was named for the inquiry. However, although the time appointed was courteously extended, and the inquiry postponed for some days, yet such is the difficulty, loss, and inconvenience, that Medical officers subject themselves to by leaving home, even for a single day, that of the several gentlemen who applied to have their grievances inquired into, and who, from their practical experience, could have adduced the strongest evidence, not one attended the inquiry. Your Council were, therefore obliged to limit their evidence to gentlemen of the County of Dublin, where, although the arrangements for pay, &c., are much the same as elsewhere, yet the labour of visiting the men and their families is very much less than in the remote parts of the country. where the stations frequently are many miles apart. Our vice-president and chairman, Dr. E. Kennedy, kindly attended, and having made an earnest appeal in support of the Medical officers, handed the commissioners a written statement of our case. Six of the Medical officers of the County of Dublin were then closely examined, the commissioners taking the evidence of each separately.

The result of the inquiry has not yet been published, but your Council have reason to believe that little or no change will be made in the existing arrangements for Medical attendance.

Your Council have been much engaged in endeavouring to elicit the opinions and ascertain the wishes of the Medical men through the country, in reference to the proposal to provide for the widows and orphans of Medical men, brought before the Society by Dr. Darby, of Bray, at the last two annual meetings, and they have issued a third application, comprising altogether nearly 2,000 circulars, for information, to enable them to form some opinion of the support such a project would be likely to receive; but as yet not more than one-third of the poor-law and dispensary Medical officers have sent answers, and although nearly all the replies received are favourable to the project, yet your Council feel that they have not as yet had sufficient authority to proceed with the proposal. The actual numbers are 976 gentlemen applied to; 289 replied, of these but 17 are opposed to the proposal. A resolution on the subject will be submitted to the meeting.

The Medical Act Amendment Bill brought in by Mr. Headlam, has also recently been under the consideration of your Council, and they have sent the following letter to Mr. Headlam on the subject, and have forwarded a petition to the House of Commons embodying the same views:—

"Irish Medical Association.

"Royal College of Surgeons,

"*May* 12 1873.

"Sir—We are directed by the Council of the Medical Association of Ireland to respectfully inform you that they have had under their consideration the Bill introduced by you into the House of Commons to amend the Medical Act of 1858, and that while approving of its principles generally, and therefore anxious to support the Bill, they cannot do so without seeking for certain additions to and alterations of some of its provisions.

"The first amendment, and that to which the Members of the Association attach the most importance, has for its object the securing to the Graduates of Universities and Members of Colleges a voice in the selection of their Representatives, by giving them the right to vote at their election: the addition of the words "*Medical Graduates and Members of*" after the word "*By*" in the 3rd clause of the Bill will effect this. Further, being convinced that any increase of the number of the General Medical Council would only tend to lessen the efficiency of that body, and retard the progress of business, the Council desire to suggest that, to make room for the additional number provided by your Bill, an equal number of the representatives nominated by the Crown should be omitted, and this might the more readily be done, as Her Majesty's Privy Council is the court of Appeal, without whose approval no educational scheme can become valid.

"The sub-clause 3 of clause 13 of the Bill, which provides for the acceptance of examinations in fundamental sciences other than those of the Examining Board, appears to the Council of the Association wholly unnecessary, and very objectionable, in that it exempts a certain class of students who may not be qualified in general knowledge, and who, if so qualified, should have no objection to be examined therein.

"With these amendments, we are directed to inform you that the Council of the Medical Association of Ireland will have much pleasure in supporting your Bill as a useful and much required measure

"We have the honour to remain, &c.,

"D. J. Hynes, M.D., *President.*

"E. J. Quinan, *Hon. Sec.*

"The Right Hon. Thos. E. Headlam, M.P."

Our brethren of the Army Medical Service having recently suffered so much in position as well as emolument, from the last Army Medical Warrant, and being, by the rules of the service prohibited from protesting, meeting, or taking other public steps for redress, your Council has given much time and attention to their grievances, and has forwarded the following memorial to the Secretary of State for the War Department on the subject:—

To Right Hon. Edward Cardwell P.C., M.P.,
Her Majesty's Secretary of State for War.

The Memorial of the Council of the Medical Association of Ireland humbly sheweth:—

That your Memorialists have learned with regret, that the Royal Warrant for the regulation of the Army Medical Service, issued on the 1st of March, 1873, so far from improving the position and prospects of the Medical Officers of the army, will have an injurious effect upon their interests by disturbing their status and relative rank, and depriving them of many important concessions made to them by former warrants, for which they were so grateful to Her Most Gracious Majesty.

That in the absence of any distinct guarantee that a surgeon shall be promoted to the rank of surgeon-major at the end of fifteen years, the withdrawal of the increase of pay hitherto attached to that term of service is a grievance most justly complained of.

That it is injustice for which no sufficient reason can be assigned, that Medical Officers attached to regiments should be deprived of the rights of their relative rank in the choice of quarters, as is done by the 5th Article of said Warrant.

That the word "necessary" in Article 6th of said Warrant is very ambiguous, and may have the effect of depriving the Medical Officer of forage even for one horse, which his position and rank as a mounted Officer entitle him to possess.

That by the 12th and 16th clauses of said Warrant, the duty of recommending for promotion deserving Medical Officers above the rank of srugeon-major has been imposed upon the Commander-in-Chief, and has not been given to the Director-General of the Army Medical Department, who being a physician and surgeon, is the person best suited to form a correct judgment of the ability and merit of Medical Officers.

That the recommendations of Mr. Sidney Herbert's Commission have been entirely set aside by said Warrant, and new duties (not professional), such as the charge of stores, buildings, &c., have been imposed upon Medical Officers without any increased remuneration for the pecuniary risks they will thereby incur.

That no compensation has been provided for those Medical Officers who may be or have been summarily removed from their regiments, to which the great majority of them had for years paid mess and band subscriptions.

That the permission to retain in enployment Officers who, by the 20th Article of said Warrant, are (from their age) required to retire, will act most injuriously by stopping the promotion of those in rank below them.

For these and other reasons not herein set forth your Memorialists pray:

That upon re-consideration you will be pleased to recommend to Her Most Gracious Majesty either the withdrawal or the amendment of said Warrant, or take such other steps for the removal of these grievances as may be pleasing to you.

And your Memorialists, as in duty bound, will ever pray, &c.

Signed on behalf of the Association,

D. J. Hynes, M.D., L.K.Q.C.P.
President of the Medical Association of Ireland.
E. J. Quinan, M.D., F.R.C.S.I., *Hon Sec.*

A resolution upon this subject, and also referring to the grievances of which the Surgeons of the Militia so justly complain, will be submitted to this meeting.

Your Council have thus endeavoured to fulfil the duties entrusted to them, and have carefully watched the interests of our brethren as each Bill or measure affecting the profession appeared in Parliament or elsewhere. But the influence and usefulness of our association are not confined to Medico-legal matters. The founder of our society had far nobler motives for action, in the promotion of good will and friendly feeling among our brethren, and your Council are happy to say that in this, their highest aim, they have been invariably successful during the past year. None but those engaged in the practical working can form any idea of the amount of good effected by societies such as ours, to which men in remote and isolated districts may confidently appeal for advice and assistance under the many difficulties and risks incident to Dispensary life. Numerous cases of the kind come before your Council year after year, and, although they are often painful and embarrassing, and always troublesome, yet, owing to their confidential character, they do not appear in our Minutes. Your Council feeling satisfied with knowing that by its advice and assistance, doubts and anxieties have been removed, difficulties overcome, misunderstandings arranged, and thus the chief object of our society—the promotion of the dignity and honour of our Profession—has been obtained.

We are unable in the brief interval since the meeting, to give space for the resolutions submitted to the meeting and the observations of the speakers, but hope to do so in our next.

CONGRATULATORY ADDRESS TO DR. JACOB, J.P., OF MARYBOROUGH.

On the 23rd instant a public meeting of the inhabitants of the town and neighbourhood of Maryborough assembled at the Town Hall for the purpose of adopting a congratulatory address to Dr. Jacob, to be presented to that gentleman when he returns from England.

On the motion of Mr. Vanston, seconded by Mr. Murnane, the chair was taken by the Chairman of the Town Council.

The Chairman stated to the meeting the object for which they had assembled, and every person in the town would join to pay a compliment to Dr. Jacob on his return. They were all very glad to hear he was so much improved in health, and he hoped Dr. Jacob would be spared to give many more years of good service to the public in that district. No one had more the good of the poor people at heart than Dr. Jacob, and the inmates of all the institutions under his charge were delighted at the prospect of his return. He was confident that when Dr. Jacob returned the people of Maryborough would join heartily in giving a warm welcome to him, and they all hoped they would see him in the best state of health possible.

Mr. Miller informed the meeting that he had written to Dr. Jacob, asking if he were satisfied that the inhabitants should get up a congratulatory address to him on his return home. The correspondence which passed between Dr. Jacob and himself he would read :—

"Maryborough, 19th May, 1873.

"Dear Sir,—The inhabitants of Maryborough have heard, with feelings of the utmost satisfaction, that your health is perfectly restored; and are anxious, on your return home, to testify their deep gratification by presenting you with an address, or something which will convey to you the esteem in which your public worth and private character are appreciated by them, and are anxious you will permit them the happiness they anticipate on your return home.

"On hearing from you, a public meeting will be called, when all will unite hand and heart to mark the sense of the high esteem in which you are held by the inhabitants of your native town.

"Believe us, dear Sir,
"Your sincere and faithful friends,
"Thomas Miller,
"William Jessop,
"James M'Crea.
"Dr. Jacob."

"Bath, 22nd May, 1873.

"Dear Sirs,—I this day received a gratifying letter from you as representatives of my kind and good friends at Maryborough, who wish to give me welcome and congratulation on the occasion of my expected arrival home, and to express the esteem and high value which you are good enough to say is attached to my humble efforts, professional and as a neighbour.

"I deeply feel the compliment and appreciate the generous wish to acknowledge my over-estimated merits.

"I am quite aware of how imperfect has been the performance of my various duties, but my earnestness and anxiety have not been deficient.

"My family with myself will ever gratefully remember the succession of kindnesses and sympathy which I have so widely experienced from the commencement of my recent severe illness, to which is now added this most kind wish conveyed through you.

"But, under the peculiar circumstances, more especially as I am about to return home sooner than the time appointed by my Medical advisers, I would ask my good friends to allow me to forego what I would consider so great an honour, but one at this time trying.

"If I shall learn that you are satisfied of my grateful appreciation of the esteem which I enjoy amongst you, and that you will allow me to postpone its public expression until some future occasion, when I may be better equal to it and more deserving, it will be a gratification to me.

"Your faithful servant,
"David Jacob, M.D."

Mr. Gaze then read the address he had prepared.

The Chairman considered nothing could be better than the address just read. The people of Maryborough were very anxious about Dr. Jacob's health, and Dr. Jacob's kindness and attention on all occasions to the poor as well as the rich were always admired, and the intelligence of his convalescence and his safe return home would give great pleasure to the people. He was sure the address read by Mr. Gaze expressed the feeling of every one present.

Mr. Miller then proposed that the address be adopted and engrossed either on vellum or in the form of an album.

A committee was appointed to carry out the object of the meeting, and also to act as a deputation from the inhabitants to present the address to Dr. Jacob.

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The enormous sum of £80,000 has already been subscribed towards the building of a new wing to the London Hospital, towards the £100,000 asked for in the early part of this year. Truly British charity is endless when once set in motion.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday,* 31*st May,* 1873 ; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES ; &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, 31ST MAY, 1873.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered*.*	Total DEATHS *registered*.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever	Diarrhœa.	Violence.		
DUBLIN . . .	10,050	314,666	24	171	143	19	29	...	1	...	2	11	8	...	5	6	43
BELFAST . . .	20,687	182,214	28	133	99	22	25	..	8	...	...	2	6	3	2	1	12
CORK	13,816	90,851	15	67	27	3	8	...	...	...	...	3	...	...	...	...	8
LIMERICK . . .	8,509	44,547	34	29	29	6	11	...	...	...	...	1	2	...	...	...	13
LONDONDERRY . .	21,865	30,893	20	14	12	2	2	...	...	...	...	...	1	...	...	1	3
WATERFORD . .	17,209	30,838	39	16	23	...	5	...	...	5	...	...	2	1	...	...	11
GALWAY . . .	21,358	19,713	16	12	6	1	4	...	...	...	...	...	...	...	...	...	...
SLIGO . . .	30,835	17,175	36	8	12	...	6	...	...	...	...	...	1	...	...	...	5

IRISH POOR-LAW VACANCIES.

Union	Dispensary District	Salary	Vaccination and Registration Fees	Annual Number of Dispensary Tickets	Annual Number of Visiting Tickets	Acreage of District 640 Acres to the square Mile	Population of District	Date of election	Distance of Union from Railway Station.
Limerick	Clarina	£100	£8 13 0	330	330	22,879	6,965	June 20	Limerick.
Youghal	Ardmore ..	£100	£4 11 0	449	104	13,275	3,497	,, 12	Cork and J. R.
Sligo	Riverstown ..	£100	£7 16 0	895	159	23,551	6,130	,, 13	Midland Railway.
Lismore	Cappoquin ..	£100	£6 18 0	985	299	26,209	6,186	,, 17	Fermoy, 12 m.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THE Annual Meeting of the members of this Association was recently held in the Library, Royal College of Surgeons, Stephen's Green. There was a numerous attendance. Dr. Kirkpatrick in the chair. The Annual Report was read, and several resolutions proposed and carried, a full report of which will appear in our next.

IRISH MEDICAL ASSOCIATION.

MEETING OF COUNCIL.

The President, Dr. WHARTON, in the Chair.

Members present:—Drs. Hynes, Morrogh, Mapother, Morgan, Benson, Macnamara, Walsh, Wharton, and the Secretary, Dr. Quinan.

Dr. John Morgan was unanimously elected Chairman of the Council for the year.

The Secretary reported that the Annual Meeting of last Monday was more numerously attended by country gentlemen than any meeting for some years past : sixty-two members and their friends sat down to dinner in the evening.

Dr. Mapother called the attention of the Council to the statement as it appeared in the morning papers that the Civil Service Commissioners had recommended the abolishment of the Medical Commissioner from the Local Government Board, and pointed out the great loss that officer would be to the Poor-law and Dispensary Medical officers. It was determined to make the strongest exertions to have that office retained, and it was resolved that a petition should at once be prepared and forwarded to the proper authorities upon the subject.

One thousand copies of the Annual Report, with the speeches made at the meeting, were ordered to be printed and circulated.

The first Wednesday in each month was fixed as the time for future meetings of the Council.

The Council then adjourned.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1873.

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ON THE

NATURE AND TREATMENT OF DEFORMITIES OF THE HUMAN BODY,

DELIVERED IN THE MEATH HOSPITAL, DUBLIN, BY

LAMBERT H. ORMSBY,

Surgeon to the Hospital, and Demonstrator in the School of Surgery, Royal College of Surgeons in Ireland.

LECTURE II.

GENTLEMEN,—On the last day of lecture I introduced to your especial notice the important branch of Orthopædic Surgery, and on that occasion I very briefly recounted its history from the earliest dawn of human intellect down to the enlightened age of the present century.

To-day I intend to enumerate particularly the cases that present themselves under the term Deformity, occurring as it does in the human body from so many and varied causes, such as Debility, Deficiency, Superfluity, and Cerebral Irritability, caused by disordered nervous influence in the cerebro-spinal system.

Doubtless the subject affords you a grand scope for deep investigation and enhancing study when you endeavour to inquire into the remote causes of the many deformities, abnormalities, and monstrosities we frequently meet with. Causes there are and causes there must be, and it seems most unscientific to ascribe as the only reason for the recurrence of congenital deformities to nothing else but a *lusus naturæ*. I will again revert to this important point in another part of my lecture, and for my present purpose it will be sufficient to tell you:—

Orthopædics.—1. *Embraces the derangements of every joint in the body*, including all distortions of bones occurring before or after birth from *accident*, *disease*, or *debility*. 2. *Permanent contraction of voluntary muscles and their tendons.* 3. *Retractions* and *contractions* of the *skin*, *areolar*, and *fibrous tissues* occurring from *accident*, *disease*, or *debility*. 4. *Obscure irregularities of the nervous system*, *occurring before* or *after birth*, giving rise to local deformities in the *head*, *neck*, *trunk*, and *extremities*. 5. *Deficiencies* of the *body*, *occurring before birth*, from arrest of development, or afterwards from *debility*, *disease*, *accident*, or *surgical operation*;—the last cause, however, I should say is more to be *remedied* by the mechanician or surgical instrument maker, but at the same time by your direction, and under your careful and constant supervision.

Deformities are for the most part classified as they occur at the time, or previous to birth into the Congenital, and those occurring at a subsequent period into the Non-congenital.

Congenital Deformities

In the Head and Face are extremely rare, of course excluding from this category malformations and deficiencies which I may say are of very frequent occurrence—viz., hare-lip, cleft palate, and a permanent non-closure of the cranial bones at the anterior and posterior fontanelles in cases of hydrocephalus. We, however, meet with a congenital form of strabismus; it is very seldom seen, but in a valuable analysis of 200 cases of strabismus by Dr. Radclyffe Hall (*a*), he reports four cases as being congenital.

In the Neck are seldom met with, although there is no reason why permanent and rigid contraction of the sterno-cleido mastoid should not occur as often as a congenital affection, as it so frequently does as a non-congenital deformity, as in wry-neck, &c.

In the Shoulder Joint are perhaps never seen as muscular contractions. Mr. Tamplin (*b*) mentions in 18,000 cases he never happened to meet with one, but sub-luxations of this joint are occasionally seen. In like manner the lower jaw may be similarly affected. Dr. R. W.

(*a*) Mackenzie "On the Diseases of the Eye," page 356.
(*b*) *British Medical Journal*, June 16, 1860.

Smith, the distinguished Professor of Surgery in the University of Dublin, in his "Treatise on Fractures and Dislocations," gives a detailed account of the dissection of a very interesting case of *congenital* luxation of the inferior maxilla.

In the Elbow Joint are sometimes met with, such as contractions in the extended position, accompanied with contraction of the wrist in the *flexed* position; but I may mention this is always associated with malformation or monstrosity.

In the Wrist and Fingers.—Spastic contractions of the wrist in a flexed position is occasionally seen, but it occurs, however, more frequently in conjunction with malformations. The fingers are sometimes permanently flexed. It is due, no doubt, to contracted condition of the palmar fascia passing to the first and second phalanx of the finger. Mr. Brodhurst relates the case of a girl in whom all the fingers of both hands were more or less affected.

In the Spine.—Congenital deformities of this important osseous framework I may say are seldom seen. Cases, no doubt, do occur, and we find instances recorded of lateral congenital curvatures, confined, however, to the middle and lower dorsal and upper lumbar vertebræ. In the vertical vertebræ of course wry-neck occurs as a congenital deformity, and permanent rigid contraction of the sterno-cleido mastoid muscles.

In the Hip Joint.—Contractions of this joint are sometimes met with. In one very exaggerated case recorded the hips were so contracted that the thighs lay flat on the abdomen, and the feet crossed underneath the chin. We also found in conjunction with these contractions talipes varus and retractions of the extensors of the legs. *Dislocations, double* or *single,* occur in this joint, but are rarely detected until the child begins to walk, probably because they are never looked for or even thought of, but as a fact they do occur, and generally after a preternatural presentation, such as *breach* or *inferior extremities,* due, no doubt, to the mode adopted by accoucheurs to effect delivery.

In the Knee Joint the flexed position is most generally met with. Usually both limbs are together and similarly affected. In one case recorded by Mr. Brodhurst the child suffered in both feet from talipes varus, and both knees were contracted at right angles.

In the Ankle Joint.—Congenital deformities of this joint are by far the most common, and one variety more particularly than the other. Club-foot, as it is generally styled, is divided into four typical forms. 1. Inversion to a greater or lesser degree where the foot is turned inwards, and is called *Talipes varus.* It is the deformity most often met with at the ankle joint. 2. Eversion, or where the foot is turned outwards, *Talipes valgus.* 3. In which the foot is flexed and drawn up, the heel depressed, or *Talipes calcaneus.* 4. In which the heel is drawn up by the action of the muscles of the calf or *Talipes equinus.* There are, however, combinations of the above four varieties mentioned; thus we hear of *Talipes equino-varus,* when the foot is inverted and the heel drawn up. *Talipes equino valgus,* when the foot is everted and the heel drawn up. *Talipes calcaneo-varus,* when the foot is inverted and the heel depressed. *Talipes calcaneo valgus,* when the foot is everted and the heel depressed.

In the Toes.—Contractions of the toe are sometimes met with. These, like in the fingers, may be associated with malformations.

The Causes of Congenital Deformities.

In commencing an inquiry into the causes of such an important subject, I may add that the opinions now held with respect to *deformities* and *malformations* differ widely from the absurd and vague theories propounded by various ancient writers. Even down to the days of Ambrose Parè, who was not one whit behind his predecessors in assigning some of the strangest and most ridiculous reasons for the cause of deformities and monstrosities.

Formerly, indeed, each deformity or monstrosity was considered as the presage of some misfortune, the warrant of divine vengeance, the effect of witchcraft, &c.

Lycosthenes used to go so far as to add to the description of each monster the picture of some calamity which was to be its sequel. To that opinion they owe their meaning derived from the Latin verb *monstrare.*

In studying Teratology *(a)*, a name given to the subject by Geoffroy St. Hilaire, and by which we understand the doctrine of *congenital deformities,* which are those *imperfections* and *deviations* of the human organism which can occur only in the earliest periods of gestation, or at least previously to the termination of the intra-uterine fœtal existence. Bearing this in mind, the opinions concerning the causes of congenital deformities may be reduced to two main points, viz.:—

1. To the original malformation of the germ.
2. To the subsequent deformation of the embryo by causes operating on its development.

I. *If to the original malformation of the germ* we ascribe the causes of all deformities and monstrosities, I think we cannot hardly be considered correct, for as certainly as I believe it is a very likely cause of monstrosity. I think it has little or nothing to say to simple deformity. However, where we believe the germ or ovum to be a *product* of secretion from the female ovary, upon which the male spermatozoa acts with its material and vital influence. We may take for granted this germ may be originally malformed, owing to some effects proceeding either from the female or male sex.

Believing in this primitive malformation, we may therefore ascribe the causes to the male or female.

1. *To the Female.*—In some cases we find various species of the same deformity frequently produced in successive progression, so that the first-born child is the most deformed, and in the following children the deformity progressively decreases, and finally disappears in the last born. It is also recorded that the deformity of the mother is also communicated to her offspring.

2. *To the Male.*—We frequently find that a well-formed man may procreate with different women children with the same malformation. And again, a deformity of the father may be transmitted to the child, but the last is, however, exceedingly rare.

A second proof in support of the probability of an original malformation of the germ is found in *hereditary deformities* extending over more than one generation—viz., hare lip, cleft palate, excessive number of fingers, hypospadias, club feet, &c.. Dr. Little *(b)*, speaking of Talipes varus, says he has traced it on the paternal side even through four generations.

II. *To the subsequent deformation of the embryo by causes operating on its development in utero.* There are many causes assigned for deformity at this period of fœtal existence, which are as follows:—

1. *Disordered nervous influence* acting on the muscular system was shown to be the cause of club hand and club foot by Rudolphi in 1823. I would refute this theory by saying that in nearly all cases of *anencephalic fœti,* where there is no nervous system at all, we find the body well developed and free from deformity.

2. *Arrest of development.*—There is no doubt this is a most frequent cause of deformity, and even monstrosity, impeding the growth of the fœtus in some remote and unknown manner. It is a matter of dispute whether this deforming cause operates on the fœtus in its totality, or whether it affects originally only one system, which spreads its deforming influence over all the others, say the vascular first, and after extends to the nervous system.

3. *Mental or maternal impressions.*—Deformities are frequently said to arise in the fœtus by mental impressions of the pregnant woman.

But for this opinion no positive proof can be afforded, although I may add, in ninety-nine cases out of a hundred, it is the only cause assigned for deformity by many advocates even in the present day.

(a) τέρας, monster, and λογος, science.

(b) Article "Orthopædic Surgery" in Holmes's "System of Surgery," by W. J. Little.

No doubt made use of for the sake of a better reason, and in a remarkably able article on "Generation" in Todd's "Cyclopædia of Anatomy and Physiology," all the supposed mental impressions which have been considered as the cause of malformations took place, with few exceptions, in the last stage of pregnancy, when, of course, the child was fully developed. But in opposition to this many mothers who have borne deformed children will always tell you of some circumstances which they are certain to ascribe as the cause of the malformation in their offspring. My friend, Dr. Scott, of Queenstown, who in his official capacity as emigration Medical officer, inspects many hundreds of emigrants in the year, mentioned to me he had inquired particularly as to the causes of nævi on the bodies of infants, and in every case he was able to come at some circumstance during pregnancy in the way of a maternal impression to account for the cause of such an occurrence.

There are, however, many scientific reasons for believing maternal impression of the mother acting on the fœtus by nervous influence, to be erroneous.

1. That malformation seldom, or perhaps never, agree with apprehensions or fears, *à priori*, of pregnant women, and in some cases where a woman has borne one deformed child she will therefore be continually in fear of bearing a second deformed, which, I may add, when it occurs, is the exception, and not the rule.

2. That the fœtus, even when a germ is quite independent, transferred as it is from the ovary into the uterus, it needs for its development a material intercourse with a maternal body, but no *organic* connection, for which reason we find it can be developed as well without as within the uterus, as in *extra-uterine fœtation.*

3. That malformations are very common in the lower animals, in which the development and psychical life is very imperfect, and the oviparous generation, which of necessity precludes any chance of disordered maternal influence.

4. In the case of twins, one child may be deformed, and the other in perfect condition, notwithstanding they are both exposed to the same maternal influence.

It will not be necessary for our purpose to trace the subject of maternal impressions farther, but I am not so sure that there is not some truth in the theory. We know that there is a great vascular connection between the mother and the fœtus, and the same blood that supplies one helps to develope the other, and that where the mother is affected with syphilis the offspring is sure to become affected also. Scarlet fever, small-pox, and jaundice have in like manner been communicated, and sudden death caused to the child by violent agitation of the mother ; but all this is different from maternal impressions. It is a material result easily conceived, and of which we need no further explanation.

5. *External injury* received by women during pregnancy is sometimes taken as a cause of deformity.

6. *Disease of the placenta*, also disease of the ovum nd uterus, are all supposed occasionally to produce eformity.

7. *Position in utero.*—This, I must say, I believe to e the true cause of deformity in the extremities, reasoning s I do from analogy, in a great number of cases ; we now very well in non-congenital deformities, say after fractured leg, or in hip disease, if we allow the limb o remain in the flexed position for any length of time, becomes permanently contracted, and in like manner onsider the extremities how they are twisted and conorted in every possible way to accommodate the fœtus ey belong to ; in the small space allotted to it *in utero*, nd we very often find only one foot affected where it no oubt has been kept in some bent position for some length f time, in the same way the hand producing club-hand ; lso the head bent to one side or the other, producing gid contraction of the sterno-cleido mastoid muscle.

In concluding the enquiry of this important subject, d from what you have already heard, I trust you will not consider that deformities take place by chance, and therefore do not by any means deserve the so very general appellation of caprices of nature (*lusus naturæ*), the result of this is that they often present a quantitative antithesis according to what Geoffroy St. Hilaire denominates *loi de balancement*. According to this law, the excessive development of one part of the body is often connected with checked formation of another ; to *anencephalia*, *cyclopia*, *spina-bifida*, are often joined fingers and toes in excessive number. Meckel (*a*) saw in one single instance this peculiar law well exemplified in different children of one and the same mother. A girl had on each extremity a superfluous digit, and one hand of her sister wanted four fingers, being the number of digits which her sister had in excess, reckoning the four extremities together.

(*To be continued.*)

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A FEW REMARKS UPON THE PATHOLOGY OF CANCER, PHTHISIS, AND SUPRA-RENAL MELASMA (*b*).

By John Kent Spender, M.D. Lond.,

President of the Bath Pathological Society, Surgeon to the Mineral Water Hospital, Bath.

I venture upon an innovation this evening for which I hope that I shall not be too much blamed. It has occurred to me sometimes during an attendance of several years at the meetings of the Bath Pathological Society, that a more literary element might now and then be introduced into it with advantage, and that if we have not the strength or the material for an occasional volume of Transactions, we may at least sometimes review the progress of pathological knowledge, and discuss in a friendly way some current pathological theories. Not a session passes but what one or more specimens are placed upon this table which illustrate in a sort of pictorial way some of the questions which vex the souls of morbid anatomists, and cause men to range themselves under distinct banners, just as if they were contending under opposing generals, and thinking more of victory than of truth. It would be too much to arrogate to the Bath Pathological Society that it is never agitated by the battles which are fought on other battle-fields ; but I am sure that we all keep our tempers very well, never call each other names, nor tread upon one another's toes more than we can help.

I select three subject for a few notes this evening. All three are of surpassing interest, and have been submitted to a keen and searching investigation during the last few years.

I speak first of *Cancer*. The great point in dispute about cancer is thus put by Mr. Campbell de Morgan :—"What is the origin of cancer? Does the disease consist solely in a local change of structure? Or is it the local determination of a general morbid condition of the blood? Or are the blood and the tissue equally interested in its formation?"

Now those of us who have been engaged in the active duties of our profession for even only a few years must often have had these questions brought home to us in a very practical way. During the early part of my professional career no doctrine was more firmly rooted in the Medical mind than this—that cancer is an error of blood, involving a general depravation of nutrition, and showing itself as a local disease or tumour. And the consequence of this doctrine was that in a very large proportion of cases the surgeon left the cancer alone, even when it seemed so strictly a topical malady that you could with your fingers raise up a lump from the subjacent tissues, and isolate it

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(*a*) *Vide* the able article on Teratology, by W. Vrolik, in "Todd's Cyclopædia of Anatomy and Physiology."

(*b*) An address delivered before the Bath Pathological Society completely. If a natural feeling prompted us to remove this little parasitic body—this little malignant thorn in the flesh, while it was yet a thorn and no more—then the weight of authority came down heavily upon us, and told us plainly that it was our duty to leave it alone. Not but what this "leaving it alone," as it was ironically termed, would be sure to lead to disaster; sooner or later the lump would grow, invade the innocent structures around, and finally propagate itself in remote parts of the body;—but then we were told that, if the tumour were taken away by a few simple cuts of a knife, it would infallibly return all the sooner, either in the surgical scar, or with equal probability in some of the viscera. Consequently we were taught to coax and soothe the disease in its earliest stage; to try and keep it quiet by pads of wool and so-called sedative plaister, and by tonic medicines internally; in short, to tame it down, if we could, so that the infant wild beast should not escape from its cage, and ravage the country all around.

Two great living surgical pathologists are the exponents respectively of the antagonistic views of the cancer poison. Mr. Simon likens cancer in some measure to rheumatism or gout, as essentially a blood disease; the poison is supposed to eliminate itself by means of the tumour, which stands in the same relation to the *materiæ morbi* as a secreting gland does to the matter eliminated by it. Sir James Paget holds, on the other hand, that at least two conditions are necessary for the formation of cancer;—one, the blood-poison; the other, a fit state of tissue in which it might manifest itself. Mr. Campbell de Morgan seems to go farther in the same direction, and adduces some powerful arguments to show that, at the outset, cancer is a local disease, the result of some error in the organising or nutrient function of the tissues; and that the cancerous cachexia, as it is termed, is in the main a subsequent deterioration or pollution of the blood by absorption of the local disease.

It would be easy to quote plenty of opinions by this great surgeon or by that great physician (for observe, if you please, that cancer is as much a physician's question as a surgeon's), in order to prove one theory or the other; but it is more profitable, I believe, to take the subject out of the region of abstract discussion, and review the facts which have come before our personal observation and enquiry. It is a little more than twelve years ago that I was consulted by a married lady, of middle age, the sister of a distinguished professor at Oxford, for a small nodule on the upper part of the right breast, which I had no difficulty in diagnosing as a lump of scirrhus cancer. The general health seemed good, but the patient was an irritable clever woman. Penetrated as I was then with the dominant pathological idea that cancer is a blood-poison, and that its removal at one spot is only to make its recurrence absolutely certain either at the same spot or somewhere else, I allowed the nodule to remain in the breast of this lady, and contented myself with taking off all outward pressure by pads of cotton-wool, and by supporting the health, as it is termed, by the internal administration of iron and cod-liver oil, and ample quantities of protein food. All seemed to go well for several months, and then by leaving Bath she passed away from my care. Several years afterwards I heard that, soon after my patient had gone to another part of England, this little treacherous mass of disease began to grow, and, developing itself in the usual way, soon infected the whole system, carrying off the patient within twelve months. Now I have always considered myself as somewhat accessory to the death of this poor lady, by not simply taking out of the body that which acted as a fermenting agent, leavening the whole structure of flesh and blood with its destructive germs. Other cases crowd upon me in like manner, which seem to prove that the body is often in excellent health when first invaded by the cancer disease; and that what we denote by the phrase cancer-cachexia, is not a diathesis preceding or producing cancer, but a bad state of tissues *produced* by a local cancer lesion. Or, as I remarked some years ago when this subject was discussed at a meeting of this Society, a single organ infected with cancer is like a stone thrown into a calm pond; the whole water is disturbed and rippled, and so the whole body is affected in its nutrition, and ultimately destroyed by the cancerous cell once evolved within it. The healthy body often obstinately resists for a long time, and gives way at last only when utterly ruined with cancerous blood. This is not the time or place to insist upon the therapeutic corollary which flows from this pathological doctrine, but I may refer you to the admirable statistics drawn up by Sir James Paget and Mr. Savory.

Secondly.—Let me say a few words on *Phthisis*. Truly, the man who has not pretty closely followed the literature of this subject during the last few years, must be sorely puzzled by the present aspect of the question. In the student-days of nearly all present to-night, consumption meant tubercle; and tubercle was either acute or chronic. And so we had either *acute* (or "galloping") consumption, or *chronic* consumption. This was the sum and substance of the whole matter.

All is changed now. To use Dr. Tanner's words, phthisis is employed as a generic term for those pulmonary diseases which are characterised at first by progressive condensation, and subsequently by suppurative degeneration with excavation of the affected portions of lung tissue; these local changes being in some instances preceded, in others only followed, by constitutional disease. What are the varieties of phthisis, then? What are the diseases, in other words, leading to ulceration and destruction of lung tissue? Let me just recapitulate them. (*a*) There is the *tubercular phthisis*, or pulmonary tuberculosis, characterised by the growth and disintegration of a lowly organised material called tubercle. (*b*) *Fibroid phthisis*, as designated and described by Dr. Andrew Clark, implies that the lung is rendered heavy and tough by a fibrogenous exudation which contracts the lung, destroying it for functional purposes, and causing it to be invaded by cheesy deposits and small cavities. The bronchial glands are enlarged and indurated. (*c*) *Syphilitic* phthisis means a deposit or infiltration of gummatous matter through more or less of the substance of the lung, with subsequent cheesy degeneration. (*d*) *Bronchial* and *pneumonic* phthisis is attended with ulceration of bronchi and air sacs, as well as with cheesy degeneration and disintegration of any bronchial or pneumonic exudations. This is frequently a result of what is properly termed chronic pneumonia. (*e*) Lastly, *Hæmorrhagic* and *embolic* phthisis signifies a disorganisation and disintegration of blood-clots in the lungs, or of deposits produced by pulmonary emboli from the liver or veins.

A knowledge of these varieties of what is commonly called consumption, will save us from many an error in prognosis. Most of us might recal the histories of patients who *ought* to have died according to all old theories, but who lived on in some unaccountable way, although we pronounced them decidedly consumptive. Or they neither lived nor died, but vegetated on somehow as chronic invalids. Still more inexplicable must those cases be which, with one lung stuffed with the products of chronic pneumonia, and afflicted with what is called fibroid phthisis, actually get better, gain weight, and, finally, after years of doctoring and tinkering, may be said to recover altogether and become useful members of society.

I would strongly urge a perusal of Dr. Wilson Fox's valuable monographs in Reynold's "System of Medicine." These papers must not merely be read at the close of a long day's work, when our mind and body are tired; but we should sit down to them as a student who is going to grapple with a really difficult and recondite subject. Dr. Douglas Powell's little book, just published, will also give us an excellent clinical insight into the different varieties of consumption.

Lastly, I venture to say a few words on that obscure and mysterious disease, discovered by Dr. Addison, [illegible] *renal melasma.* Let me relate one or two of my early clinical experiences, premising that I believe I was the first Medical man in Bath who had a case of this affection under his private care. In the autumn of 1856 I attended a young woman, a dressmaker, in Miles' Buildings, who was suffering from an extraordinary complication of maladies, the chief being an inexplicable asthenia. There was sickness with loathing of food, a long-standing amenorrhœa, extreme weakness of heart's action, with an earthy pallor of skin, deepened on the face and hands (the parts exposed to the light) into a mulatto bronze. No medicines did any good whatever. As was usual in those days, when the efforts of the ordinary Medical attendant failed to bring relief, the services of Mr. Norman were requested in consultation. He thought that the case was only one of exaggerated "biliousness," whatever that might mean, although the patient seemed too weak to take antibilious medicines; these always meant, according to the Pharmacopœia of the old school, blue pill and black draughts, in the prescribing of which our venerable friend was a famous hand. Further than this, his knowledge could not carry him in the present instance. Luckily, at this time Dr. Addison's famous monograph "On Bronzed Skin and Disease of the Supra-Renal Capsules" came to me in the ordinary course of the Bath Medical Book Society, and I instantly recognised the lineaments of this newly-found disease in the case before me. I tried to make the friends understand what was the matter, but they were entirely unable to apprehend why Medical art could do no good, and why the patient must die. I was allowed to open the abdomen after death, and was obliged to show the incredulous relatives both supra-renal capsules stuffed with suppurating cheesy matter, and all the neighbouring lumbar glands in a similar condition. I sent the specimen to my friend, Dr. Martyn, of Clifton, and it is now on the shelves of the museum of the Bristol Medical School.

Not long afterwards, in the spring of 1858, a respectable middle-aged widow, keeping a greengrocer's shop in Kingsmead Street, came under my care on account of excessive weakness, with no discoverable organic mischief. Here my suspicions were soon aroused by the universal and progressive darkening of the skin, and my prognosis was decidedly unfavourable. No remedies had the slightest effect, and she died from simple failure of the heart's action. Dr. Holland, then house-surgeon of the Eastern Dispensary, helped me in the autopsy, which disclosed the remarkable fact that the woman had no supra-renal glands at all! The bronchial glands were transformed into solid knots of inky blackness, so well described by Rokitansky, and the whole mucous membrane of the bowel was darkened by extreme pigmentation. It is remarkable that I have not met with a single case since 1858, which I have been able clearly to identify during life, or verify by examination after death.

A good deal of solid work has been done towards the unravelling of this curious disease by Dr. Wilks, Dr. Greenhow, and several others. Dr. Greenhow's lectures are especially deserving of study. Two points seem clearly made out:— (*a*) That the disease of the glands is something *sui generis*, and not tubercle; (*b*) That the disease may kill before it has reached the stage, so to speak, when the capsules are involved.

Is there any kinship between this affection and that equally strange disorder, *anæmia lymphatica?* in which a strong man or woman may suddenly fall away and die, without loss of flesh, but simply from syncopal exhaustion; so-called restorative medicine and food, doing no more good than so many rations of cold water.

Gentlemen,—I invite you to co-operate with me in making this session of our Pathological Society a real success. It is a regret with many of us that so few of our Medical brethren in Bath show sufficient interest in our proceedings to be present at our meetings; but we may fairly expect our junior brethren to help us a little by occasionally bringing specimens, and taking part in our discussions. In the changing modes and fashions of our day, there is a danger of hard work becoming an extinct art—hardwork, I mean, of the old sort, and not that hard work in play, which is one of the characteristics of our generation. I am aware of the imperative and unavoidable necessity of going to balls, routs, dinners, and supper parties; pathology has a poor chance when put by the side of such attractions as these. I venture, however, to offer a humble plea on behalf of a useful branch of science—useful to us Medical men in many ways. For death is always working its devastation and ruin, and even the oldest among us will acknowledge that he has never seen two cases exactly alike, or ever found quite the same morbid results in any two cases after death. And so we are learners, or may be learners, to our latest day. Pathology is not merely a subject to gratify a stupid curiosity, but its final aim is to make us better practitioners, as regards the diagnosis of disease, and more skilful to allay human suffering.

I thank you for so kindly listening to this short address, and for the honour done me in electing me president of your society for the ensuing year.

OBSERVATIONS ON FEVER.

Being abstract of Lectures delivered in Dr. Steevens' Hospital.

By Thomas Wrigley Grimshaw, M.D.Dub.,

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Reported and Edited by Henry Tweedy, M.B.Dub.,

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(*Continued from page 503.*)

The essential cause of typhus is overcrowding. Many examples of this are to be found in the various works on fever, and my recent investigations as to the distribution of fever in Dublin have led me to give this statement my fullest concurrence.

In the lecture already referred to I have adduced several most remarkable and well-established cases of typhus originating from this cause. It may also arise directly from contagion, and it is by far the most contagious of all the continued fevers. A proof of this is furnished by the fact that nurses employed in fever hospitals rarely escape unscathed. Thus we find that the majority of those in Cork-Street Hospital are attacked with typhus fever shortly after entering on their duties there, while cases of enteric are scarcely ever met with under like conditions.

The exciting cause of enteric fever is now well known to be connected with the introduction of decomposing fæcal matter into the system by the mouth. What may be the exact product of decomposition which gives rise to this formidable disease has not yet been ascertained. It has, however, been satisfactorily proved that this principle, be it what it may, can enter the system in the form of contaminated food or drink, or as a miasma in the air itself. In the lecture before alluded to I have drawn attention to the fact that enteric fever has been propagated by means of water tainted by sewage, by milk adulterated with animal matter, and, as a matter of course, by fæcal matter. The recent illness of H.R.H. the Prince of Wales has been justly attributed to fæcal miasm. Many examples of the connection of this disease, with the drinking of water, impregnated with sewage matter, are to be found in the reports of the Medical officers of the Privy Council for England.

I may here adduce, as an example, an instance which I recently met with when in attendance on a large educational establishment in this city. I need not mention the institution by name, but it will doubtless be recognised by some. In one of the buildings connected with this establishment lectures are delivered, which are attended by pupils of both sexes for several hours each day. An epidemic of enteric fever broke out among the males, but none of the females were attacked. It was manifest, therefore, that the cause of the fever affected the males exclusively. These were divided into two classes; one set occupied the building in which the lectures were delivered, and the other lived in a separate house in an adjoining street. Both sets, however, caught fever, so it was manifest that the exciting cause was common to both. Now the only condition common to both, was the frequenting of the building where the lecture rooms were, but the females were constantly in the same building and did not get fever. Therefore it was not merely the building itself, but some particular part of it where the cause existed. This was soon discovered, for I found that the latrines which were used by the males, but not of course by the females, were so badly drained that twice daily, at the rise of the tide, the drainage was driven back into the area in which the latrines were situated, thus poisoning the atmosphere of the place, and the result was, as might be expected, enteric fever, and that, too, of a very fatal type. Enteric fever may spread by contagion; this, however, seems to be of a peculiar character, viz., to be derivable only from the discharges from the bowels of an infected person, which can, of course, be obviated, by using ordinary precautions. The physician, however, in treating cases of this disease, may fearlessly approach his patient's bedside, as cases are but rare where the fever is caught in this manner; indeed, I only know of one instance where I believed enteric fever to have spread from one patient to another; that case I am sure some of you recollect.

Having disposed of the causes of typhus and enteric, we will now consider shortly the origin of relapsing fever. We naturally ask, "what gives rise to it?" The answer is, beyond all question, *starvation*. It is scarcely ever heard of except in times of want and scarcity of food. In Europe it has always followed periods of famine and dearth. In our own country its ravages aggravated the horrors of the famine years, 1817, 1846, and 1847. Later than this, it appeared in Silesia under similar circumstances, and I believe that Lancashire was only saved (and that not entirely) from a similar visitation, as a sequence of the cotton famine of 1862 and the following years, by the munificence and liberality of the British nation during that great crisis.

With all due respect to the great physicians who were my predecessors in the treatment of fever in this country, I must candidly express my belief that they did not sufficiently distinguish between typhus and relapsing fever.

We hear of the famine fever relapsing, and we hear of it "relapsing into typhus." Now I cannot give my concurrence to this statement. That patients labouring under relapsing fever were attacked with typhus I certainly do believe, but I am convinced that they caught it and too often died of it in hospitals, whither they had been brought to be cured of their first disease.

It is no argument to say that the relapse was typhus with maculæ, although the first exacerbation had been fever without maculæ, when the patient had passed through his first fever alongside a typhus patient, from whom he had every opportunity of contracting that disease; and I must also assert, in opposition to certain authorities who maintain that one form of fever is a certain prophylactic against another, that I have seen a patient suffering from enteric fever get typhus in precisely the same way.

The true relation between typhus fever and relapsing is this: that both are liable to spread at the same time, since dearth, giving rise to starvation, promotes one form, while overcrowding, another result of the same lamentable state of things, produces the other, and accordingly both prevail at the same time and are liable to attack even the same individual. This is also true of typhus and enteric, for where we find the causes of both in existence at the same time, we may, as in the former case, find both diseases attacking the same person contemporaneously. In proof of this statement, I may mention that I recently published, in the *Irish Hospital Gazette*, cases of a family, of whom some members had typhus, some enteric, and some both forms of fever contemporaneously, and when I went to examine the place from whence the patients came, I found in the overcrowded condition of the house and the bad drainage, not to go into further particulars, quite sufficient evidence to account for the fact. I have now endeavoured to point out the main features in the etiology of fever, and our next lecture will be devoted to the examination of the symptoms of the varieties of continued fever and their differential diagnosis.

◆

ANALYSIS OF A WELL-WATER FROM CLONTARF.

By Thomas Abbott,

Exhibitor in the Royal College of Science, Dublin.

This well-water which I examined is from a district of the Clontarf township, which is not very densely inhabited; the well is consequently not surrounded by many cess-pools and therefore the composition of the water is indicative of the dangers which may attend the employment for domestic purposes of the well-waters of Dublin and the neighbourhood, when the wells are situated in densely populated districts. As the soil of Dublin appears to be exceedingly porous, the sewage matter filters into the wells bright and clear, it is true, but charged with soluble albuminous bodies and other substances. The water contains a very large proportion of nitrogen in the form of nitrates and nitrites, this accounts no doubt for the much smaller amount of albuminoid substances than would otherwise be present, as it is highly probable owing to the large quantity of earthy carbonates in the water, a quantity of the nitrogen of the albuminous substances has been oxidized and is thus found in the form of nitrates and nitrites.

The water contains a large quantity of free carbonic acid which renders it bright and sparkling; the family who own the well were led by this deceptive appearance to regard the water as far superior to the Vartry water, for most domestic purposes; this is a forcible illustration that the senses of taste and sight are not always infallible guides.

The following are the constituents I estimated in the water; the weights of the substances are given in grains for one gallon of the water:—

	Grs. per Gal.	
Free ammonia . . .	0·0056	
Albuminoid ammonia . .	0.0070	
Nitrogen in the forms of nitrates and nitrites . . .	7·1820	
Chlorine	6·585	= 10·852 of chloride of sodium.
Total solid matter. . .	80·50	
Permanent hardness .	27°·9	43°·6 of total hardness.
Temporary hardness .	15°·7	

The examination of this and the Vartry water was conducted in the Laboratory of the Royal College of Science under the direction of Professor Galloway.

◆

STONE IN THE BLADDER.

We continue from our issue of June 4th the remarks contained on this subject in the interesting "Report on Tennessee Surgery" by Dr. T. W. Briggs. This report is one that contains much matter of historical as well as practical interest, and we are aware that the extract we have already made has been received with pleasure by a considerable number of our readers, to whom our American contemporaries have not been accessible.

Before I leave the subject of lithotomy, I would call the attention of the Society to some interesting facts connected with some of my cases.

In one case—Mr. Stanley, of Kentucky—over a week from the date of the removal of a very large stone, a small stone passed from the kidney to the bladder, with great pain, and was discharged through the perinæal wound before it had healed.

In another case, a negro boy belonging to Gen. Harding, two years after a successful operation and complete immunity from suffering, was seized with paroxysms of stone, which continued until an abscess formed in the cicatrix; in a few days the abscess broke, and the end of an oblong calculus protruded, and was expelled spontaneously, the mother of the boy refusing to allow me to remove it with the forceps.

In 1868, I operated on the son of Mr. Douglass, of Nashville, after satisfying myself and all the physicians present—ten or twelve in number—by the touch, and by the click, of the presence of stone; found no stone, but calcareous deposit, imbedded in the mucous membrane of the bladder, which I scraped off with a scoop. My little patient not only recovered from the operation, but from all symptoms of the disease. Dr. Eve's forty-ninth case is similar in most respects.

During the last winter, three cases of stone, aged respectively two, four, and five and a-half years, were presented to our Medical class, and sounded. The calculus was detected in each instance, and, singularly enough, was passed out by the efforts of the bladder in a few days after sounding, in each case.

In the *Nashville Journal of Medicine and Surgery*, vol. vii., page 101, I find the following unique and interesting case, reported by J. S. Dyer, M.D., one of our most distinguished physicians, now residing in Hartsville, Tennessee:—

"In September, 1846, I was called to see Wm. Green, æt. 9, of leuco-bilious temperament. On getting the history of his case, I learned that he had had difficulty in passing his urine from the age of three months, if not from his birth. He was suffering with all the symptoms common to urinary calculus.

"Being without instruments, I prepared a sound of common bucket wire, about four lines in diameter. Thus equipped, my partner, the late Dr. Jas. M. Jetton, and myself, set out to visit our patient, and explore the hidden recesses of his urinary bladder. On introducing the sound we came in contact with the stone. Finding it very difficult to pass the sound under it, we feared it was encysted. The parents were very anxious to have the stone removed. Dr. Jetton had successfully performed some important operations. Emulous of professional eminence, and encouraged by myself and other friends, he determined on operating. For this purpose our friend, Dr. F. H. Gordon, of Rome, was called to assist. He brought his lithotomy instruments, save the largest sized forceps, those being thought too large for the size of the pelvis.

"On the 10th of October, in the presence of a large crowd of neighbours and physicians, at 11 o'clock, a.m., the operation was commenced by Dr. Jetton in the usual way of performing the lateral operation. Nothing unusual occurred, save a slight laceration of the urethra, causing it to bleed on introducing the grooved staff, until the bladder was entered and an attempt made to grasp and withdraw the stone. It proved to be too large for the forceps. When partially seized, the blades of the instrument would slip off. For a long time the doctor tried to grasp the stone, but with no other effect than to scrape off the soft external surface and punish the poor little sufferer. The stoutest hearts failed. The tear of sympathy was seen in the eyes of those who seldom wept.

"Fatigued and desponding, the doctor requested Dr. Gordon to take the seat and try to extract the stone. Dr. Gordon complied, and after two or three fruitless efforts to grasp the stone, he laid aside the forceps and introduced the index finger to ascertain the shape and size of the calculus. Finding it uncommonly large, he raised it on the finger, so as to make it project the abdomen above the pubis, and show its full size to the crowd. It was about the size of a large turkey-egg, completely filling the cavity of the contracted bladder. Dr. Gordon then arose from the seat, and declared that no instrument present could remove the stone.

"A council was then held. Some urged that the operation ought to be suspended. But to leave him in this situation, death was inevitable. It would have been better to die under the operation than to linger out a few more days of painful suffering. The fear of censure, the love of approbation, or benevolence to suffering humanity, urged a continuation of efforts. Dr. Gordon proposed to cleave the stone with the spindle of a common spinning-wheel, which was present. With that suggestion the writer was at once gratified, and convinced that the little sufferer might yet be relieved, and cordially urged its adoption.

"Dr. Jetton made further efforts to crush and extract the stone with the forceps. In the meantime the spindle was procured and prepared by Dr. Gordon, by filing the smaller end in the shape of a stone-cutter's chisel, and not perfectly sharp. The writer proposed it should be wedge-shaped, with a short bevel, and perfectly sharp, which was readily adopted; and Dr. Gordon soon reduced the instrument to that shape. He then placed the spindle and a hatchet on the table, saying to Dr. Jetton, 'Here are your instruments, and the only ones at hand capable of removing the stone.' Dr. Jetton feared that the instrument might puncture the bladder, or that the force requisite to cleave the stone might bruise and cause it to slough. It was insisted that both these accidents might be avoided, by grasping the spindle firmly around the whirl with the left hand, and resting it against the ischii of the boy, so that a blow with the hatchet could force the spindle no farther than the approximation of the metacarpal bones of the hand would permit.

"Dr. Jetton now gave the plan a trial, and being much fatigued, requested Dr. Gordon to take the seat again, which he did. With severe pain to the boy, he succeeded, with the right index finger, in placing the long diameter of the stone at right angles with the incision; then having made a blow so as to imprint the edge of the little chisel across the stone, he always felt with the chisel, before each blow, for the cut he had made, and placed the chisel in it. In this way he clove the stone into two nearly equal parts, by means of *between fifty and one hundred heavy blows*. Introducing the largest forceps in the set, except one, he grasped one half of the stone with both hands upon the handles, but could not crush it. Dr. Jetton then grasped the handles also; so that both of them grasped with all their power. After bending and straightening the handles several time, they succeeded in breaking the half of the calculus into several large fragments, which were still too large to be passed through the wound. Each fragment required great force to crush it, so hard was the stone. Drs. Jetton and Gordon thus continued to operate conjointly and alternately till the whole calculus was crushed and extracted. The fragments of this huge stone filled a common-sized teacup.

"Thus ended an operation commenced with a bucket-wire for a sound, and finished with a wheel-spindle. After sunset the little patient was put to bed and an opiate administered. Visited next day and found with some fever. On the following day, erysipelatous inflammation about the wound, which yielded readily to saturine lotion. Recovery rapid, but passed the urine and fæces through the wound, for the rectum proved to be injured. In a few days the fæces measurably ceased to pass by the wound, but the urine continued to pass through the fistulous opening that followed. No one thought he would recover. All rejoiced that he did not die under the operation. The fact that he had been inured to hardships and suffering from infancy must account for his extraordinary recuperative constitution. A boy raised on fine carpets and feather beds could not recover from such an operation. Yet Billy Green recovered. Yes, he not only recovered, but the fistulous opening healed; and twelve months after the operation, for the first time, he passed his urine per urethram.

"Just twelve months after the operation I was called up by the boy's father, and told that his son was as bad off as ever—that 'he could neither pass his water by the cut nor the natural way.' Armed with a silver catheter, I set out to try to relieve my little friend. Arrived at day-break. Billy met me at the door.

"'Too late, Doctor; too late this time.'

"'Why, Billy?'

"'I've passed it already; I heard it rattle down on the leaves at the door.'

"'How, Bill?'

"'Why the old way.'

"In order to be certain that he was telling me the truth, he was placed on the bed, and the catheter introduced without any difficulty—two tablespoonsful of urine drawn off. The fistula was filled with a fibro-gelatinous substance.

"Three months after this I saw the boy frequently during two weeks, when passing his father's camp on the river. His health was good, though he complained of some burning in the urethra when passing his urine. His father moved off. I have not heard from him since.

"This case has not been the means of fame to the operators, though it terminated so favourably under such unfavourable circumstances. Had the operation been performed in eight or ten minutes instead of more than seven hours, the principal operators would have been lauded to the skies, whether the patient had ever been allowed to use his urethra or not."

LITHOTRITY.

It may seem strange that, in speaking of the operative treatment of calculus, so little mention has been made of lithotrity. The removal of stone from the bladder by a comparatively painless operation, without injury to the bladder or other soft parts, is a surgical feat which cannot be too highly commended; and it is, without doubt, the duty of the surgeon to make himself familiar with the practice both of lithotomy and lithotrity, and to adopt the one which promises the best in the particular instance with which he has to do. In determining this point, it is necessary to ascertain those circumstances which influence the result in each case. After an examination into the condition and surroundings of stone-patients in our State, it will not be astonishing to those who understand the subject, that so few have been submitted to the crushing process.

In the first place, a large majority of calculous patients are children under ten years of age. With these, lithotomy is so successful an operation, that the surgeon would gain nothing by substituting lithotrity for it, even if there were no difficulties in the latter mode of operation with this class of patients. In the second place, when stone exist in the adult, application for relief is seldom made until the stone has become very large, the bladder inflamed and irritable, and the general system prostrated and shattered—circumstances which are not favourable to the crushing operation.

Thirdly, when a case presents, which is well suited for the crushing operation, it often happens that the patient's circumstances are such that he cannot spend the time necessary for the repeated sittings.

And lastly, our stones are often so hard that they are not well adapted for crushing.

The number of cases operated on by lithotrity are as follows :—

	Age.	Number of Sittings.	Result.
Prof. Eve.	20	—	Recovery
	30	1	"
"	38	20	"
" Buchanan	65	3	"
Prof. Maddin	38	—	Recovery.
" "	32	—	"
" "	40	—	"
Dr. J. R. Buist.	28	38	"
" Briggs	40	4	"

I attempted the operation in two other cases, but abandoned it, because the patients would not submit to the delay necessary. They were lithotomised successfully.

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Reports

ON

DISEASES OF THE THROAT.

Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

HISTORY OF LARYNGOSCOPY—(*Continued from page 508.*)

Babington. Bennati. Trousseau and Belloc. Sellique. Recent writers.

There still remain two or three lacunæ to fill up in the sketch I have given.

Soon after the late Dr. Babington, a Parisian physician, Dr. Bennati, employed an instrument made for him by a skilful workman, who was under his care for laryngeal disease. This fact was brought before the Academy of Medicine of Paris by Messrs. Trousseau and Belloc, in their classical work on "Laryngeal Phthisis," which is included in the "Memoirs of the Academy, &c.," 1837, vol. vj.

At a later date Trousseau reverted to the subject in his clinical lectures. Speaking of œdema of the larynx, he observes that it is unquestionably of importance to ascertain the existence of lesions, and then adds :—

"Examination of the larynx by a suitable speculum was felt to be a likely means of attaining this end. Long prior to 1837, when Dr. Belloc and I published our treatise on laryngeal phthisis, this idea had engaged the attention of practitioners; and at the date of our publication we were occupied with the construction of a *speculum laryngis*. At that time likewise M. Selligue, an ingenious mechanician, who was also a sufferer from laryngeal phthisis, made for his physician, an apparatus consisting of two tubes, one for throwing light on the glottis, and the other for affording a view of the image of the glottis, as reflected in a mirror placed at the guttural extremity of the instrument. There were, however, serious defects in this instrument; and the difficulties in applying it were so great that I long since ceased to use it. Laryngoscopy has been carefully studied in England and Germany; and you can read in the *Archives Générales de Mèdecine* for February 1860, an account by my friend, Dr. Lasègue, of the results arrived at by our colleagues on the other side of the Channel, and beyond the Rhine. When laryngoscopy shall have attained a greater degree of perfection, it will no doubt render service not only in the diagnosis but also in the treatment of laryngeal affections—particularly in the treatment of œdema of the glottis, for sight ought certainly to assist the hand in the application of the topical remedies which are of such essential importance in treating that affection" (*a*).

(*a*) "Trousseau's Clinical Medicine." New Sydenham Society's edition. Lecture xxvi., vol. iii., p. 98. Translated by J. R. Conrad M.D.

Levret called (*a*) his instrument a *speculum oris*, and it is designated by a modern writer who has described and figured it (*b*) a pharyngoscope. It certainly cannot be properly called a laryngoscope, for it could never illuminate the larynx however useful it might prove in the operations for which it was designed. It merely combined a gag with a tongue depressor, and a mirror to reflect the polypi. It was in fact an improvement on the *specula oris* in use before Levret's time, one of which was figured in the works of Ambrose Paré in 1641, while others were mentioned by still earlier authors; but all these early instruments may be looked upon as either tongue-depressors or mouth gags, in combination with simple mirrors, such as dentists have used from the earliest times. These certainly ought not to be spoken of as laryngoscopes.

In a foot note in his work just cited, Dr. Gibb claims to have used a steel mirror for inspecting the laryngeal surface of the epiglottis and other parts by direct light, a year before Czermak's first visit to London, and tells us that he figured it in 1860. This, however, was after the announcement of the discovery of the laryngoscope had been made in Germany and France. Indeed, Dr. Mandl's French translation of Czermak's work, from which Dr. Gibb translated it into English (*c*), was dated 1860, and that work was described by its author as a second edition of all the articles he published in various journals during 1858 and 1859.

My own use of a laryngoscope, in treatment as well as diagnosis, was four years earlier, as already shown.

An article has lately been published by Dr. G. Troup Maxwell (*d*), in which he claims for himself and for America the honour of having invented the laryngoscope. He says that "in the fall of 1858" he began to study diseases of the throat under the late Dr. Horace Green, to whom he he expresses obligations for his "marked courtesy" and admiration of his "transcendant skill." After "several months" Dr. Maxwell returned to his practice, and "in the beginning of 1859" devised an instrument and made a model. This he sent to Messrs. Tiemann and Co., with directions to make one, telling them for what purpose it was designed. "In the early part of November, 1859," Dr. Maxwell received his instrument and immediately used it. At first the mist from the breath dimmed the mirror, but he thought of warming it, and so, he says, "I was not long waiting to see my fondest hopes crowned with complete success, for in my mirror were reflected perfectly the whole of the posterior face of the epiglottis, the glottis with the vocal cords, &c." With this success, however, the author says he did not appreciate its importance, until he read, the next year, the encomiums passed on Czermak for obtaining the same results.

Dr. Maxwell claims—1. Originality as an inventor. 2. Priority in the successful employment of the laryngoscope in America. Both these claims may be freely admitted, but it seems necessary to remind him, that neither Türck nor Czermak were the first to see the vocal cords. Dr. Maxwell says he has since informed himself of the experiments of Liston, Garcia, and others, and strangely enough says, that at that time Czermak's results had not been made known in Europe, but his first public announcement was made in Paris, in April, 1860. It is likely enough hat this may have been the first intimation given by American journals, but those results were completed and ublished in Germany during the two previous years.

Czermak tells us (*e*) he began his laryngoscopic experinents in the winter of 1857, his object being to obtain a lear idea of the mode of producing the Arabic *true gutturals*, and to verify and complete Garcia's physiological investigations. He adds that by a new method, viz., using artificial light and a large opthalmoscopic mirror, he soon discovered the practical value of the laryngoscope, and his first paper was printed in the *Wien. Med. Woch.*, March 27th 1858.

The labours of Türck (*a*) and Czermak stimulated a number of other able observers to devote themselves to laryngoscopy, and the result has been an advance in the art without parallel. Among the first to follow up the subject, was Störk (*b*), who still works at Vienna, where he has been re-inforced by Schrötter (*c*) and others. Indeed, Germany has contributed more to laryngoscopal literature than other countries, as may be seen from the works of Semeleder (*d*), Tobold (*e*), Bruns (*f*), Lewin (*g*), Gerhardt, and a host of zealous writers.

In France, Mandl, Fauvel, Krishaber, Fournié, and others previously quoted, have carried on the work.

Italy, and some other countries, have followed closely in the steps of Germany and France.

In England, we have not been slow to profit by what has been done abroad, and to contribute our full share to the progress of the art. Several names have already been cited, to which may be added those of Scott Alison, Durham, Smyly, Marcet, Windsor, E. Watson, Sieveking, Norton, and others.

Beyond the Atlantic our American brethren have been equally industrious. Elsberg at an early date took up the subject, and was succeeded by Oliver, Cohen, and several others, amongst whom I am happy to number some of my own pupils.

* * *

THE Dublin *Freeman's Journal* publishes the following paragraph. We have heard nothing of the case, but give the quotation *quantum valeat*:—

A case of great interest to the Medical Profession will shortly occupy the attention of one of the superior courts. It appears that a certain eminent solicitor of a northern district while on a visit with a friend was thrown from his horse while out riding. A doctor was at once summoned, who prescribed for the patient, and continued in attendance for some time. The patient, however, not improving, another doctor was called in; but even this additional Medical aid did not, it would seem, do much good. The state of the patient became so alarming that his wife summoned the family physician, and this gentleman having made a careful diagnosis, declared the unfortunate gentleman's hip bone to be broken. The patient alleges that this escaped the observation of the Medical gentlemen first in attendance, and for their alleged unskilful treatment, and for the suffering and agony it caused, it is his intention to implead them. On behalf of these gentlemen, it should be mentioned that they distinctly deny the truth of the facts as stated by the patient. The result will be litigation.

(*a*) "Observations sur la Cure Radicale de Plusieurs Polypes de la atrice, de le Gorge, et du Nez." Paris, 1749.

(*b*) "The Laryngoscope in Diseases of the Throat." By George uncan Gibb, M.D., 1864.

(*c*) "New Sydenham Society." Vol. xi. Selected Monographs, 1861.

(*d*) "*Medical Record.*" New York, Jan. 15th, 1878.

(*e*) Czermak (J. N.), "der Kehlkopfspiegel, u. s. Verwerthung für ysiologie und Medicin." Leipsic, 1860.

(*a*) Türk (L.), "Prakt. Anleitung zur Laryngoskopie."

(*a*) Türk (L.), "Klinik d. Krankh. des Kehlkopfes und der Luftröhre nebst einer Anleitung zum Lehr des Kehlkopfrachen Spiegels."

(*a*) Türk (L.), Atlas des Ebend. Wien. 1866.

(*b*) Störck (C.), "Zum Laryngoskopie." Wien, 1859.

(*c*) Schroetter (Dr.), "Jahresbericht der Klinik fur Laryngoskopie an der Wiener Universität." Wien. Braumueller, 1870.

(*d*) Semeleder (F.). "die Laryngoskopie und ihre Verwerthung für die ärztliche Praxis." Wien. Braumuller, 1863.

(*e*) Tobold (A.), "die chron. Kehlkopfkrankheiten mit spec. Rucks. auf Laryngoskopische Diagnostik und locale Therapie." Berlin, 1866.

(*e*) Tobold, "Lehrbuch der Laryngoskopie und die lokal therapeut. Verfahrens bei Kehlkopfkrankheiten, 1863.

(*f*) Bruns (R.), "die erster Ausrottung der Polypen in der Kehlkopfhöhle durch Zerschneiden ohneblutige Eroffnung der Luftwege."

(*f*) Bruns (V. von), "die Laryngoskopie und die Laryngoskop. Chirurgie mit anleitung." Tubingen, 1868.

(*g*) Lewin (G.), "Klinik der Krankheiten des Kehlkopfes." Berlin, 1863.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

By Walter Rivington, M.S. Lond., F.R.C.S. Eng.,
Surgeon to the London Hospital and Lecturer on Anatomy at the London Hospital Medical College.

Lecture VI.—*Continued.*

A few words may be said about *development*.

The *Innominate Bone* was originally fashioned in cartilage, having a resemblance to the general shape afterwards characteristic of it. In this cartilage three ossific joints appear—one for the Ilium above the Cotyloid Cavity, one for the Ischium in the upper part of the Descending Ramus, one for the Pubes near the Ilio-Pectineal Eminence. The points are deposited in the order of enumeration, and are all present by the fifth month of fœtal life. At birth the Crest of the Ilium, the conjoined Rami of the Pubes and Ischium, the Ischial Tuberosity, and a large part of the Acetabulum, are still cartilaginous. The parts subsequently developed as Epiphyses are the Crest of the Ilium, the Anterior Inferior Spine, the Tuberosity of the Ischium, the Symphysis Pubis, and the piece of cartilage which, shaped like a Y, joins the three bones at the bottom of the Acetabulum. Ossification commences in each of the Epiphyses at or near the age of puberty, and the whole bone is consolidated by the twenty-fifth year.

We may thus exhibit a—

TABULAR VIEW OF THE ANATOMY OF THE INNOMINATE BONE.

The Innominate Bone, constricted in the centre, expanded above and in front, possesses ... } Two Surfaces, an external and an internal; Four Borders, superior, inferior, anterior, posterior.

Surfaces and Borders.	Main Objects.	Secondary Objects and Particulars.	Attachments and Relations.
External Surface.	The Acetabulum or Cotyloid Cavity, hemispherical, ...	A semi-lunar surface for cartilage	The Head of the Femur is accurately adapted to this surface.
		A non-articular depression about the size of a florin	Lodges the gland of Havers.
		A Rim	Attaches Cotyloid Ligament which deepens the cavity.
		The Cotyloid Notch, very large and depending	Crossed by transverse ligament, which converts it into a foramen for nutrient vessels.
		The Ilio-Pubic Notch, shallow above and	Lodges Ilio-Psoas muscle.
		The Ilio-Ischiatic Notch on the outer edge.	
		An outer surface, convex, foraminiferous	Attaches Capsular Ligament.
Above Acetabulum ...	The Dorsum Ilii	A rough impression	For external tendon of Rectus.
		Three curved lines: Superior ...	Short, begins two inches from posterior end of Crest.
		Middle... ...	Longest, begins one inch from anterior end of Crest.
		Inferior ...	Indistinct, begins at or near anterior end of inferior Spine.
		Three spaces or impressions: Superior ...	For Gluteus Maximus,
		Middle... ...	Medius, and
		Inferior ..	Minimus, respectively.
Behind Acetabulum ...	The posterior surface of the Ischium, convex in each direction and quadrilateral	The Spine of the Ischium ...	Gemellus Superior.
In front of Acetabulum...	Thyroid, Obturator, or Oval Foramen	Has a sharp margin, continuous below but discontinuous above to form the external and internal lips of	Attaches Obturator Membrane.
	Bounded by—		
	(1), above, Horizontal Ramus of Pubes—prismatic or triangular, three surfaces, three borders	The Obturator Groove, marking the inferior surface of that process which	Lodges the Obturator Vessels and Nerve, and is converted into a foramen by the upper edge of the membrane.
	(2), internally, Body of Pubes—flat, two surfaces, two borders; and the conjoined	Is continuous with a flat plane surface narrowing below	Attaches Adductor muscles of Thigh—Long, Short, Great, Slender, and External Obturator.
	Descending Ramus of Pubes; and Ascending Ramus of Ischium	Inner margin, everted, and marked more or less distinctly by a Ridge indicating the point of junction of the Rami	Attaches some of the Adductors also.
	(3), below, part of Body of Ischium.		
Below Acetabulum ...	Descending Branch or Body of Ischium	A Groove is placed between the Acetabulum and the Tuberosity	Lodges the tendon of Obturator Externus.

ANATOMY OF THE INNOMINATE BONE.—*Continued.*

Surfaces and Borders.	Main Objects.	Secondary Objects and Particulars.	Attachments and Relations.
Internal Surface, divisible into two portions, Iliac and Ischio-Pubic.			
(*a*) *Iliac Portion* ...	Posteriorly, Auricular Surface ...	Two limbs, a superior shorter, nearly vertical—an inferior, longer, nearly horizontal, meeting at a prominent angle or bend; the surface is very uneven, and has a prominent rim above, in front a pit, then a ridge, then a semilunar groove overhung by	Covered by a plate of cartilage corresponding to another on the Sacrum, to which it is accurately fitted.
	Iliac Tuberosity	A large prominence, sometimes convex, sometimes sharp; whole surface uneven.	Attaches strong posterior Sacro-Iliac Ligaments, and overlaps Dorsal Surface of Sacrum.
	Above in front, Iliac Fossa (internal)	A smooth, thin, concave plate of bone forms the floor of the Fossa. Nutrient Foramen in front of Auricular Surface, and a little above the Ilio-Pectineal Line.	Gives origin to fleshy fibres of Iliacus, and is covered by a thick Periosteum.
	Ilio-Pectineal Line	Continuous with Ridge on Sacrum; a rounded arcuate line or border on the Ilium, a sharp ridge on Pubes bounding a smooth, triangular, concave surface, and ending at Crest of Pubes.	Forms the brim of true Pelvis, and separates it from the false Pelvis; it is a curved Rib which bears the pressure transmitted from Sacrum.
	Portion of True Pelvis	A strip of bone behind and above Sciatic Notch, and above the Ischium, with which it is continuous.	
(*b*) *Ischio-Pubic Portion*	Obturator Foramen	Oval in male; more triangular in female; long diameter from above downwards.	
	bounded by—		
	(1), *posteriorly,* Internal Surface of Ischium	Smooth, quadrilateral bearing Spine; Y-shaped, rough, faint lines, indicate junction of Ilium, Ischium, and Pubes.	Spine of Ischium attaches small Sacro-Sciatic Ligament, Levator Ani, and Coccygeus; Surface in front attaches Obturator Internus muscle.
	(2), *above,* Posterior Surface of Horizontal Ramus of Pubes...	Smooth.	Attaches Obturator Internus.
	(3), *internally,* Do. of Body of Pubes	Smooth.	Attaches Levator Ani.
	Do. of Ramus of Pubes ... Do. of Ramus of Ischium ...	Smooth and rounded.	Attaches Compressor Urethræ, Crus Penis, Transversus Perinæi, Erector Penis, and Obturator Internus.
	(4), *below,* Lower part of Body or Descending Branch of Ischium	Traversed by Pudic Groove.	Gives passage to Pudic vessels and Nerve.
Superior Border ...	Crest of Ilium	Sinuously curved outwards in front, inwards behind; of varying thickness.	
		Three lips — External lip ...	Attaches Tensor Vaginæ Femoris, Obliquus Externus, Abdominis, and Latissimus Dorsi.
		Middle lip ...	Obliquus Internus Abdominis.
		Internal lip ...	Transversalis, Quadratus Lumborum, and Erector Spinæ.
Anterior Border.			
Is divided into— An upper or *Iliac Portion*	Anterior Superior Spine	A prominent process, which stands against the soft parts.	Sartorius and Poupart's Ligament.
	Notch	A considerable smooth excavation.	Sartorius.
	Anterior Inferior Spine	A well-marked eminence presenting an impression.	Internal Tendon of Rectus.
	Ridge or Buttress of Bone, running to upper part of Acetabulum.		
	Ilio-Pubic Notch	Observed to be continuous with the Iliac Fossa.	Gives passage to Ilio-Psoas muscle.

ANATOMY OF THE INNOMINATE BONE.—*Continued.*

Surfaces and Borders.	Main Objects.	Secondary Objects and Particulars.	Attachments and Relations.
A lower or *Pubic Portion*	Ilio-Pectineal Eminence	A prominent convex ridge, eminence marking the junction of the Ilium and Pubes.	Attaches Psoas Parvus. Femoral Vessels lie near it, and artery can be here compressed.
	Pectineal Surface or Superior Surface of Horizontal Ramus	Triangular, smooth, concave.	Attaches Pectineus.
	Spine of Pubes	Often everted, and overhanging Anterior Surface of Pubes.	Poupart's Ligament.
	Crest of Pubes	An elevated ridge between Spine and Angle.	Rectus, Pyramidalis, and conjoined tendon.
	Angle of Pubes	Point of junction of Crest and Symphysis.	
Inferior Border	Symphysial Surface, oval, 1¼ to 1½ inches deep	Presents rows of mammillary tubercles	
	Everted Margin of Pubes and Ischium.		
	Tuberosity of Ischium	Outer lip	Quadratus Femoris.
		Inner lip	Great Sacro-Sciatic Ligament.
		Intermediate space divided into four impressions for	Adductor Magnus, Great Sciatic Ligament, Semi-membranosus, Semi-tendinosus, Biceps.
		Upper end	Gemellus Inferior.
Posterior Border	Posterior Superior Spine	Corresponds to Iliac Tuberosity on inner side.	
	Shallow Notch.		
	Posterior Inferior Spine	Corresponds to Auricular Surface on inner side.	
	Great Sciatic Notch		Gives passage to Pyriformis, Gluteal, Sciatic, and Pudic Vessels and Nerves, and Nerve to Obturator Internus.
	Spine of Ischium.		
	Small Sciatic Notch		Gives passage to Obturator Internus and its Nerve and Pudic Vessels and Nerve.
	Tuberosity of Ischium.		

Chronological View of Development of the Os Innominatum.

Ossific points, 8;
3 primary,
5 secondary.

Original form	Bone laid down in cartilage.
2nd or 3rd month	Nucleus for Ilium appears.
3rd month	Nucleus for Ischium appears.
4th or 5th month	Nucleus for Pubes appears.
7th or 8th year	Junction of Rami of Pubes and Ischium, which have been ossifying for some years.
At or about puberty appear	Nucleus for Y-shaped cartilrge, " " Crest of Ilium, " " Anterior Inferior Spine, " " Tuberosity of Ischium, " " Symphysial Surface of Pubes.
16th or 17th year	Junction of three primary bones in Acetabulum.
25th year	Completion of the Bone.

From a description of the Innominate Bone to a consideration of the mode in which it is united with the Spinal Column and with its fellow on the opposite side the transition will be natural and easy. Bones, ligaments, and muscles are so very intimately connected that they should be treated in immediate connection with each other, for they reflect upon each other a light which is dispersed into empty space when they are disassociated. Moreover you economise labour and time by studying them together. The common practice is to do first what is called "grinding up" the bones. Necessary it always will be to grind the bones—for like the giant we grind the bones to make our bread—but it is not necessary that this harsh grinding process should merely consist in committing to memory, or cramming into it *by brute force*, the details of the bone, including the names and attachments of muscles and ligaments, of whose actual use or disposition nothing is to be learnt for months to come. The bones are generally proceeded with throughout in this fashion, and the consequence is that what is termed knowing the bones consists in a mere ability to repeat in parrot fashion what is set down in some favourite text-book. The attachments of muscles are given in the same way and very often in the same order as in the text-book, so that the least break in the chain is quite fatal to the performance of the task, and if interrupted the student has to go back to some point from which he can start afresh and finish his repetition. His knowledge is not real knowledge, for it is knowledge only on one side. Reverse the connection and his knowledge disappears. Ask a student what muscles are attached to the Crest of the Ilium, and he may repeat them off in regular sequence, "to the external lip the Tensor Vaginæ Femoris, External Oblique, and Latissimus Dorsi, to the middle lip"—and so on perhaps without a flaw; but try and get him to look at this knowledge from the other side, ask him where is the External Oblique muscle, or any other muscle, attached, and he will often be totally unable to answer.

Of course, we must begin somewhere, and we must make use of the memory and make use of it to a large extent in the study of anatomy; but let us not throw the whole burden, or even the greatest part of the burden, on the memory. If we tax the memory at the outset, let us not be satisfied until the understanding relieves it of the strain. The cultivation of the memory alone will not be of sufficient service to you in the practice of your profession. It is a profession which demands for its successful pursuit the cultivation of the reason and the judgment. Memory is good, but understanding is better and higher than memory. If, therefore, you have memory, be thankful for it, and use it and get what you can out of it; but "with all your getting get understanding." You need not fear to fail in the effort, for I know of no obstacle which should prevent you from proving the fallacy of the poet's dogma—

> "Thus in the mind where memory prevails,
> The solid power of understanding fails;
> Where beams of warm imagination play,
> There memory's soft figures melt away."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 18, 1873.

HOSPITAL SUNDAY.

HOSPITAL SUNDAY has at last taken its place among our institutions, and London has placed itself on the same level as some of the larger towns in reference to the great charities. Not that there has ever been any want of charity in the metropolis, but that this particular method of collecting has not before been tried. The older hospitals with their endowments are, of course, the richest. Thus, St. Bartholomew's acknowledges an income of £40,000, and St. Thomas's and Guy's have each equal resources. The great East end charity—the London Hospital—having less endowments, has only £26,000 a year, and wants at least double to carry on its work. It has £200,000 invested, and the appeal now being made on its behalf seems likely to be successful.

St. George's and St. Mary's have each £15,000 a year. King's College, University, and the Royal Free are in the receipt of £12,000 a year; the Charing-cross, of £10,000; and the Westminster, of £7,000. Out of sixteen general hospitals, the returns of fourteen show, in the aggregate, an annual income of £220,000. Among hospitals for consumption and diseases of the chest, six give a return, as a whole, of £40,947 as the receipts of the year 1870. The institutions for diseases of children show an income of £21,000. Five lying-in hospitals, out of a list of nine, have together £7,500; and the Fever Hospital is able to spend £12,500 a year. The Cancer receives £7,600 a year, and, after the hospitals for eyes, ears, legs, feet, and every part of the body, come the homes of incurables, three of which together receive £34,000 a year.

To return to Hospital Sunday. It is to be remarked that nearly all the churches and chapels in London joined in the effort, and thus, union is the first good that has been achieved. The Press, too, has been unanimous. Indeed, the only remarkable exception among the churches was one under the control of the Benchers of one of the Inns of Court, and the *Spectator* for this speaks of lawyers as deserving the epithet often applied to their volunteers, "The Devil's Own." This, like many other incidents, shows how strong a hold Hospital Sunday has taken on the people.

Curiously enough Birmingham, the home of the Hospital Sunday movement, last week celebrated another institution born there by presenting a testimonial to Mr. Sampson Gamgee, the originator of Hospital Saturday, which has been also successful.

Through Mr. Gamgee's exertions £5,000 was the result of Hospital Saturday in Birmingham, and now he receives a handsome testimonial in acknowledgment of his labours in the cause. This coincidence suggests the thought that when the annual Sunday is familiar with Londoners, the working classes of the metropolis may, perhaps, awake to the thought that they may themselves consecrate a day in the year in which to collect the offerings they owe to the charities whose doors are always open to receive them. Surely, it is desirable they should have the thought brought home to them that it is not the wealthy who benefit by, though they chiefly support, the many hospitals. We think, too, that the noble sum collected last Sunday comes mainly from those who give out of charity, and that it might very well be supplemented by another fund that should partake more of the character of providence.

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METROPOLITAN WATER SUPPLY.

A SATISFACTORY report has been made to the Local Government Board by the water examiner—Mr. Frank Bolton. Some of the companies are now giving constant supply, but the regulations made seem to us to greatly trammel them. In many instances they must operate by restricting the supply. Of course, the companies like this, but the Board is the guardian of the public, and at this season of the year the point is of double importance.

Mr. Bolton tells us that the following regulations made by the Board of Trade, dated 10th August, 1872, refer to future fittings required for constant service, and forbid the use of ferrules to restrict the supply:—

Regulation 12. "Every 'communication-pipe' for the conveyance of water to be supplied by the Company into any premises shall have at or near its point of entrance into such premises, and if desired by the consumer within such premises, a sound and suitable stop-valve of the screw-down kind, with an area of waterway not less than that of a half-inch pipe, and not greater than that of the 'communication-pipe,' the size of the valve within these limits being at the option of the consumer.

"If placed in the ground such 'stop-valve' shall be protected by a proper cover and 'guard-box.'"

Regulation 28. "Except with the written consent of the consumer, no cock, ferrule, joint, union, valve, or other fittings, in the course of any 'communication-pipe,' shall have a waterway of less area than that of the 'communication-pipe,' so that the waterway from the water in the district-pipe or other supply-pipe of the Company up to and through the stop-valve prescribed by Regulation No. 12, shall not in any part be of less area than that of the 'communication-pipe' itself, which pipe shall not be of less than a half-inch bore in all its course."

Regulation 33. "All existing fittings, which shall be sound and efficient, and are not required to be removed or altered under these regulations, shall be deemed to be prescribed fittings under the 'Metropolis Water Act, 1871.'"

Mr. Bolton observes that if the precautions relative to waste-pipes, contained in the following clause of the Board of Trade Regulations, 1872, is carried out in its integrity, it will confer a great boon on the consumer by preventing contamination from the gases generated by sewage, which otherwise are extremely liable to flow back into the cisterns and become absorbed by the water.

Regulation 14. "No overflow or waste-pipe other than a 'warning-pipe' shall be attached to any cistern supplied with water by the Company, and every such overflow or waste-pipe existing at the time when these regulations come into operation shall be removed, or at the option of the consumer shall be converted into an efficient 'warning-pipe,' within two calendar months next after the Company shall have given to the occupier of, or left at the premises in which such cistern is situate, a notice in writing requiring such alteration to be made."

The Act of 1871 provides power to compel the Companies to give constant supply as and when the public authorities may see fit to move. We are inclined to think that it is high time these authorities should put their powers in operation, and give a constant supply over the whole metropolis.

The Water Companies state that they have prepared their mains for constant supply, and they have now 900 miles of such mains continually charged with water ready for constant supply along the whole course. Such supply would be of the highest importance from a sanitary point of view, while no one can doubt that greater safety from fires would result from the constant supply, since it would enable the use of hydrants instead of fire-plugs, and thus more rapidly and effectively extinguish fires. Hydrants might now and for some time past have been substituted for fire-plugs, but they have not yet in any case been supplied.

Remembering that last week the Alexandra Palace was destroyed for want of water, and that only a short time ago lives were sacrificed in a central district from the same cause, we think this point should not be overlooked.

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Notes on Current Topics.

Hospital Sunday in London.

What the ultimate success of this movement which was inaugurated in the metropolis only three days since will eventually become, it is impossible to estimate; but some idea may be formed from the knowledge that to the first appeal made by the Mansion House Committee no less than the ministers of 832 places of worship replied favourably to the invitation, and promised collections in aid of the Hospital Sunday Fund. As an evidence of the universality of the movement we may mention that the list of places of worship was composed as follows:—

Church of England, 416; Church of Rome, 66; Congregationalists, 81; Wesleyans, 71; Baptists, 46; United Methodist Free Church, 36; Primitive Methodists, 35; Jews, 15; English Presbyterians, 12; other denominations, 10; Countess of Huntingdon, 1; Unitarians, 8; United Presbyterians, 5; Society of Friends, 5; Swedenborgians, 5; General Lutherans, 4; Unsectarian, 3; Catholic Apostolic, 2; Free Christians, 2; Methodist New Connection, 2; Church of Scotland, 1; Greek Church, 1; Latter Day Saints, 1; Moravians, 1; Plymouth Brethren, 1; Swedish Protestants, 1; Welsh Calvinistic Methodists, 1. At the Morning service in St. Paul's Cathedral their Royal Highnesses the Prince and Princess of Wales attended privately—a fitting sequel to the Thanksgiving Day in the same building some fifteen months since. The Lord Mayor and civic authorities were also present in State, and again at Westminster Abbey during the afternoon service. Of course, two or three days will be necessary in order to get the complete returns, but up to the time of our going to press, the aggregate amount received by the Committee had already exceeded £10,000.

We propose giving a complete account of the monies received, and the channels through which they have been distributed.

The Surgical Treatment of Aneurism in its Various Forms.

At the Royal College of Surgeons of England Mr. Timothy Holmes, Professor of Surgery and Pathology to the College, is now delivering another course of lectures on aneurism which may be said to be a continuation of last year's course. The main propositions which he endeavours to establish are as follows:—

1. The superiority of the modern method of ligature, with catgut, cut short and buried in the wound, does not preclude the employment of compression.
2. There are forms of carotid aneurism easily curable by compression, and the compression of the carotid artery, though difficult and painful at first, may often be rendered successful by perseverance both on the part of the surgeon and the patient. For these reasons the ligature of the carotid, which has hitherto been a very fatal operation, ought as far as possible to be avoided.
3. When the ligature of the carotid becomes necessary, it may often be advisable to evacuate the contents of the sac, and secure the distal end of the artery.
4. Brasdor's operation on the carotid artery, though very rarely indicated, yet rests on sound anatomical and surgical principles.
5. Traumatic aneurisms and wounds of the vertebral artery are often confounded with lesions of the carotid, but such injuries ought to be diagnosed from those of the carotid, and may very probably be successfully treated by compression, or by the old operation.
6. Under the term "orbital aneurism" appear to be comprised several different affections. Some of these lesions seem to be spontaneously curable, or to have little tendency to a fatal result, and the others are very probably often curable by milder measures than ligature of the carotid, which should therefore be avoided in this disease as long as possible.
7. It is possible that, in rare cases, intra-cranial aneurism may be diagnosed and successfully treated.
8. Arterio-venous aneurism in the neck is usually, but not always, harmless.
9. There are many cases of axillary aneurism which are curable by compression, and many instances of cure by this method are already known. Ligature of the subclavian, on the other hand, is a very deadly operation, and the more so the higher the aneurism extends.
10. Though Mr. Syme appears to have been in error in speaking of the old operation as being generally preferable to the Hunterian ligature in axillary aneurism, yet there are cases of disease and, more rarely, of aneurism of that artery in which a surgeon may be justified in preferring it; having always before his mind, however, the possible necessity of amputation.
11. Manipulation, or some other mode of local treatment, may possibly be successful in some cases of axillary aneurism; but there is no trustworthy experience on this head at present.
12. Brachial aneurism, traumatic or spontaneous, as also

similar aneurisms below the bend of the elbow, may be usually treated with success—in the absence of heart-disease; which, however, often complicates the spontaneous form.

13. Arterio-venous aneurism at the bend of the elbow is now commonly made amenable to digital compression, properly applied.

In his first lecture having laid down these propositions Mr. Holmes said, the main question in the modern surgery of aneurism is, how far it is possible to substitute the treatment by compression in one or other of its forms for the surgical operations which we now know to have proved so fatal in practice. This is a question which can only very imperfectly be answered by statistics, since the success of the compression treatment depends on many other things besides the nature of the case—on the presence of a sufficient number of assistants, on the constant vigilance of the surgeon, on the proper instruction of the assistants, on the constant supervision of the compressing agent, &c. Professor Holmes looked upon it as a truism that the ligature should be avoided in any form of aneurism in which there is a fair prospect of cure without operation.

The Inspector's Investigation at the Limerick Lunatic Asylum.

THE Board of Governors has put on official record, in words which admit of no mistake, a charge against Dr. Nugent, the Inspector who held the investigation into the circumstances of Danford's murder, of having presented to His Excellency the Lord Lieutenant a disingenuous and garbled report of the evidence taken by him.

"There is a marked and very wide difference," says the Governors' report, "between Dr. Nugent's *résumé* of the evidence, and the evidence as reported by his chief clerk, while most important portions of the evidence are altogether omitted from the two documents presented to the Executive. Matter is to be found in Dr. Nugent's private report which is not in his clerk's notes, and which (as the Committee believed) was never given in evidence in this Board room at the late investigation. An immense mass of important evidence, besides what has been alluded to is omitted in Dr. Nugent's report, but your Committee feels that, from what has transpired, your Board can form a very correct estimate of the character of said report. The Committee have now to report that in their opinion the evidence submitted to his Excellency by Dr. Nugent in either of the two documents was neither full, complete, nor accurate, and that the report of Dr. Nugent which accompanied his clerk's notes was certainly not in conformity with the evidence given at the inquiry, as reported by the shorthand writers who were present."

These are very weighty words and they acquire increased importance by their almost unanimous adoption by the Board. For the sake of all parties the matter cannot rest as it now stands.

Not to be Refused.

THE irrepressibly ardent woman Medical student has opened her entrenchments against another citadel—the minor fortress of Queen's College, Birmingham. As a preparatory parley she attacked the professors, who were anxious for a surrender with the honours of war, and would have admitted the female doctor on conditions that she could content herself with separate dissecting rooms. But the virgin claimants, being as they conceived in a position to dictate terms, or perhaps, not choosing to be balked of their agitation, would not be excluded from any tittle of the indecency of promiscuous dissections, and must have their "extremity" with the male student, or not at all.

The Council of the College, on the other hand, very peremptorily put a stop to any parley, and impolitely slammed their gates in the face of the yearning damsels.

We shall see. Perhaps, if the women students would put themselves under the protection of the Anti-Vaccination Organisation Society for the Propagation of Syphilis, they might get up an agitation, a Royal commission, and mayhap, the farce of an annual Bill in Parliament.

Natural History of Acute Rheumatism.

A SHORT time ago the *American Medical Record* published a lecture of Professor Austin Flint, taken specially in short hand for our able New York contemporary. The learned veteran then drew attention to the period at which he began to study the natural history of this disease before Sir W. Gull and Sutton. Dr. Flint watched and recorded thirteen cases before 1869, in only one of which complication took place. He said in his lecture:—

> "I reported these cases in an article entitled 'A Contribution toward the Natural History of Articular Rheumatism,' which was published in the *American Journal of the Medical Sciences*, July, 1863. I hope I shall not be thought egotistical in referring to these observations. They were made in this hospital, and my object in making them was stated to the class then in attendance. So far as I know, a series of similar observations had never before been made. I am led to assert my claim to whatever credit may belong to precedence in this line of investigation, because shortly after my observations a similar plan for the same object was pursued by others. 'Guy's Hospital Reports,' volume for 1865, contains a report of a considerable number of cases treated by Dr. Gull, chiefly with mint water; and another report of additional cases was made in an article by Dr. Gull and Dr. Sutton, contained in the 'Transactions of the Royal Medical and Chirurgical Society of London,' in 1869. I should not thus expose myself to the charge of egotism in asserting my claim to priority in the study of the natural history of articular rheumatism, had these observers made any reference to my article in the *American Journal of the Medical Sciences*. I feel bound to make this claim, not alone for myself, but for this hospital and for American clinical medicine."

A New Mode of Obviating Death by Drowning.

DR. SCHULTZ, of Chicago, has the merit of having invented something unmistakeably new, and of explaining one of the deficiencies of the mechanism of the circulation in man; but at the risk, we think, of a prolonged incarceration for manslaughter should any fatal result ensue from the experiments which have been performed on this occasion, not only on the "corpore vile" of a setter's pup, but on his own child.

The foramen ovale admittedly in some diving mammals (as in the seal) is open, to allow free circulation during the prolonged plunges of these creatures. Dr. Schultz, influenced by such observations, directed his attention to transforming human beings into diving animals, by obtaining the non-closure of this opening in the early periods of life. He proceeded, submitting the new-born puppies of a setter to the experiment, by immersing them in warm water at blood heat, and keeping them immersed for two to five minutes he found that no unpleasant results followed. Fortunately or unfortunately as the case may be, a little Schultz was, at this conjuncture, projected into this *terra incognita*. The parent determined on his being amphibious, and on receiving this pleasing token of affection, he immersed it in a pail of water heated to blood temperature, and kept it below the surface for four minutes; after some seconds the blood "found its way through the foramen ovale."

The process was repeated daily, sometimes as often as five times in the twenty-four hours, till the little Schultz could remain submerged for twenty-five minutes at a time, and no doubt as growth increases he will perfect himself in amphibiousity. Should the Gulf Stream be propitious, and no uncharitable iceberg interpose its chilling influence, we may expect some day a herd of Schultz's or of Chicago folks to bask itself on the rocks at Queenstown, after a series of transatlantic dives.

Ligature of the Carotid Artery.

Dr. Pigne Dupuytren reports a case at the San Francisco Medical Society of a cook, æt. 40, in whom he tied the right common carotid artery, for the cure of an aneurism as thick as the wrist, which extended from the clavicle to the jaw. The ligature separated on the seventeenth day. Directly after ligature pulsation ceased; it recurred slightly in nine days; in three weeks it was well marked, but the tumour has gradually diminished, and at the end of the fifth month has disappeared.

Testimonial to Sir James Paget, Bart.

The presentation of the portrait to Sir James Paget will take place in the Great Hall at St. Bartholomew's Hospital on Thursday, June 26th, at 2 p.m., and a meeting of the General Committee will be held at St. Bartholomew's Hospital on the previous Saturday, to receive the Report of the Executive Committee.

Medical Lectures in Daily Papers.

We observe that the *Glasgow Herald* contains a lecture by Prof. Gairdner, which appears from the heading to be one of a series. Had these lectures been from a man of less repute our contemporaries would probably have favoured us with a homily on the impropriety of publishing Medical lectures in daily papers. Instead of that the *Lancet* gives an annotation on the Professor's views—evidently gleaned from the *Herald* report. The Profession in Glasgow surely do not hope to see this practice extend, and we speak of it in this case because Professor Gairdner's communication would be thankfully received by any *Medical* journal.

Dr. Hargrave, representative of the Royal College of Surgeons in Ireland in the General Medical Council, has ceased by the late election, to be a member of the Council of the College. This change does not vacate his office in the Medical Council which he holds until next September.

The Dublin Poor-law Medical Officers' Association would appear to have collapsed after a brief existence of one year. It held no general meeting this year as it did in 1871, and we find it stated in a contemporary, which is sure to be well informed on the progress of the Society, that that assembly has been postponed until the passing of the Public Health Bill. As we are approaching the annual *battue* of abortive parliamentary efforts, and the Bill has not yet been heard of, much less introduced or passed, this adjournment is equivalent to the Greek Kalends.

We cannot say that we feel any regret at the final dissolution of this organisation, the *raison d'être* of which we have never been able to see, whatever our suspicions may have been. The Irish Poor-law Medical men are as a whole, worthy of the fullest representation, but there can be no doubt that their interests have seriously suffered by the discord fomented by the organisation of this Society.

It is announced that the examinations of the London Apothecaries' Hall henceforth will be divided. The written examination will take place on Wednesdays, and the *vivâ voce* examinations on Thursdays.

The Board-room of the Irish College of Surgeons has received within the last month two accessions to its gallery of Irish Surgical celebrities. The portraits of Dr. Benson, ex-Professor of Practical Medicine, and Mr. Hargrave, ex-Professor of Surgery, have been placed in company with the pictures of James Henthorn, Dr. Rennie, Abraham Colles, Arthur Jacob, William Kingsley, Rawdon Macnamara, James Cusack, and William Henry Porter.

Both of the newly-added portraits, especially that of Dr. Benson, by Mr. Catterson Smith, junior, are excellent likenesses. Mr. Hargrave's picture is by Mr. T. H. Jones, R.H.A.

A meeting of the Obstetrical Society was held in the Dublin College of Physicians, on Saturday last, the 14th. The following communications were set down for reading:—1. Dr. Halahan "On Peri-Uterine Inflammation;" 2. Dr. Kidd, "A Case of Chronic Inversion of the Uterus reduced by Manipulation;" 3. Dr. Johnston, "A Case of Chronic Inversion of the Uterus reduced by Manipulation;" 4. Dr. T. M. Madden, "On Uterine Polypi."

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The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. VII.

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of Medical Press and Circular.

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PHYSIOLOGY.

Hitzig, E.—"On the Physiology of the Brain." *Psych. Centralblatt*, Jan. Hitzig concludes from experiments that deep-seated injuries of one side of the cerebellum act like the anode causing movements of the affected side

O'Dea, James J.—"On the Physiology of Dreams." *Quart. Jl. Psychol. Med.*, No. 3. The rational theory of dreams is thus defined—"Dreams are the present mental images of past sensations revived by subjective states of the dreamer, or by objective impressions on his senses, and their principal factors are (*a*) bodily sensations, whether these be subjective or objective, and (*b*) our previous waking thoughts, dispositions, and prevalent state of mind."

Onimus.—"On Electric Contractility studied in the Body of a Criminal just after Execution." *Mouv. Med.*, Feb. He found that the external intercostals elevate the ribs while the internal intercostals depress them. The peroneus longus depresses the internal edge of the foot, and acts slightly as extensor and abductor of the foot. There are considerable differences in respect to the period at which contractility is lost by the various muscles; the first to lose their excitability being the diaphragm and tongue.

Routh, Dr. C. H. F.—"On Overwork and Premature Mental Decay, and its Treatment." Med. Press and Circ., May 14, 21, 28, 1873.

Schlesinger.—"Reflex Movements of the Uterus." *Wien. Med. Jahrb.*, 1873, Band 2, Heft 4. He concludes that the path by which excitation reaches the uterus from the brain is through the nerve-plexus round the aorta, and also through other unascertained channels.

Tuke, Daniel Hack.—"Illustrations of the Influence of the Mind upon the Body in Health and Disease, designed to elucidate the Action of the Imagination." London. An able and interesting work in which the methodical employment of psycho-therapeutics is powerfully advocated.

MEDICINE.

FEVERS.

Bakewell, Robert H.—"On the Pathology and Treatment of Small-pox." London, 1873.

Blackley, Chas. H.—"Experimental Researches on the Causes and Nature of Hay Fever." London, 1873. This is decidedly a work of much thought and original research, one which should be studied by all interested in this obscure branch of Medical science.

Berti.—"On the Relations of Variola and Insanity." *Giornale Veneto.*, Jan. He thinks that the beneficial effect of variola in insanity, of which he instances several cases, is due rather to the extensive cutaneous eruption than to the virus itself.

Huter.—"On the Mechanical Theory of Fever." *Centralblatt für die Med. Wiss.*, Feb. 1. Hüter attributes the increased temperature in fever, not to augmented production, but to a diminished loss of heat, and he attributes the phenomena of fever to blocking up of a number of the smallest vessels in the general circulation, including the pulmonary. In his opinion, therefore, fever does not necessarily depend on chemical poisoning of the blood, but may be explained by mechanical disturbance of the circulation. He also believes that the enlargements of the liver, spleen, and kidneys in fevers are due to disturbance of the circulation through the obstruction caused by monads.

Lewis, T. R., and Cunningham, D. D.—"A Report of Microscopical and Physiological Researches into the Nature of the Agent or Agents producing Cholera." This is, indeed, a valuable contribution to pathology. The authors think that the blood is more prone in cholera to exhibit certain changes which they describe with admirable minuteness. They say: "One of the most important points determined by these observations is the fact that the blood in cholera is, as an almost invariable rule, free from bacteria, either actual or potential." They say, also, that there is absolutely nothing in favour of the view that the presence of fungus-germs is a characteristic of the disease; and, with regard to the presence of sarcinæ in the blood, they own that they are by no means constant. These observations, therefore, "do not tend to indicate the presence of a microscopically demonstrable morbid poison." The remainder of the paper is devoted to the record of experiments on the introduction of organic fluids into the system, and experiments on the section of the splanchnic and mesenteric nerves.

DISEASES OF THE ORGANS OF CIRCULATION.

Anderson, McCall.—"Case of Aneurism of the Arch of the Aorta treated by Galvano-Puncture." *Lancet*, Feb. 22. The treatment in this case was very successful, although a perfect cure was not attained. Dr. Anderson gives details as to the mode in which the operations were conducted, and the progress of the case.

Hayden, J.—"Hypertrophy and Fatty Degeneration of the Heart: Dilatation of the Aorta." *Path. Soc. Dub.*, Feb. 1. Dr. Hayden called attention to the differential diagnosis between aortic valve disease, and disease of the first portion of the vessel itself. He said that when the murmur originates at the aortic orifice it may be heard in the vessels of the neck, but not so when the aortic valves are sound.

Nixon, C.—"Aortic Patency—Mitral Obstruction—Hemiplegia—Ulnar Aneurism." *Path. Soc. Dub.*, Feb. 8.

DISEASES OF THE ORGANS OF RESPIRATION.

Nixon, C.—"Cirrhosis of the Lung." *Path. Soc. Dub.*, Feb. 1st. The points of interest in this case were—the existence of advanced chronic disease in one lung and in the heart without any distressing symptoms during life; the absence of tubercle as a local cause of the disease; and the intense fœtor, which probably was due to retention in the dilated bronchi of decomposing secretion.

DISEASES OF THE ORGANS OF DIGESTION.

Hill, Thomas Harvey.—"On Obstruction of the Bowel." *Med. Soc. Lond.*, Jan. 27th. Mr. Hill found a combination of acetate of lead and belladonna to produce a profuse action of the bowels in twelve hours in a case of obstruction.

Bourneville et Voulet.—"De la Contracture Hystérique Permaneate." Paris, 1873.

Bradbury, J. B.—"Wilks, Latham, Living, Anstie, and Allbutt, on Sick Headache." *Lond. Med. Record*, Feb. 19, 26, and March 25. This is an extremely able summary of the views of the above-named authors as to the pathology and treatment of sick headache.

Buzzard, Thomas.—"On Paralysis, Convulsions, and other Nervous Affections in Syphilitic Subjects." *Lancet*, Feb. 22. The author holds that in the investigation of every case of nerve disorder, inquiry should be made as to the pre-existence of syphilis. An interesting case is recorded, in which a patient very extensively paralyzed was cured by iodide of potassium, which was given when the syphilitic origin of the affection was suspected.

Cholmeley, W.—"Syphilitic Paralysis with Marked Local Muscular Wasting." Gt. Northern Hosp., reported *Br. Med. Jl.*, Feb. 15. This case rapidly improved under the use of iodide of potassium, with subsequently biniodide of mercury, faradisation being also employed.

Foville, A.—"On the Relations between General Paralysis on the one hand, and of Locomotor Ataxia, Amaurosis, Partial and Diffused Paralysis on the other." *Ann. Méd. Psychol.*, Jan. He argues that general paralysis is mostly a primary cerebral disease, but that occasionally it may be consequent on another affection of the nervous system, that it may be, in fact, the result of a "propagation," by which he means extension of nervous lesions from the periphery to the centre.

Hostermann.—"On the Use of Nitrite of Amyl in Melancholia." *Psychial. Centralblatt*, Jan. The author says that the cases most benefited are those of simple melancholia. Its beneficial effects are probably attributable to the fact that it lowers the blood pressure, widens the capillaries, and increases the rapidity of the circulation.

Lang.—"On Skatophagia, or Ordure-Eating among the Insane." *Psychial. Centralblatt*, Jan. The author says that cases of this affection must be viewed as being so pernicious that the functions necessary to life are altered.

Leidesdorf.—"On the Use of Chloral Hydrate in Insanity." *Psychchial. Centralblatt*, Jan. The author's experience of this drug induces him to recommend great caution in employing it in insanity. He states that in acute mania it is often powerless.

Lepine.—"On Conjugate Deviation of the Eyes." *Mouv. Med.*, Jan. 25 and Feb. 4. A case is recorded which is an exception to the rule that in cerebral hæmorrhage deviation of the eyes takes place on the side opposite to the hemiplegia, and on the same side as the lesion.

Moore, William.—"Locomotor Ataxy: its Nature and Treatment." *Irish Hosp. Gaz.*, Feb. 1 and 15. This is a clinical lecture on a very interesting case of locomotor ataxy occurring in a *girl, aged eighteen.*

Wille.—"On Syphilis and Insanity." *Irrenfreund*, Jan. He found syphilis to be the cause of insanity in 2 to 2½ per cent. of cases. He holds that from the etiology, symptoms and anatomy, this disease should not be confounded with the general paralysis of the insane.

DISEASES OF THE SKIN.

Mapother, E. D.—"The Nature and Treatment of the Constitutional Form of Eczema." *Surg. Soc. Irel.*, Jan 31. Dr. Mapother believes that its cause is closely allied to that of gout; in proof of which theory he alluded to the presence of urates in the exudation, and the increase of them in the urine, the increase of fibrin in the blood, and the sites of the deposit of urates in the extremities and ears. Eczema is often concurrent with gouty dyspepsia and rheumatic gout, and both diseases break out most usually in spring and autumn. The remedies which are found to be of most value in gout, he says are nearly always successful in eczema.

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ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The annual meeting of the members of the Irish Medical Benevolent Association was held on the 2nd of June, at four o'clock, in the Library, Royal College of Surgeons, Stephen's Green. There was a numerous attendance, Dr. Kirkpatrick, the Ex-President of the College, presided.

Dr. M'Clintock read the Annual Report as follows:—

The committee, after enumerating the members whom the society had lost by death during the year, with a tribute of respect to their memory, proceeded to state the steps taken with reference to the proposal of an anonymous benefactor, "Nemo," who consented that the time for collecting the £2,000 (which was to entitle the society to a donation from him of £1,009) should be extended to July, 1872; but in the other two conditions of his offer he declined to make any alteration. When this extension of time had expired, the committee addressed, through Dr. Wharton, a letter expressing their deep regret that all their efforts to raise the sum which should have entitled the society to his generous donation of £1,000, only resulted in the collection of £570, of which a portion might be lost, inasmuch as the specific object towards which it was subscribed had not been realized. To this letter a reply was received from "Nemo," in which he said:—"Although the time allowed has expired, I am still willing to make good my offer. It was stated by a speaker at the last meeting, that I had made an offer it was impossible to fulfil. When one unknown individual offers to give £1,000, there ought not to be any impossibility in getting at least double that sum from the numerous Medical men in high position, reputation, and practice in Dublin." Hoping that "Nemo" might be induced to relax the conditions of this offer, if it could be made plain to him that by so doing the £2,000 might be obtained, the committee felt it their duty to address to him another letter, in which they stated that their special appeal was not successful, but they had good grounds for believing, that if an appeal were made to the entire Profession throughout Ireland, and that each individual were left to give according to what his resources would allow, the £1,430 yet wanted to complete the £2,000, would be contributed, and entitle the society to his munificent offer of £1,000. "Nemo," however, refused to vary his original conditions. Of the £570 above-mentioned, £470 was paid to the treasurer, and the donors authorised the treasurer to place the sum to the credit of the fund. This addition, together with the £100 donation of Surgeon Henry Johnston, of Belfast, and some others of less amount, raised the funded capital to over £1,500. This money has hitherto been invested in Government Stock (Consols and New 3 per Cent); but is now invested in Bank of Ireland Stock by which it is calculated the society will gain over £100 a year. The stockbrokers, Messrs. Wright and Symms, of Dame Street, by whom this transfer is made, have most generously declined all payment for their services in consideration of the charitable object of this society. Such liberality entitles these gentlemen to our best thanks. The total receipt on subscriptions for the past year is £675. The total number of applications for relief this year is 86, and 17 of these are first applications, 68 of the memorials are from widows; 9 from orphans; and 9 from physicians and surgeons. The death of one Medical man, who had been receiving an annual grant since 1868, has taken place within the year. Since last annual meeting ten cases came before the committee of so pressing a nature that they felt it necessary to grant them some immediate assistance without waiting for the general distribution; and in this way £133 has been distributed. Of the ten applicants so relieved three were Medical men. The case of one of these gentlemen is worthy of notice, as it well exemplifies the incalculable benefit of a society like ours. Its prompt and timely aid was the means not only of rescuing this professional brother from the depth of want, but of putting him in the way of earning a livelihood, and so providing for his wife and five children. In a letter to the assistant secretary he thus expresses his grateful feelings:—"I now beg to thank the committee most sincerely for their kind consideration of my case, as through their means I am now on the road to a comfortable competence for myself and family. I will never forget what I owe to your really good society, and I will do all I can to procure subscribers, as well as being one myself, that I may be allied with those whose happiness it is to relieve distress." The amount of awards now made by the Central Committee and awaiting your approval is £835; so that the entire sum which will have been expended in grants this year is £968, the largest sum distributed any year since the formation of the society. In last year's report there appeared an entirely new class of subscribers to the society—viz., Medical students of Queen's College, Belfast. The example thus nobly set has already been productive of good results; the Belfast Medical students trebling their collection this year, and the students of Steevens's Hospital and Medical College sending through Dr. Edward Hamilton, a contribution of £8 5s. to the funds of the society. All the branch associations continue in operation, but with different degrees of activity and success. The reports of the secretaries generally show some progress, but almost all lament the illiberality of some members of the Profession in their districts.

The Chairman congratulated the association on its position. Their funded capital had reached £15,000, and the amount to be awarded was larger than they had been able to distribute in any former year. The applicants were eighty-six in number, so that the grants in each case could not be of large amount, and he thought that the society should soon take into consideration the propriety of altering their rules, so that a portion of the donations and bequests annually received might be added to the awards. There had been a large addition to the capital, mainly proceeding from the sums presented to the society in response to the generous offer of "Nemo." Had "Nemo" permitted the field of the collection to be extended to all Ireland, he had no doubt that the full sum of £2,000 would soon have been subscribed. He believed, however, that "Nemo" in his own time and in his own way would realize the expectations which he had raised in the minds of the friends and well-wishers of the society by his munificent offer (hear, hear). Their Indian auxiliaries were active in their behalf, and they were well represented by Dr. King, of the Madras Presidency, who was present, and would tell them of their progress. Referring to the contributions sent by the students of the Queen's College, Belfast, and by the students of Steevens's Hospital, he said it spoke well for the future of their society that the young members of the Profession should be found so ready to enlist themselves in the ranks of the association (hear, hear). He regretted to say that a large number of their brethren still stood aloof; but he trusted that this number would diminish from year to year until their list of subscriptions and donations would include the names of every surgeon and physician in Ireland (applause).

Dr. Little read the statement of accounts, from which it appeared that there was a balance of £1,279 17s. 4d. in the hands of the treasurer.

Dr. Purdon (Belfast) moved the adoption of the report and statement of accounts. He was sorry to see that so many of their professional brethren in the country had not responded. The country practitioners fell back on those in the towns, saying that they were able to afford it; but they had little idea of the claims for other purposes that were made upon Medical men in towns. He urged that they should continue applying to the Medical men in the country districts for co-operation until they responded (hear, hear.)

Dr. Gordon (Dublin) seconded the resolution which was adopted.

Sir Dominic Corrigan proposed the next resolution as follows:—"A lengthened experience having abundantly demonstrated the inestimable value of this society to our necessitous Professional brethren, their widows and orphans, resolved—That it is eminently entitled to the confidence and the liberal support of the Medical practitioners of this country; and we hereby call on all those who have not done so to come forward and help us in promoting the interests of the society." He said the fact that there had been 86 applicants, and that £900 had been distributed, was enough to show the unceasing labour and energy of the committee. He wished he knew his friend "Nemo," for he thought if he had a few words with him they would soon come to an understanding. If the proposal made by "Nemo" did not succeed he did not think it was because of the niggardliness of Dublin men. He confessed that he was one of those who had been applied to and who had not answered the call. In the first place, he did not like spasmodic benevolence. What they required was a quiet ever-increasing stream that fertilised, and not a torrent that tore away. He did not think the means adopted by "Nemo" was perhaps the most likely to give the assistance that was wanted. When the good Samaritan found a man sick and wounded on the road side, he did not say "I will give you so much if you give me so much." He thought if they could speak to "Nemo" they could press the effect of good example upon him. Men that held back now would follow that example; and in that way the £1,000 would soon come to them, and they should have "Nemo" under the name of the Good Samaritan of the Medical Benevolent Fund.

Dr. King, of Madras, said I have much pleasure in seconding the resolution which has just been proposed by Sir D. Corrigan. I am sincerely glad that Irishmen in India have been able to do something in aid of a society so deserving of their assistance as this. It cannot but be a source of legitimate gratification to all of us here to observe the steady increase in the numbers of Irishmen who attain honourable employment in India, not only in our own but in other professions since the services were fairly opened to us. The first two pages of the Madras list of Medical officers contains scarcely an Irishman's name. The following pages show that Irishmen are at length getting their innings, and winning the game. The "Sweepings of the Irish schools," as we were kindly termed by some very English members of the English Press, not only nearly fill the Medical services in India, but come as prominently forward when industry, knowledge, and talents are required, as their English or Scotish brethren. And as our numbers in India grow, so, too, I cannot doubt will our contributions to the Medical Benevolent Fund increase, now that its claims upon our help are made fully known. One of the greatest advantages which we men of the Indian Medical Service enjoyed was our connection with those noble institutions, the Service Funds. An officer going to India with a wife—as many do, and all ought to do—felt that if he fell in the battle, with disease, the climate, or the enemy, he should not leave those nearest and dearest to him without provision. By what can only be described as a piece of gratuitous mischief, those funds were destroyed by a Secretary of State, the same who subsequently, it may be remembered, "fell off his horse into a peerage." After some years, however, I am happy to say, this disastrous step has been retraced, and our brethren in the local services are restored to the advantages of a fund, though not on so favourable terms as were formerly conceded. But though our relations to this society will always be that of contributors, not recipients, our own immunity from danger of needing, for ourselves or for our families, the help so judiciously afforded here will never, I trust, lead us to forget that others are not so fortunate. We shall always, I hope, remember that "it is more blessed to give than to receive," and try to imitate those members of our Profession whom I see around me now—who, themselves free from every risk of shipwreck, have never failed to stretch a helping hand to those who struggle in the surf. The Profession in Dublin has certainly done its duty in this matter. We, in India, are trying to do ours, and it is discouraging to see how feebly such efforts are seconded by the majority of the country practitioners in Ireland. I have myself been met, when pressing the claims of the society on my brother officers, with the question, so obviously suggested by the subscription list—Why does not the Profession in Ireland help more liberally than it does? I hope that I shall not again be embarrassed by this inquiry. A small contribution from each practitioner would form a large contribution from all, and would leave no opening for the reproach that the class which most needs and most freely receives the help of this society appears least sensible of its claims (applause).

The resolution was adopted.

Dr. Stokes moved the third resolution as follows:—"That this meeting desires to express its cordial and grateful thanks to the hon. secretaries and treasurers of the parent society, and of the provincial and Indian branch associations, as well as to the Medical students of Queen's College, Belfast, and of Dr. Steevens' Medical College, Dublin, for their valuable exertions in the cause of the society." After the speeches they had just heard, he would not detain them more than a few minutes. At the last meeting of the association he had the pleasure of moving a vote of thanks to the students of the Queen's University, Belfast, for the aid they rendered the association and the example which they had set. It was most gratifying to find that the Medical gentlemen of Belfast had formed themselves into a junior branch of the Medical Benevolent Society, and had largely increased their subscriptions. It was also gratifying thing to learn that the good example set by Belfast had already borne fruit in other schools of medicine nearer Dublin. The students of Steevens' Hospital had also shown that they understand the relationship which subsists between the healing art and the exercise of that which essentially belonged to it—charity—the flower and fruit of all Christain fellowship. The more grave and enlightened class of the Medical students in the city were well aware that to charity was due the existence of many of the institutions in which they learned their profession. In the simple and unostentatious inscription over the gate of Steevens' Hospital could be read the story of many other places in which the Dublin students had learned the art and ethics of medicine. He felt sure that the example set in Belfast and in the school attached to Steevens' Hospital would be followed in other schools in Dublin, and that a generous effort would be made to sustain so admirable an association.

Dr. Edward Hamilton seconded the resolution. Thanks were eminently due to the secretary and treasurer for their efforts in behalf of the association, the object of which was sufficient to recommend it to the consideration of every member of the profession.

The resolution was carried *nem. dis.*

Dr. Duncan moved a vote of thanks to the Press, both metropolitan and provincial, for the generous aid they had given the association, and for the attention the Press bestowed to the interests of the Medical profession generally.

Dr. Hanrahan seconded the motion which was adopted.

Dr. Benson moved—"The appointment of the central committee and officers and honorary secretaries and treasurers of the branch association, for the ensuming year.

Dr. Martin, of Portlaw, seconded the motion which was carried.

Dr. Purdon, of Belfast, having been called to the second chair, the proceedings concluded with a vote of thanks to the chairman.

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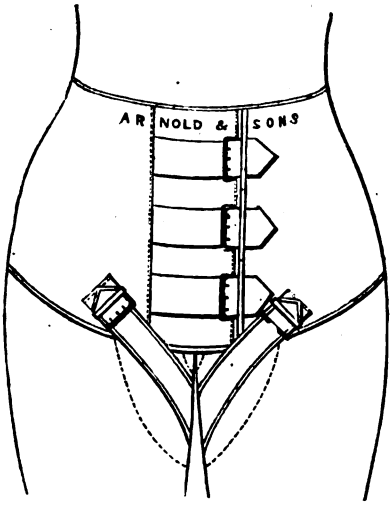
Correspondence.

AN IMPROVED OBSTETRIC BINDER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to forward herewith a specimen of an obstetric binder, devised by me to meet a want I have long felt in my daily practice, where I find the ordinary roller useless, in consequence of its slipping up round the patient's waist, with the slightest movement on her part, no matter how securely fastened, while the binder, with one strap passing between the patient's thighs, is too obviously inconvenient.

My binder has two straps, one to fasten round each thigh, it can be adjusted by any ordinary nurse, or by the patient herself, and once fixed must remain *in situ*. The diagram, however, will convey a better idea of its construction and advantages than a mere verbal description. I may add that it is made by Arnold and Sons, Instrument Makers to St. Bartholomew's Hospital.



I am, Sir,

Yours obediently,

W. T. Greene, M.A., M.B., &c.

218 Old Kent Road, London, S.E.

AN EXPLANATION OF THE ALLEGED SCANDALOUS AND LIBELLOUS DOCUMENTS RELATIVE TO DR. FORBES WINSLOW.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—After some hesitation I have come to the conclusion that I cannot allow the scandalous and libellous printed documents which have recently been circulated, with the evident intention of injuring and annoying me, to pass wholly unnoticed. The subject is, however, so peculiar and delicate that I find much difficulty in making the matter intelligible without going into further details of a strictly private character, and this I certainly shall not at present be induced to do.

I must consequently content myself with saying, that the husband of the lady whose name is most unjustifiably made use of in the documents *is*, and always has been, a perfect stranger to me. I have never even seen him, nor have I ever written to, or received any letter from him.

Nearly twelve years ago I was requested to see professionally the lady, who had then recently left her husband's house and was residing with her mother. She was suffering from an attack of acute melancholia. She remained under my care for about a year and a half, when she recovered. During the lengthened time she was under my treatment, and for many years after, I had ceased to attend her, my mouth was hermetically sealed except to her own mother, as to the nature of her illness, as well as to the sad domestic circumstances which surrounded the case.

After the lapse of six or seven years I was spoken to by the mother of the lady, relative to some procedings which, I was informed, were contemplated in the Divorce Court, but I did not see the lady to whom I have before referred on that subject. My communications were solely with her mother and her solicitor. I had nothing to do with these proposed proceedings which did not originate with me, beyond explaining the evidence I could give if called as a witness.

I heard nothing further on the subject until, some years afterwards, I was unfortunately asked to meet, at the house of a Medical friend, a widow lady, the sister of the husband to whom I have referred. In the drawing-room of the physician at whose house I had been dining, this lady, in the presence of a number of strangers, addressed me in a vulgar and most offensive manner, in reference to the cause of her brother and his wife not living together, and by her remarks and manner appeared to imply that I had interfered in the matter, and was the cause of the separation. This I indignantly denied, but the lady not being satisfied with my emphatic repudiation of the charge, repeated with warmth her insinuation, and asked me why the wife did not return to her husband. Feeling intensely irritated at being so unjustly attacked in a private room, I said, "If you want to know the reason don't ask me, ask the wife herself," and I then (what I immediately afterwards regretted) alluded to the nature of the case which the mother of the wife told me was proposed to be set up in the Divorce Court.

I heard nothing more of the matter for nearly a year; I then received an application from a solicitor on behalf of the husband, asking me to apologise for observations I was said to have made in reference to himself. I replied that the charge was false, and that I had nothing to apologise for. I subsequently referred him to my solicitor, and an action for alleged slander was commenced against me.

In that action my solicitor obtained an order upon summons for particulars of the persons to whom it was alleged I had defamed the plaintiff. Particulars were delivered with the names of two well-known members of the Medical Profession, who, upon being applied to by myself as well as by the plaintiff's solicitor, denied that I had ever made the slightest reference to the subject to them, thus showing that their names had been very unwarrantably introduced into the case.

The plaintiff in the action, instead of taking the matter before the jury, in which he would have had to prove his complaints by evidence, thought it right to have the validity of the pleadings first discussed before the judges in banco. Upon that discussion, judgment was given in my favour, upon two of the three counts of the plaintiff's declaration, and as respects the third count, the judges held that *if established by evidence* the plaintiff would be entitled to recover damages.

A few days after this decision and without any further communication with me or my solicitors, the plaintiff voluntarily and formally discontinued action, and submitted to pay the costs of it, which costs were subsequently taxed and the action thus ended. This was in May, 1872. I heard nothing further of the matter until the month of May, 1873, when the scandalous documents to which I have referred were, in disregard of all propriety and decency, circulated not only amongst the Medical Profession but to others.

I do not desire to dwell upon this extraordinary proceeding, nor do I, for the reasons to which I have referred, think it right to be drawn into further details upon such a delicate and painful subject I content myself with the undoubted fact that I was fully prepared to defend the action referred to, but was precluded from doing so before a jury by the voluntary discontinuance of the suit on the part of the plaintiff without my consent being asked or obtained.

I am, Sir, your obedient servant,

Forbes Winslow, M.D.

Cavendish Square, London, W.
June 12.

CORNS, BUNIONS, AND IRREGULAR TOE NAILS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is refreshing to find that at last "the perfect cure" has been attained for corns, bunions, diseases of the hands, varicose veins, &c., and that the fortunate introducer has substantiated his claims by testimonials from so satisfactory sources as our professional brethren (whose gratitude is duly advertised in the daily papers). Some have actually gone through the cure, doubtless accounting for their unusually elastic and jaunty air, which we fain would have attributed rather to the influence of vernal revivification; others simply endorse the opinions already expressed. All have, however, been enrolled publicly on the corn-cutting banner. Their patients will no doubt be surprised by their springy and elastic advent on their next visit, and may congratulate the doctor on the relieved state of "his poor feet."

Intending clients, on reading the announcement, will be strengthened in their choice by the consoling reflection that the head will be able to act without the distraction of cruel "stings" from the feet, and that this undivided attention can be given to their case.

The public will gain increased confidence, and doubtless be confirmed in their good opinion of our profession, by the reflection that no petty jealousies can now disturb us, as so many members can no longer "tread on each other's corns," and that the treatment of bunions, varicose veins, affections of the hands, &c., is of so trivial a nature as to be unworthy of attention from the Profession, and may be delegated to the hands of outsiders.

Yours truly,

CLUB FOOT.

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[*The following arrived too late for insertion in its proper place.*]

THE PROVIDENT SYSTEM IN DUBLIN.

ALTHOUGH we have recently been reminded by several correspondents of an extension of the Medical pseudo charity system to Ireland, which, we are aware, has been the subject of much debate in the profession in Dublin, we have hesitated to notice the matter publicly, being disposed, as far as possible, to leave the merits of such speculations to the test of time, but in the instance of the Dublin Provident Infirmary, there are medico-ethical considerations which require the attention of our journal.

The objects of the Dublin Provident Infirmary and General Dispensary are stated by its projectors to be:

1st. The reception of patients *of respectability*, who are able to contribute even a small sum towards their support.

2nd. To supply every possible comfort *to persons of a higher class*, who are willing to bear their entire expenses, £1 10s. to £3 10s.

3rd. To place within the reach of persons *of limited means* (who cannot afford *the customary* Medical fees), first-class advice and medicine at the merely nominal charge of *one shilling*.

Side by side with the circular from which this statement of purposes is taken, we have a lithographed note, which has been addressed by the secretary of the Institution, to the public at large. This communication "earnestly solicits" their "support in founding on a solid basis this *real charity*," (italicised in the original), and describes the Institution as "an establishment where respectable persons, servants, and others who are above the usual class of hospital patients, and yet unable to pay even the ordinary price of medicine, may at a mere nominal charge, procure first-class advice and medicine."

A complete inconsistency appeared to us to be involved in the appeal for a "real charity" which is intended to receive "patients of respectability, persons of limited means, all who cannot afford" "the customary Medical fees," and even persons of a higher class." We, therefore, caused inquiry to be made as to whether a clerk with £200 a-year was considered a fit subject for the "charity" of the Provident Infirmary, and the reply to that inquiry, as plainly stated by the official in charge, was that no restriction or limit whatever was imposed as tothe rank or means of the recipients of the shilling advice and medicine.

There is, we think, in this statement food for the deliberation of all classes of our readers—of the general public who are unblushingly asked to extend their charity, not only to well-paid artizans, thriving shopkeepers, and bank clerks (who are certainly included in the category of "respectable persons of limited means"); but "to persons of a higher class"—of the Medical practitioners of Ireland, who read in our extracts that the class of patients who most frequently require their services and are thoroughly competent to pay for such services are offered "first-class advice and medicine at the merely nominal charge of one shilling"—lastly, to the Censors of the Profession, the Fellows of the College of Physicians and the Council of the College of Surgeons, to whom the function is, by their Charters, confided of saying whether the advertising of shilling fees amongst the non-Medical public is consonant with "the welfare, honour, and dignity" of the Profession.

In the consideration of the declared objects of the Dublin Provident Infirmary, and the means its promoters have taken to court public notoriety, the question of self-supporting hospitals and dispensaries appears to us in no wise to enter. Nevertheless it is necessary for us to say that in our view, institutions in which patients pay a portion of the cost of maintenance and treatment and nothing more, may with perfect propriety be described as charities, and are in every sense entitled to benefactions as such. The precautions against abuse of the charity by well-to-do patients ought, however, in such institutions to be as rigid as in any in which the ministrations are gratuitous. No person is entitled to Medical relief at the expense of the benevolent, except the destitute, and no person who is competent to pay 5s. has a right to receive treatment for 1s., and in all well conducted self-supporting dispensaries this understanding is acted in as far as a knowledge of the circumstances enable the officers to act up to it.

The promoters of the Dublin Provident Infirmary have certainly adopted a course which is not only unusual but unparalleled, and which, in our humble judgment, involves an abuse of the name of charity, a total disregard of professional propriety, and an indefensible misrepresentation to the public of the nature of the speculation; and, moreover, have paraded the degradation of our Profession, which the universal shilling attendance involves not only in every daily paper, but in the concert bills of the city. On the face of the prospectus we are astounded to find put forward as consultant the name of a Fellow of the College of Physicians, and physician to a leading hospital, a member of the Council, and a surgical examiner in the Royal College of Surgeons, and no less surprised to see that two Dublin Hospital surgeons have made themselves responsible for the manifestos and *modus operandi* of the speculation.

If the facts quoted above be considered consistent with Professional or medico-ethical morality, we have only to suggest that the ordinances of the College of Surgeons, and all other pronouncements of the Profession bearing on such matters be at once rescinded, and that each Medical man be authorised to appraise his services at any value he may see fit to set upon them.

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Medical News.

Lady Doctors.—The Committee of the Bristol Children's Hospital recently proposed to elect Dr. Eliza Walker to the vacant post of house-surgeon. Upon this the Medical staff threatened to resign. On Wednesday last a meeting of the subscribers was held, when the following resolution was carried by 72 votes to 17—"That Medical and surgical appointments to the hospital be henceforward open to lady candidates."

NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Law respecting Periodicals, Newspapers, &c.—1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions. 2. If Subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up, and Subscribers are held responsible for all numbers sent. 3. If Subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires. 4. If Subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

Provident Life Assurance.—The following Table of Fees for securing an allowance in sickness, annuities after a certain age, and a sum after death, has been specially prepared and issued for members of the Profession, and forwarded to us for approval and for publication by the Manager of the British Provident Association :—

1. To secure a temporary sick allowance of £1 per week, ceasing at age 60; 13 weeks' full pay, 13 weeks' half pay, quarter pay for remainder of sickness.
2. To secure a deferred annuity of £1 per week from age 60 until death.
3. To secure a temporary sick allowance up to age 60 and a deferred annuity of £1 per week from age 60 until death.
4. To secure the sum of £50 if death takes place before age 60, a temporary sick allowance of £1 per week up to age 60, and an annuity of £10 per annum from age 60 until death, specially designed to meet the case of assistants.
5. To secure the sum of £100 if death takes place before age 60, a temporary sick allowance of £1 per week up to age 60, and an annuity of £10 per annum from age 60 until death.
6. To secure an increasing assurance commencing with £100, and increasing £1 for every year during life.

Killed in the Streets.—A recent official return, just published, gives the number of accidents which have occurred during the past year to persons injured by carts and carriages in the public streets of every city and town in Great Britain and Ireland, the population of which exceeds 200,000, showing the number of persons killed, maimed, or injured. It appears that in London, with a population of 3,885,641, there were 139 people killed and 2,961 injured. In Birmingham, with a population of 343,787, there were 8 killed and 26 injured. In Leeds, with a population of 259,212, 10 people were killed and 35 injured. In Liverpool, with a population of 493,405, 23 people were killed and 486 injured. In Manchester, with a population of 351,789, 18 people were killed and 231 injured. In Sheffield, with a population of 239,946, 9 people were killed and 30 injured. In Dublin, with a population of 336,690, 23 people were killed and 227 injured. In Glasgow, with a population of 466,693, 18 persons were killed and 156 injured. Resulting from these accidents there were 312 prosecutions, and 128 convictions. Strangely enough, and a fact which is certainly suggestive, one half, both of the prosecutions and convictions, were in Dublin, the remainder being the grand total of the seven largest towns in the United Kingdom, including the metropolis. There is something wrong here!

Dr. Charles Kidd again.—The *Student's Journal and Hospital Gazette* thinks itself justified, on the *ex parte* statement of Dr. Kidd, in accusing us of having "misreported" that gentleman, "and afterwards refused to insert his correction, notwithstanding repeated applications." We did not "misreport" Dr. Kidd, nor did we ever refuse a correction. We have repeatedly intimated to that gentleman publicly, and by every hint we could devise, that we want to have nothing to say to him either as a contributor or a correspondent. We have refused, and will continue to refuse, the incomprehensible muddle of his opinions, and what he calls his facts, no matter whether he gives the lucubration the name of a "correction" or not. We do not want, as a contributor, any person whose facts cannot be depended on, nor do we covet as a personal correspondent a person who, having apparently nothing to do, devotes his abundant leisure to circulating on post cards libellous falsehoods, for the promulgation of which a person who could be regarded as responsible for his actions, would be either chastised or prosecuted. There is not on our part, as the *Student's Journal* says, any "misunderstanding" about Dr. Kidd. He has been to us a perennial annoyance, and we would willingly recognise by a handsome consideration the incalculable services of anyone who would tell us how to get rid of him.

The Macclesfield Infirmary.—Since the remarks which we felt compelled to make in our last issue, five of the recently appointed members of the Medical staff have tendered their resignations, which have been accepted by the Board. A meeting of the Governors has since been held, at which the objections were fully gone into and considered, and it is anticipated that the matter will be satisfactorily arranged in the course of a few days.

Dr. Bird, Chelmsford, is thanked for his kind note.

Dr. C. B. T.—We feel flattered with, and thank you for the compliment; we hope the intentions conveyed in the latter part of your note may be crowned with success.

L.R.C.P., Glasgow, is referred to our advertising columns.

Communications, with Enclosures, &c., have been received from—Dr. Hammond, New York. Dr. Beverley Robinson, New York. Mr. Walter Rivington, London. Mr. J. Needham, London Hospital. Dr. McKeogh, Waterford. Dr. Fayrer, Bengal. Dr. Latham, Cambridge. Dr. Pennefather, London. Dr. Morgan, Dublin. Dr. Forbes Winslow, London. Dr. Sutherland, London. Mr. Tamplin, London. Dr. Schmidt, New York. Dr. Bird, Chelmsford. Dr. Goff, Bothwell. Dr. Langley, London. Mr. Spencer Watson, London. Dr. Handsel Griffiths, Dublin. Dr. Andrew Wilson, Huddersfield. Dr. Hassal, Ventnor. Mr. Miller, Wrentham. Mr. Macpherson, Edinburgh. Mr. Maclehose, Glasgow. Dr. Kennedy, Dublin. Mr. George Southam, Manchester. Mr. Reginald Harrison, Liverpool. Mr. Salt, Birmingham. Mr. Masters. The Secretary of the Local Government Board. Dr. Wickham, Tetbury. Mr. W. Hoyle, Manchester. Dr. Ormsby, Dublin. Dr. Routh, London. Dr. Grimshaw, Dublin. Dr. Henry Tweedy, Dublin. Dr. Bell Taylor, Nottingham. Dr. Colebrook, Southborough. Mr. Cox, Southampton. Mr. Whatford, Brighton. Mr. Howell, Llanelly. Mr. Hanly, Colchester. Mr. Calvert, Manchester. Mr Hyslop, Stretton. Dr. Forsyth. Mr. Mowbray, Glasgow. Dr. Ross, Geelong, Australia. Dr. Knowles, London. Mr. Kent Spender, Bath. Dr. Murdoch, Castle-dawson. Mr. Abbot, Dublin.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Deafness and Diseases of the Ear; Causes and Treatment. By J. P. Pennefather, L.K.Q.C.P., L.R.C.S. London: Baillière, Tindall, and Cox.

On Nervous or Sick-Headache. By P. W. Latham, M.D. Cambridge: Deighton, Bell, and Co.

Sanitary Engineering, Sewage, and Drainage. By Baldwin Latham, C.E. London: E. and F. Spon.

European Child-Life in Bengal. By J. Fayrer, M.D.

On the Waste of Wealth. By W. Hoyle.

Indian Medical Gazette. Nature. Madras Monthly Medical Journal. Lyon Médical. L'Abeille Medicale. La France Medicale. Allgemeine Medizinische Zeitung. The Sanitarian. El Pabellon Médico.

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VACANCIES.

Royal Free Hospital. Junior House-Surgeon. Board and residence, but no salary.

Westminster Hospital. House Physician. Board and residence, but no salary.

Strand Union, London. Dispenser. Salary £73. Applications in writing to the Clerk, at 6 Bow Street.

St. George-in-the-East, London. District Medical Officer. Salary £130. Applications to Mr. J. Gill, at the Union Offices.

Hospital for Women, Soho Square, London. Assistant Physician.

St. Georges-in-the-West (London). Dispensary Resident Medical Officer. Salary £170 per annum. Applicants must address the Secretary, 78 Park Street, W.

Surrey Dispensary. House-Surgeon. Salary £120, with furnished residence. Applications to R. G. Jones, Esq., 190 Tooley Street, S.E.

West Bromwich Hospital. House-Surgeon. Salary £80 per annum, with board and residence. Address, P. D. Bennett, Esq., West Bromwich.

Sheffield Public Hospital. Honorary Physician. Application to Dr. Hall.

County of Buckingham. Public Analyst, &c. Applications for particulars to be addressed to A. Tindall, Esq., County Hall, Aylesbury. (See advt.)

Bucks County Lunatic Asylum. Assistant Medical Officer. Salary £80 (increasing), with board and residence. Address, A. Tindall, Esq., Aylesbury. (See advt.)

Beckett Hospital, Barnsley. House-Surgeon. Salary £140, with furnished rooms, &c. Address, the Hon. Sec., at the Hospital.

Stockton Union. Medical Officer. Salary £50, with fees extra. Address, The Clerk, Corporation Hall, Stockton.

Duffield Union. Medical Officer for the Wetwang District. Salary £21, with fees extra.

Youghal Union, Ardmore. Dispensary District Medical Officer. Salary £100 per annum, with fees extra. (See advt.)

Lismore Union, Cappoquin. Dispensary District Medical Officer. Salary £100 per annum, exclusive of fees. (See advt.)

Leeds Infirmary. House Physician. Salary £100 per annum, with board and residence. Address the Secretary.

Clayton Hospital. House-Surgeon. Salary £100 per annum, with residence, &c. Address the Hon. Sec.

Bradford Infirmary. Physician. Honorary.

St. Thomas's Hospital, London. Demonstrator of [illegible] timonials to be forwarded at once to R. G. Whitfield, Esq.

Warwick and Rugby Rural Sanitary District. [illegible] Health. Salary £800 per annum. Applications to be [illegible] Mr. H. C. Passman, Clerk to the authorities, Leamington.

Hexham District. Medical Officer of Health. Salary [illegible] Applications to Mr. John Stokoe, Hexham

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 25, 1873.

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Original Communications.

Abstract of Lectures

ON THE

VARIETIES IN THE MUSCLES OF MAN,

DELIVERED AT THE

ROYAL COLLEGE OF SURGEONS OF ENGLAND,

By M. Humphry, M.D., F.R.S.,

Professor of Anatomy, &c.

In the three lectures on Myology which Professor Humphry delivered last year at the Royal College of Surgeons of England, he showed that the several muscles in man are modifications of the simple pattern which is found in the lower animals. In his course of lectures this year his object was stated to be to show that the *varieties* in the muscles are to be viewed in the same light, and that they are generally the result of an imperfection in those processes of segmentation from the simple type and of concentration by which the more complete specialisation of the several parts of the muscular system in man is obtained. These varieties, as well as the modifications of which they are varieties, have a relation to utility in this way: taking the normal standard of muscular disposition as the most perfect, and therefore the most constant, those variations from it are the most frequent which least interfere with the movements of the body. Those muscles, that is to say, are the most frequently wanting or liable to variety which can be best spared and the variations in which are least detrimental—such as the pyramidalis abdominis, the palmaris longus, and the psoas parvus.

Having called attention to the labours of Wood and others, Professor Humphry drew upon this material and laid down the several propositions :—

1. We may fairly assume that the ordinary standard of muscular anatomy in man, as in each other animal, is the best, the one most fitted to the movements which have to be performed. Hence the varieties in and deviations from the standard are not changes for the better, but, for the most part, are for the worse, though the variety may not be attended with any manifest deterioriation or imperfection of function. The perfection of standard is attained by the requisite segmentation of the muscles from the simple primitive mass, and by the concentration of the fibres, by means of tendons, upon the parts where the force may be most advantageously exerted. And the varieties are due, in most instances, to imperfection of segmentation, or to a want of proper concentration of fibres, which sometimes presents itself in the form of too great segmentation or in too great a range of attachment.

The principle of subdivision, with, at the same time, that of concentration—of subdivision for the purpose of executing varied movements, and of concentration for the purpose of executing them in the most favourable manner and with the least expenditure of force—is carried to its utmost in the upper limb and, especially, in the hand. Here, therefore, we find the greatest frequency and the greatest number of varieties. In the trunk, where the opposite conditions occur, where specialisation is at its minimum, and where there is little difference in the disposition of the muscles in different animals, varieties are least frequent and fewest.

2. An imperfection of segmentation is most frequently observed in the case of muscles, the fibres of which—the fibres, that is, of two or more adjacent muscles—are parallel, and which are in the habit of acting simultaneously or nearly so, such as the pectoralis major and the deltoid, and more particularly the two radial extensors of the wrist; also the peroneus tertius and the extensor digitorum pedis: whereas the abdominal muscles, the fibres of which take different directions, and the peronei which act upon the different parts of the foot and in different modes, rarely present examples of imperfect segmentation from one another.

An imperfection in concentration is illustrated in the simplest manner by want of due limitation of the attachment of a muscle, as when the coraco-brachialis extends down the humerus to the inner condyle, or when the biceps has an additional origin from the humerus, or the peronei extend upon the toes. This may be attended with additional cleavage, leading to further subdivision of muscles; as when a third radial extensor of the carpus is formed, or when the segment of the tibialis anticus is inserted into the first phalanx of the hallux, or when an additional stylo-glossus or stylo-hyoid is present. Sometimes supernumerary muscles are found, which are scarcely the result of the wider extension and additional cleavage of the ordinary muscles, but still are to be referred to the persistence and development of some part of the embryonic or primitive muscular mass, which usually becomes absorbed, and makes way for the fuller growth of the regular muscles. Hence the presence of these supernumeraries is often associated with imperfect development of the regulars; or they may be due to what may be called a hypherthrophic development of the muscular system, in which case the presence of supernumerary muscles is associated, not with a lower, but with a higher amount of growth of the regular muscles.

3. The muscles which are most frequently wanting are, on the whole, those which are most easily spared—the muscles, that is, for which substitutes are most easily found, or which do not play any very definite or important part of the movements of the body. Such are the pyramidalis abdominis, the psoas parvus, the palmaris longus, and the plantaris, the extensor primii internodii pollicis, the peroneus tertius, the omo-hyoid, the stylo-hyoid, and the gemellus superior. It will be remarked, that of these some are, as it were, lingering remnants of muscles which are more developed in other animals, and which seem to be present in man rather because they are part of the animal muscular system, than because they serve any special purpose in him. Some, on the contrary, are developments peculiar to him or nearly so, are initiated in him and seem scarcely to have established themselves as stable elements of the muscular system; whereas others do not admit of being classed under either of these heads.

4. With regard to the correlation of muscular varieties, several are often present in the same object, and that they are often associated with varieties in the other structures as in the blood-vessels and nerves, and even in the bones. Moreover, the same kind of variety is likely to be repeated in the same person: that is to say, extensions of attachment, additional cleavages, or supernumerary muscles, are likely to be associated, or to appear at different parts of one subject. And the same is true of the variations in which the contrary tendency—viz., deficiency of development—is the leading feature. To this, however, there are many exceptions; it being no uncommon thing for deficiency in one part to be associated with excess in another.

The varieties are, as a rule, symmetrical. At least, in rather more than half the instances this is found to be the case. It is, however, to be remarked, that the corresponding varieties are not commonly found in the upper and lower limbs, or on the opposite (flexor and extensor) surfaces of the same limb. In other words, the varieties do not usually affect the serially homologous muscles in the upper and lower limbs of the same person, or the antagonistically corresponding muscles in the same limb. Therefore we must not look to varieties as a source of much information respecting the homologous disposition of the muscles in the two limbs. The conclusion is, then, that the discovery of a variety in a particular muscle suggests that there are, probably, other varieties in the muscular, the vascular, the nervous, and the other systems of the body; that these varieties in the muscles of other parts are probably of the like nature to that in the one observed, and are probably symmetrical; but we cannot infer that any particular muscle—scarcely even the serially homologous muscle in the other limb—is likely to be affected.

It might be anticipated that varieties would be most frequent in the higher orders of animals, because in them the departure from the simple type is greatest for the purpose of executing the more complex movements, but there is not sufficient evidence to enable us to form an opinion on this point, and though in the higher animals the muscular dispositions are more complex, yet the special functions of the several parts of the muscular system are more definite; and this would, to some extent, counterbalance the tendency to variety which the greater shown by might engender. It seems, indeed, to be complexity the dissections of different animals, including Man, that there is less fixity, more license of development, in the muscular than in the other structures of the body, except perhaps the blood-vessels. We learn from this—first, that the tendency to variety in the formative processes is greater then we should have anticipated from a superficial observation of animal form; and that it is limited "by the high controlling forces which insure the requisite subservience to utility." Secondly, the varieties in several members of each class are more numerous in those structures which vary most in the different classes of the animal kingdom.

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NOTES ON FEMALE MEDICAL EDUCATION IN ORDINARY MEDICAL SCHOOLS.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R C S.E.,
Senior Physician to the Metropolitan Free Hospital, &c.

Women, like men, have many difficulties to contend with during their passage from the cradle to the grave—poverty, disease, and sorrow of all kind fall to the lot of women as frequently as to men. Nay, I suspect more frequently, if we credit the observation of all competent thinkers. Now, the only prevention or cure of human ills that I know of resides in the systematic study of natural phenomena by as many members of the human race as possible. Astronomy, physics, chemistry, physiology, and social science, including political economy, have all hints to give us concerning our well-being. Why then are women to be kept ignorant of all that shields a human being from harm, and kept in perpetual childhood, because some ontological doctrines have declared that they are perhaps not quite so muscular or so intellectual as men? Above all, let women study medicine; the key to all the natural sciences!

Is there anything to be urged against women studying in ordinary schools of medicine or in universities? No. The question was a theoretical one until quite recently; but, after the evidence given by certain professors, both in the United States and in Switzerland, the point seems clear that women and men can study together with safety. Dr. Victor Böhmert, professor in the University of Zurich, published, in the *Augsburg Allgemeine Zeitung*, of July, 1872, some account of the ladies who are studying medicine at Zurich. Among 954 students who matriculated in Zurich in 1872, there were 63 young ladies, of whom 51 were students of medicine, and 12 were students of philosophy.

In the autumn of 1864, it appears a Miss K., from Russia, asked permission of the Rector of the Zurich University to attend anatomical and microscopical lectures. It was granted with the consent of the directors of education, and on condition that the lecturers should permit it. At Easter, 1865, another Russian lady, Miss S., asked leave to study like Miss K. There were no rules against this among the University by-laws; and, therefore, the professors of anatomy and physiology were without prejudice, so it turned out that these two ladies became students of the Medical classes.

In May, 1865, the whole question of admitting women to the study of medicine was argued out before the Senatus Academicus. It was first of all admitted that the presence of ladies in certain lecture-rooms was likely to call forth remark; but it was reported that the male students had hitherto been well-behaved and had shown much tact towards the lady scholars. A lively discussion showed that the friends and foes of female Medical education were pretty nearly equal in numbers; and the question was, therefore, not referred to the Department of Education for Switzerland. It was resolved that if any lady wished to attend more than two lectures, she must obtain a special permission. Thus, the "Laissez Faire" system was upheld; and Miss S., the Russian lady, continued at her studies so energetically as to become greatly respected both by students and professors, finally fulfilling all conditions for admission for the examination of M.D., although she was not matriculated.

In February, 1867, this lady asked to be allowed to be admittted to said examination, but was informed that only matriculated students were eligible. The Rector of the Zurich University, however, consulted on this point the Director of the Educational Department, when it was found that no law existed against her being matriculated. Accordingly, Miss S. after matriculating, was admitted to the examination for M.D. She passed a very searching ordeal and was created Doctor of Medicine.

During the two following years, only three English ladies, one Swiss, one Russian, and one American lady studied medicine in Zurich; and passed any examinations. In the winter of 1869-70, six Russian ladies made their appearance; but three left without examination. During the winter of 1870-71, the number of matriculated ladies reached eleven; of whom five left without passing their examinations.

Thus, until 1871, the female students were few in number, and many ladies left without passing any examinations. There remained, in the summer of 1871, only 15 Medical and four philosophical lady students. In the winter of 1871-72, however, the number of lady students rose from nineteen to thirty-one; and in the summer of 1872 there were sixty-three lady students at the university. Of these sixty-three ladies no less than fifty-four were Russians. This is accounted for by the fact that in Russia many schools for women have recently been established where Latin is taught; although no university in Russia has as yet been thrown open to them. There are, it seems, however, public lectures for women delivered in St. Petersburgh, which gives them a taste for going further in the study of scientific medicine. The first lady students who came to Zurich declared their intention of practising in the wild districts of the interior of Russia, where there are vast tracts without any physicians.

The prosperity of the Zurich University has hitherto by no means suffered by the female Medical experiment; and the number of matriculated students has risen from 233, which it was in 1864, to 354, in 1872. The Medical faculty, too, which, in 1864, had 107 male, and 1 female student; had, in 1872, 208 students, of whom 51 were ladies.

In consequence of this movement in female education, the examinations at the Swiss Polytechnic School have recently been thrown open to women; and, in 1871, a lady passed an excellent admission examination in mathematics and mechanics, at which 100 out of 350 were rejected.

The experience up to this time of the Zurich professors is highly favourable to the experiment of female education. No disagreement has as yet occurred between the ladies and the male students; whereas, the serious and reserved demeanour of the ladies has been of most favourable influence, we are told, on the conduct, morals, and energy of the male students.

Six ladies had passed their examinations in July, 1872, and been admitted to the diploma of M.D. The first of these ladies has become a successful practitioner in St. Petersburg; the third, a physician's wife, accompanied her husband in 1871 to the ambulances, when she met with the highest approbation of Prof. Rose, at Belfort. "It is," he says, "an immense blessing to mankind that women should be educated in the nursing and Medical treatment of the sick, in such seasons as that."

Miss Morgan, the second lady who passed at Zurich, is now engaged with Mrs. Garrett-Anderson in practice in London, and in managing the new Women's Hospital in that city. Another lady from Zurich is established at Birmingham, and is connected with a hospital there. The fourth lady M.D., of Zurich, was an American, and is now, it appears, connected with one of the Children's Hospitals of Boston, U.S.

The sixth lady M.D. is assistant to Prof. Biermer, at the Women's Branch of the Zurich Hospital, and is universally admitted to fill this post to the satisfaction of every one concerned, and it seems that another M.D. has just been elected house-physician to the Children's Hospital at Bristol.

It is well known that the elder lady students are very frequently consulted by women at Zurich, because they are supposed likely to understand women's diseases better than men can. Dr. Böhmert justly says, that there is at present a great latent desire on the part of female patients for the aid of practitioners of their own sex, as many women are shy to confess their own sufferings to men.

The chief objection to female Medical education is, that there is a moral danger in the education of men and women together in mixed classes. On this important point the Zurich professors publicly spoke as follows in 1870:—

"In answer to this question, the Medical faculty of Zurich University finds that the presence of female Medical students at theoretical and practical courses does not disturb the classes in the least. Lectures and demonstrations are given without regard to the presence of ladies in the anatomical class; or clinical specimens are shown just as if male students alone were present. In spite of this no awkwardness has ever occurred in a six years' experience of mixed education. The faculty, therefore, looks with calmness towards the further solution of this question. The faculty thinks that the serious love of work and the careful behaviour of the lady-students, as well as the political education and calm nature of the Swiss students quite account for this result."

Dr. Hermann, Professor of Physiology, writes, in 1872, "The ladies who have studied in Zurich have not been guilty of the least indiscretion; and many of them have gained the highest respect of their teachers and fellow-students for their industry and energy. The lecturers have never stooped a degree from their scientific elevation for the sake of addressing a female audience. In such lectures, of course, all jesting is strictly avoided and all approach to equivocal meaning."

Another professor writes, "According to my experience, the dangers of mixed courses are nil (even in the most delicate lectures on sexual pathology), if the lecturer remains a gentleman. I have often watched my female audience at such lectures, and seen that the better female nature keeps its dignity, and likewise the better nature of the young man. There are drawing-room conversations more frivolous, where fancy has more play. Rooms full of the dead and sick are not so dangerous as ball-rooms and public assemblies, which men and women attend. In fact, it would be difficult to find out any moral danger where men and women met each other, not in the dreamy half-light of ball-rooms and evening parties, but in the sober daylight in serious professional study."

One lady-student declined to have a separate room for dissecting, alleging as follows: "When we resolved to study we knew well we should meet with many things which would be awkward, according to common ideas; but we are familiarised ourselves with this thought that we must face these courageously, because we knew very well that the moment we exhibited awkwardness we should lose our position and it would then be as well to give up the study entirely."

Another lady thus speaks: "The idea that young men were present in the lecture-room, who had just left school, awakened in myself and the ladies of my own age at first an unpleasant feeling, which, however, as soon as the professors entered, vanished before the earnestness and interest of the lecture. It is possible that in an audience consisting only of young men there may occasionally be frivolity; but the experience made at this University is a sufficient proof that everything that could hurt the sensitiveness of any one was concealed on account of the presence of ladies, which reminded the young men of the importance of the subject."

"The public," says Dr. Böhmert, "would be right in valuing less any merely female Medical school as compared to mixed teaching, since such schools would probably always be below the level of schools for men, and would thus hardly secure the presence of first-class teachers. Moreover, free competition is useful for women who will be benefited by comparing their attainments with those of men. Besides, female Medical schools do not fit women to compete so well with men in practice as mixed schools. It is not just, either, to a woman who desires to study any particular branch of knowledge to shut out from her reach the best and most efficient teachers of the day.

"With respect to economical considerations, it is clear, once more, that female universities will not readily be established until there is a great demand for them by women; and, in the meantime, established institutions must be made use of until the question ripens, when, possibly, separate courses of lectures will be given to male and female-students in special cases, and, perhaps, female professors will lecture to their own sex on female disease.

"The relative weight of the male and female brain is nearly equal; and any excess in muscular strength that a practitioner of medicine is likely to want will principally be wanting in midwifery, which is precisely the department usually allotted to women. Nurses, peasant-women, and many other women have to use great muscular exertion in many instances, and yet do not fail to do their duties well, when strong enough, just as men do.

"Female physicians will of course be liable to occasional interruptions in their practice, but midwives have always existed; and these women have gone on with their calling very well, notwithstanding some occasional interruptions.

"Finally, it has been well said by Mrs. Dorothea Exleben who took her degree in medicine so long ago as 1759, and practised in Germany, being married to a clergyman of her town, 'Matrimony need not prevent any woman studying, the society of a sensible husband makes it even more cheerful to study and to practice medicine.'"

Prof. Rose, of Zurich, speaks thus, in one of the M.D. addresses referring to Mrs. Dorothea Exleben, "This will show that 100 years ago even the question of equality was resolved, as far as women's ability to study medicine is concerned, her duties as a mother are no hindrance, but rather an advantage. Zurich has the claim to be the first University which has opened a place continuously for the Medical instruction of women, and which has, in this way, practically made the crucial experiment of the woman's question."

I am informed by Dr. Chapman that he made special inquiries in Zurich in 1871, of several ladies with whom the female students had resided, and of one of the Medical staff, a professor, and found that in every respect the report was highly satisfactory and encouraging to the cause of female Medical education.

After this experience, I presume, that we shall hear no more theoretical declamation about the sheer impossibility of women attending the same lectures as men in some of our Metropolitan or Provincial Medical schools, in this emigrating country, where so many men leave us and so many able ladies would be only too glad to become useful to their neighbours by practising medicine. The school of *à priori* thinkers is fast giving way, and it is time a little common-sense were heard and that professional lips were opened to educated women.

STUDENTS' COLUMN.

LECTURES ON HUMAN ANATOMY.

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Lecture VII.

Articulations of the Pelvis.—Sacro-Iliac Symphysis.—Special Provisions against Displacement.—Strength and Importance of the Posterior Sacro-Iliac Ligaments.—Symphysis Pubis.—Accessory Ligaments.—Ilio-Lumbar, Lumbo-Sacral, Sacro-Sciatic, Obturator Membranes.—Triangular Ligament of Urethra.—Pelvis as a whole.—General Features and Mechanism.

The Articulations and Ligaments of the Pelvis may be arranged under the following heads:—1. The Articulation formed between the Sacrum and the Coccyx. 2. The Articulations formed between the Sacrum and the Innominate Bones. 3. The Articulations formed between the Innominate Bones themselves. 4. Accessory Ligaments.

The Sacro-Coccygeal Articulation has already been described with the Ligaments of the Spine; the other Ligaments will be considered in the order of enumeration.

I. The Articulation formed on each side between the *Auricular Surface of the Sacrum and the Ilium*, the *Sacro-Iliac Articulation*, belongs, in the opinion of many anatomists, to the same order of joints as the Articulations between the bodies of the Vertebræ. *The* union of the latter you will remember is effected by means of plates of fibro-cartilage and external or investing ligaments. Similarly, the Sacrum and the Ilium have been described by some authors as united by ligaments and by an interposed piece of fibro-cartilage, in structure resembling the inter-vertebral disks, and arranged in a series of concentric layers. Others merely speak of a layer of cartilage agglutinating the opposed surfaces (*a*) Hence the Articulation was termed the *Sacro-Iliac Symphysis* or *Synchondrosis*—terms which imply a very intimate union, a growing together, as it were, by an undivided continuity of cartilage. Authorities differ in some of their statements about this uniting medium. Thus, in Quain we read that "the auricular cartilaginous plate unites the bones with great firmness, and when the Ilium and Sacrum are forcibly torn asunder, this plate usually separates into two layers, one of which adheres to the surface of each bone;" whilst Dr. Ramsbotham has assured us that "it is invariably remarked, provided the joint is healthy, that when the ligaments are cut and the two bones forcibly wrenched asunder after death, the cartilage adheres to the Sacrum, leaving the Ilium denuded." Whatever may be the effect of disruption, it has been established by the best authorities that each auricular surface is covered by a layer of cartilage (*b*) similar to the cartilage which is found covering the ends of the long bones in the more moveable joints, and that the two plates are kept in apposition by *inter-osseous* and *investing ligaments*. "They have been said," Mr. Wood states (*c*), "by many writers to be completely incorporated together so as to form but one mass; but such is not the conclusion I have come to, except in a few cases, after many examinations carefully made in subjects recently deceased. The cartilages are very strongly adherent to, and follow exactly the shape of, the auricular articulating surfaces of the Sacrum and Ilium before de-

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(*a*) "The Ossa Innominata are joined at their back part to each side of the Sacrum by a sort of suture with a very thin intervening cartilage, which serves as so much glue to cement these bones together." Monro's "System of Anatomy and Physiology," vol. i., p. 175.

"This union, called the Sacro-Iliac Symphysis, is formed by the junction of the Sacrum and Ilium through the medium of an intervening cartilage." "Lectures on Anatomy." By B. B. Cooper, F.R.S., vol. i., p. 200.

(*b*) "They are each invested by a thin cartilaginous laminæ, which is, however, a little thicker on the side next the Sacrum. These laminæ do not come into contact, there being placed between them a soft yellowish substance of a structure little known, very different from synovia, and disseminated in isolated flakes. Their surface is granulated, rough in the adult only, for in children it is smooth, and even seems covered by a distinct synovial membrane. These two surfaces are kept together by four strong ligaments, together with several irregular fibres." Knox's Edition of Cloquet's "Anatomy," p. 195.

(*c*) "Cyclopædia of Anatomy." Art., Pelvis.

scribed, their rounded projecting angles being the most depending part of the articulation. That on the Sacrum is almost double the thickness of the Iliac Cartilage, which is somewhat less than one-eighth of an inch thick. In the male in a few instances the two seem to project into each other by irregular prominences, and to be connected without the intervention of a regular synovial membrane. In these cases it has been remarked that, on the application of force, the cartilage separates from the Ilium, leaving its auricular surface denuded. Much more frequently in the male, however, and always in the female and child, I have found extending between them throughout a complete smooth surface, apparently lined by a delicate membrane, and containing much thick synovia. The opposing cartilaginous surfaces are in these cases wavy or *S*-shaped when seen in a cross section, the Sacral part being convex and the Iliac part concave in front, the reverse arrangement having place behind, the greatest depression being in the Iliac Surface, exactly at the angular junction of the two limbs of the auricular surfaces at the most depending point of the articulation, and through which passes the line of pressure. At this part the breadth of the cartilaginous surface is greatest, being generally about an inch. Towards the extremity of each limb the width gradually becomes less. The inferior or horizontal portion is longer than the other, generally about two inches long, the superior or vertical portion being an inch and a half long. Immediately posterior to, or rather above, this cartilage covered surface, and filling up the digital depressions found there on each bone, are firmly implanted the *inter-osseous ligaments* composing the remainder of the articulation. These consist of very strong and coarsely interlacing fibres passing almost directly from bone to bone, inclosing large meshes which are filled with a soft, loose, synovial-looking fat, and containing many veins. Behind, these are continued into the deep posterior Sacro-Iliac Ligaments."

The *Investing Ligaments* of the *Sacro-Iliac Articulation* are the *Anterior* and *Posterior*.

The *anterior Sacro-Iliac Ligament* unites the Sacrum and the Ilium anteriorly. It is stronger above than below, and is divided by Mr. Wood into two ligaments—the *superior*, which passes from the Ala of the Sacrum to the posterior edge of the Iliac Fossa, and the *anterior*, which is attached to the anterior surfaces of the first three Sacral Vertebræ and to the strip of Ilium in front of the auricular surface, close to the superior edge of the Great Sciatic Notch. Both ligaments are continuous with each other (*a*).

The *Posterior Sacro-Iliac Ligament* consists of numerous strong, irregular strands of fibres, which pass at different depths between the prominent Iliac Tuberosity and part of the rough surface behind the Auricle of the Sacrum, as well as the two or three upper tubercles on its posterior aspect. The fibres spread out "in interlacing bundles towards the broader surface of implantation on the Sacrum, becoming larger as they become more superficial, and leaving meshes for the interposition of loose fat and the passage of numerous small veins" (*b*). The general direction of the deeper fibres is horizontal. A superficial set, extending from the posterior superior spine of the Ilium obliquely downwards and inwards to the fourth Sacral transverse tubercle, is named the *Long* or *Oblique Sacro-Iliac Ligament*. Mr. Wood describes a third band of fibres deeper than the oblique ligament and more horizontal in direction, which passes from the fourth Sacral tubercle to the posterior surface of the posterior inferior spine of the Ilium. He calls it the *Inferior* or *Short Superficial Posterior Sacro-Iliac Ligament*, and says that it has been confounded with the Great Sacro-Sciatic Ligament (*c*).

The movements permitted at this joint are limited to an obscure gliding motion of the Sacrum downwards and backwards, sufficient to counteract the shock of concussions. Strength is the main element of the joint, elasticity the second, and mobility the third. This joint, indeed, is one of the strongest in the body, for it possesses a pre-eminent architectural importance. Receiving and transmitting the weight of the trunk, it must of necessity be endowed with a proportionate strength; placed in the direct line of passage of vibrations it must act as an elastic buffer to deaden the force of jolts and jars. But the admirable art with which the joint has been fashioned, the many nice points of construction which guard against displacement and shocks, can only be discovered by a closer inspection. Reference to a Pelvis will remind you that the Sacrum is a double wedge, a wedge from above downwards with its broad end directed upwards and forwards, a wedge from before backwards with its base or anterior surface directed downwards and forwards. It is fitted in between the Innominate Bones, not vertically, but inclined obliquely downwards and backwards from the Lumbar Vertebræ. The Innominate Bones themselves slant forwards and downwards from the Sacrum, and their posterior ends projecting backwards overlap the superior part of its dorsal surface. In consequence of the obliquity of the Sacrum and the Innominate Bones and the thickness of the Sacro-Iliac cartilages, the weight of the body is transmitted effectually and easily from the Vertebral Column to the Hip-joints. The wedge-like shape of the Sacrum from above downwards secures it against displacement downwards; its wedge-like shape from before backwards guards it from displacement backwards. But besides the projection of the Ilia, which are a wall to the Sacrum on its right hand and on its left, there does not appear at first sight to be any special provision by which the displacement forwards into the Pelvis through the application of a sudden shock from behind may be prevented. To demonstrate such provisions we must examine the auricular surfaces very closely, and make transverse sections of the Sacrum and Pelvis.

Mr. Ward found that horizontal sections of the Sacrum at different depths through the auricular surfaces disclosed a configuration admirably adapted to prevent displacement. Although the anterior surface of the Sacrum at the upper end is two- or three-eighths of an inch wider anteriorly than posteriorly, yet, on dividing the bone in a line parallel to the upper strait of the Pelvis about the middle of the auricular surfaces, the proportions were found reversed. Lower down the anterior surface regained its ascendancy. In some specimens, however, the bone may be uniformly wider in front, and in others uniformly wider behind. But in these there is some compensating contrivance in the conformation and adaptation of the auricular surfaces which answers the same end. Such is the purpose served by the corresponding eminences and depressions observable on these surfaces; such also is the object of the anterior surface of the Sacrum being increased in breadth at the salient angles of junction of the limbs of its auricular surfaces. Here there are *pointed* projections which are received into depressions on the auricular surfaces of the Ilia immediately behind their prominent circumferential rims. Behind and above these pointed projections is a *groove* running along each limb of the auricular surface, and receiving a corresponding *eminence* of the Ilium. Such reciprocal adaptations enable the Sacrum to *bite on* the Ilium, and the Ilium to *bite* in its turn *on* the Sacrum. Moreover the *curves of the auricular surfaces* "give a greater extent of apposition than if they were plane, and at the same time that they allow of a limited yielding of the Sacrum to pressure, keep the surfaces continually in contact; and we shall find that although the general shape of the articular surface is rendered angular by the 'joggle,' the groove and corresponding Iliac ridge form a regular crescentic curve or segment of a circle, of which, in fact, the central internal projection of the Tuberosity of the Ilium above is the centre. Now it is to this prominence that the powerful deep posterior and inter-osseous Sacro-Iliac Ligaments are mainly fixed above; and it is by being suspended by and moving on them as the radius that the Sacrum slides on the Ilia downwards and backwards in the direction of this groove on the reception of force from above. That this motion, though limited, does take place may very readily be proved on the detached pelvis by striking directly downwards on the upper extremity of three or four Lumbar Vertebræ cut off with it. The impulse will almost entirely

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(*a*) Cloquet thus describes the anterior ligament:—"The others, which only consist of some irregular fibres expanded into membranes, are placed before the Sacro-Iliac Symphysis, and vary much in their length and direction. They present a very shining appearance, and are confounded with the periosteum of the Sacrum and Ossa Innominata."

(*b*) Wood, *op. cit.* Cloquet gives a very similar description, and says, "Such is their adhesion to these parts that if the Sacrum and Os Innominatum be forcibly separated, the surface of one or other of these bones is detached along with them without their being ruptured." *Op. cit.*, p. 196.

(*c*) "Besides these different ligaments there are still several fibrous bundles which concur to unite the Sacrum with the Os Innominatum, but they are irregularly disposed, and have nothing common in their form or appearance. Some are situated behind the Sacrum, and form a sort of membranous circle around each posterior Sacral Hole. Most of these are attached by their extremities to two separate tubercles, while their middle part is raised up so as to permit blood-vessels to pass under them." Wood, *op. cit.*

be felt at the tip of the Coccyx in a direction upwards and backwards." But a still further provision against forward displacement, and the most effectual, is the disposition of the posterior Sacro-Iliac Ligaments. If a transverse section of the Pelvis be made through the auricular surfaces of the Sacrum and Ilia, these ligaments, with the inter-osseous bands in front of them, will be displayed, passing obliquely on each side from the Iliac Tuberosity to the rough surface behind the Sacral auricular surface, and dipping into and filling up the deep fossa between the projecting Ilium and the posterior surface of the Sacrum. Thus, "they suspend the Sacrum between them somewhat in the manner of a suspension bridge, of which the Iliac Tuberosities are the suspending buttresses. This arrangement considerably adds to the yielding elasticity of the Sacro-Iliac joint, and does much to lessen the concussions passing through it" (*a*). Pressure of the Sacrum forwards serves but to tighten the fibres and to draw the Ilia more firmly together, and nothing short of their rupture is necessary to permit the actual forward displacement of the bone. In order to satisfy himself that it was the function of these ligaments to prevent this displacement, Mr. Ward divided in a recent Pelvis all the connections between the Sacrum and the Ossa Innominata, except the posterior Sacro-Iliac Ligaments, and then, having fixed the Ossa Innominata, endeavoured to draw the Sacrum forwards, but it resisted his strongest efforts. He then cut away part of the Bone opposite the lower half of the Sacro-Iliac joint in order that the wedge-like form of the Sacrum might have no influence either in promoting or preventing its advance, but it still resisted his entire force applied from behind, though now retained in position solely by the posterior ligaments. Well may Ward conclude that "if this bone, so well fortified against the constant strains to which it is exposed, had been left unprotected against dislocation by sudden shocks from without, it would present a strange exception to that watchful providence of nature against accidental violence which is exemplified in the structure of every part of the skeleton. It is indeed a remarkable reflection that contingencies which may occur but once in fifty years—which may *never* happen to some individuals—are yet as elaborately provided against by nature as those internal strains and tendencies to displacement or rupture, which are in incessant operation throughout the whole period of life."

II. The articulation formed between the Innominate Bones in front is called the *Pubic Symphysis*. It is a joint of the same kind as the Sacro-Iliac Symphysis. The opposed osseous surfaces are oval about an inch to an inch and a half long, and three-quarters of an inch broad at the widest spot. They are directed downwards and backwards, and are not quite parallel with each other, a wider interval existing in front than behind. They are each covered with a layer of cartilage, and these layers are united by a disc of fibro-cartilage thicker and stronger in front than behind. A cavity usually exists posteriorly, lined by synovial membrane. The fibrous element strongly predominates in the fore part of the disc. In describing the bone, its mamillary eminences, and its depressions, for the more secure attachment of the fibrous processes uniting it to its plates of cartilage, received special attention at our hands (*b*).

Surrounding the cartilage are *Anterior*, *Posterior*, *Superior*, and *Inferior Ligaments*.

The *Anterior Ligament* is a strong but irregular collection of fibres passing obliquely across from one Pubic bone to the other, and strengthened by the fibres of the external oblique muscle of the abdomen.

The *Posterior Ligament* consists of some thin scattered transverse fibres "remarkable in being raised by the posterior border of the Pubic fibro-cartilage into a vertical ridge very evident to the touch." The *Superior Ligament* is similar to the posterior, but joins the upper surfaces of the Pubic crests.

The *Inferior* or *Sub-Pubic Ligament* is the strongest. It is thick and triangular, and passes from the Pubic ramus on one side to the Pubic ramus on the other, forming an arch underneath the Symphysis. It is intimately united with the fibro-cartilage. It has a yellowish hue, due to the presence of elastic fibres. The movements permitted at the Symphysis are limited to "a slightly yielding sliding motion giving elasticity to the resistance of the Pelvic ring." It acts as a buffer for the counteraction of shocks and the pressure transmitted through the Rami.

III. The *Accessory Ligaments* are the *Ilio-Lumbar*, *Lumbo-Sacral*, and *Greater* and *Lesser Sacro-Sciatic*, to which may be added the *Obturator Membranes* and the *Triangular Ligament*.

The *Ilio-Lumbar Ligament* is a thick, triangular bundle of fibres which is attached by its apex to the tip of the transverse process of the fifth Lumbar Vertebra, and externally by its base to the posterior fifth of the Iliac crest as far forward as the most prominent point of the internal convexity of the Ilium. It is placed horizontally or nearly so, and bridges over the space which is left by the sinking downwards and backwards of the crest of the Ilium.

It serves to steady the last Lumbar Vertebra, and consequently the Vertebral Column above it, and to prevent its forward displacement. Owing to the thickness of the Lumbo-Sacral Inter-Vertebral Disc the movements between the last Lumbar Vertebra and the Sacrum are freer than between the other Vertebræ. The ligament also prevents that sinking downwards and forwards of the base of the Sacrum, which results from shocks transmitted from above through the bodies of the Lumbar Vertebræ.

The *Lumbo-Sacral Ligament*, or *Sacro-Vertebral* as it is often termed, has the same shape as the preceding ligament, and like it extends from the summit of the same transverse process to which it is attached by its apex. Its expanded base joins the superior surface of the ala of the Sacrum. It serves as an additional bond of union between the Sacrum and the last Lumbar Vertebra.

The *Sacro-Sciatic Ligaments*, two in number, on each side pass across the Great Notch which exists between the Sacrum and the Innominate Bone, and convert it into two *Foramina*, a *Large* or *Superior*, and a *Small* or *Inferior*, *Sacro-Sciatic Foramen*. The *Posterior Ligament*, the larger of the two is termed the *Great Sacro-Sciatic Ligament*. It is more or less triangular in shape, with its base at the Sacrum and its apex at the tuberosity of the Ischium, but it expands where it is attached to the tuberosity, so that its narrowest part is towards its anterior extremity. It is attached posteriorly from above downwards to the posterior inferior Iliac spine "by a membranous expansion, to the superficial posterior Sacro-Iliac Ligaments with which its fibres are blended, to the posterior surface and borders of the two last pieces of the Sacrum, and to the borders of the two or three upper Coccygeal bones." It runs downwards, forwards, and outwards, to be attached anteriorly to the inner border of the tuberosity of the Ischium, and is prolonged upwards as a *falciform process* sometimes termed the *Falciform Ligament*, along the inner margin of the ramus of the Ischium. The concave edge of this falciform process is connected with the Obturator Membrane. "The fibres of this ligament are arranged in fasciculi which cross each other in an X-like manner, so as to present at the extremities an expanded appearance, and in the centre a thick, contracted, rounded outline. The fibres, which are placed superiorly at one extremity of insertion, cross at the contracted part to become inferior at the other extremity, while those which

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(*a*) Wood, *op. cit.*

(*b*) In this account I have followed Wood, whose article "On the Pelvis" is the best and most exhaustive with which I am acquainted. The following account is from Cloquet's "Anatomy:"—"There is between them a fibro-cartilaginous plate thicker anteriorly than behind and in its middle; it is white, very dense, elastic, and formed of two distinct portions, one of which belongs to the left Os Pubis, and the other to the right. But there are detached from each of its portions transverse fibres, stronger, closer, and more numerous in the male than in the female, which form concentric laminæ intersecting each other, the more superficial of which pass round the articulation, while the internal only describe a semicircle at its upper or lower part. In many subjects, and chiefly in women, it is observed that these fibrous laminæ are wanting at the posterior part of the Symphysis. They are so much the broader and thicker the nearer they are to the lower and upper part of the Symphysis, their dimensions decrease in proportion as they approach the centre, and they become less apparent. Towards the middle of these there are also commonly observed two small, smooth, polished, oblong surfaces, covered with cartilage moistened with a viscid fluid of a whitish or yellowish colour, and which appear lined by a very delicate synovial membrane. They generally occupy only a third of the length of the posterior half of the thickness of the Symphysis. This disposition is much less apparent in the male than in the female, and it is still more distinct immediately after parturition. We observe, however, that in general the quantity of fibres and the extent of the cartilaginous surfaces are in inverse ratio, and that the relation between them is very variable, for sometimes the fibres predominate, and sometimes the smooth surfaces occupy almost the whole breadth of the articular surfaces of the Pubes. The fibro-cartilaginous substance which unites the bones of the Pubes is much thicker anteriorly than posteriorly, where it forms a sort of prominence very distinct in the female, and which occupies only the middle of the Symphysis; it disappears above and below." *Op. cit.*, p. 197.

are internal cross in the other direction to become external. Its superior border, consequently, is directed outwards and forwards, and its inferior border inwards, and both present a curvilinear outline" (*a*). We shall find hereafter that this ligament has important connections with the Hamstring and Great Gluteal Muscles. It is blended also with the Lesser Sacro-Sciatic Ligament at its attachment to the Sacrum and Coccyx, and near this part it is perforated by a hole which transmits the Small Coccygeal Branch of the Sciatic Artery.

The *Posterior* or *Small Sacro-Sciatic Ligament* is triangular in shape. Its apex is attached to the Spine of the Ischium, and its expanded base to the border of the lower part of the Sacrum and upper part of the Coccyx, generally including two vertebræ of each bone. In direction it is nearly horizontal, running from before backwards.

The uses of the Sacro-Sciatic Ligaments are multiple. They close the cavity of the Pelvis, and by economising bone tissue lessen its weight without compromising its requisite strength. They serve for the attachment of muscles. They act as an additional tie to the Sacrum and Coccyx, and counteract a tendency which exists to a rotation of the Sacrum on a transverse Axis drawn through the auricular surfaces. The weight of the body and the force of shocks transmitted through the Vertebral Column tend to press downwards and forwards the base of the Sacrum, and to rotate the Coccyx and lower end of the Sacrum backwards. This movement is prevented by the Sciatic Ligaments below, and by the Ilio-Lumbar Ligaments above.

By the disposition of the Sacro-Sciatic Ligaments are formed out of the Sciatic Notch two *Foramina*. The Great Sacro-Sciatic Notch is closed in by the lesser ligament, which separates it from the small notch; whilst the great ligament helps to bound the large notch posteriorly, and to convert the small notch into a foramen by forming its lower and posterior boundary.

The *Great Sacro-Sciatic Foramen* is limited above by the curved margin of the Ilium, in front by the posterior border of the Ischium, behind by the Great Sciatic Ligament, below by the Lesser Ligament. The *Small Sacro-Sciatic Foramen* is bounded anteriorly by the smooth concave margin of the Ischium between the Spine and the Tuberosity, above by the Small Sacro-Sciatic Ligament, and below and behind by the Great Ligament as it passes obliquely downwards and forwards. Each foramen is for the purpose of permitting the passage from the Pelvis of a muscle, vessels, and nerves. Thus the Great Foramen is a large oval hole which transmits the Pyriformis muscle after its origin from the anterior surface of the Sacrum on its way to join the Femur, the Great Sciatic Nerve, the Lesser Sciatic Nerve, the Gluteal Artery and Vein, the Gluteal Nerve, the Sciatic Artery and Vein, the Pudic Artery and Vein, and a Nerve to the Obturator Internus Muscle.

The *Lesser Foramen* is a triangular aperture which transmits the Pudic Vessels and Nerves and Nerve to the Obturator Internus as they re-enter the Pelvis, and the tendon of the Obturator Internus which is "outward bound," found on each side of the body.

The *Obturator Membrane* or *Thyroid Membrane* is an aponeurotic plane of fibres, the common flat tendon of the two Obturator Muscles, which closes the Obturator Hole. It is attached to the margin of the foramen where formed by the descending branch of the Ischium, but internally it passes behind the border of the united Pubic and Ischiatic rami to join their posterior surface, and superiorly it is interrupted at the outer part by the sub-pubic notch, which it bridges below as it crosses from its anterior to its posterior margin. Externally it is connected with the capsule of the Hip-joint.

The *Triangular Ligament* is so important a structure that it is desirable to introduce it to your notice in this place. It is a strong, membranous structure which fills in the upper part of the interval between the rami of the Pubes and Ischium. As you see it on this specimen it is an inch or a little more in depth, fixed by its apex to the lower border of the Symphysis Pubis, where it is blended with the sub-pubic or inferior pubic ligament and by its sides to the Rami. Its base is free. You observe that it closes the anterior opening of the Pelvis, and that it is perforated by two holes, a small hole above and a large round hole below. The large hole gives exit to the pipe which runs from the bladder for the passage of the urine, the urinary tube or *Urethra;* whilst the small hole above it is for a vein belonging to the Penis, with the under surface of which organ the Urethra is connected. This ligament has received another name, the *deep perineal fascia*, but I think it is a pity that this name should be used for the ordinary designation of the structure, as it is much better understood by the student when we adhere to the term, *Triangular Ligament of the Urethra.* It has many and complicated connections with the important structures in the perinæum, and, therefore, it is well that you should familiarise yourselves as early as possible with its appearance and position in its denuded state.

(*To be continued.*)

(*a*) Wood, *op. cit.*

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The Medical Press
RETROSPECT
OF
MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

> "The multiplicity of subjects with which the mind of the Medical man who attempts to keep pace with the progress of his science is constantly occupied, renders it desirable that ideas which are intended to be of practical utility to him should be submitted to his grasp in the smallest compass and most defined form of which they are capable."

No. VII.—*continued.*

N.B.—Authors are invited to send copies of their works, with such passages marked as they deem worthy of special notice in these Reports. All communications should be addressed to "The Editor of the *Medical Press Retrospect*," at either of the Offices of MEDICAL PRESS AND CIRCULAR. (*All rights in connection with these Reports are reserved.*)

SURGERY.

MORBID GROWTHS AND TUMOURS.

DUJARDIN-BEAUMETZ.—"The Value of Aspiratory Puncture in the Diagnosis and Treatment of Hydatid Cysts." *Bull. Gen. de Thér.*, Feb. 15.

FRACTURES.

HAMILTON, EDWARD.—"Two Cases of Fracture of the Patella—Use of a Peculiar Splint." Steeven's Hosp., reported *Irish Hosp. Gaz.*, Feb. 1. The splint, which is applied to the back of the knee, consists of two pieces capable of separation by means of a screw, so that traction is made on two loops—one below the lower, and one above the upper fragment, crossing at each side of the knee. The loops are made of soft chamois. Both cases did well.

EXCISION OF JOINTS.

GANT, FREDERICK.—"Case of Excision of the Knee-Joint for Disease in a Woman Fifty-three Years of Age, with Successful Result." *R. Med.-Chir. Soc.*, Feb. 11. The disease was chronic rheumatic arthritis of twenty-three years' duration. In the discussion which followed the reading of this paper, the propriety of resorting to this operation under the circumstances was questioned by several surgeons.

AFFECTIONS OF THE VASCULAR SYSTEM.

CINISELLI.—"On Cases of Thoracic Aneurism treated by Electrolysis since 1870." *Il Galvani*, Jan. In four of the cases recorded only very temporary improvement resulted; these cases prove that when a large branch originates from the aneurismal sac the operation is well-nigh useless. In the fifth case the benefit produced by the operation was decided.

HAYES, P. P.—"A Suggestion Respecting Torsion of Arteries for the Cure of Aneurismal Disease." *Irish Hosp. Gaz.*, Feb. 1. The method proposed is as follows:

Expose the affected artery rather freely, at such a situation as might be selected for the application of ligature, then grasp the vessel transversely at two points—say two-thirds of an inch apart—with a pair of narrow-bladed forceps, and *divide it completely* midway between the compressed portions. Torsion in its entirety could then be applied to the proximal and distal orifices of the severed vessel.

Holden, D.—"Nævus Involving the Whole of the Left Cheek." *St. Barth.'s Hosp.*, reported *Br. Med. Jl.*, Feb. 15. Mr. Holden proposed to attack it by degrees, passing threads charged with strong perchloride of iron through portions of it at intervals, setting up as much inflammation as would obliterate the parts enclosed.

INJURIES OF THE HEAD.

Hamilton, Edward.—"Fracture of the Skull." *Path. Soc., Dub.*, Feb. 1. This case was of interest, showing that extreme mischief may be done to the brain, and yet the symptoms as laid down in books not present. In this case there was no dilated pupil, no stertor, no whiffy breathing, no paralysis, or convulsions.

DISEASES OF THE EYE.

Jacob, Archibald H.—"The Flap Operation for the Extraction of Cataract." *Surg. Soc., Irel.*, Med. Press and Circ., Feb., 1873.

Swanzy, H.—"Neuro-Retinitis in Connection with Disturbances of Menstruation." *Surg. Soc., Irel.*, Jan. 17. The interest of the discussion on this paper had reference to the mode of treatment; it was questioned whether it would be better to treat first the nerve and afterwards the uterus, or *vice versâ*.

DISEASES OF THE TONGUE, &c.

Erichsen, John E.—"Cancer of Tongue, Removal by Galvanic Ecraseur." Univ. Coll. Hosp., reported *Br. Med. Jl.*, Feb. 15. There was not the smallest hæmorrhage.

DISEASES OF THE ŒSOPHAGUS.

Benson, J. Hawtrey.—"Perforating Idiopathic Ulcer of the Œsophagus." *Path. Soc., Dub.*, Feb. 1. The specimen exhibited was a very rare one.

INJURIES TO THE ABDOMINAL VISCERA.

Ormsby, Lambert H.—"Cases Illustrative of Rupture and Laceration of the Liver, Spleen, and Kidney." *Irish Hosp. Gaz.*, Feb. 1. These cases are illustrative of the fact that lesions of the gravest nature may occur internally when no mark or abrasion can be discovered externally to indicate that such an injury has taken place.

AFFECTIONS OF URINARY ORGANS.

McDonnell, Robert.—"Clinical Lecture on Stricture of the Urethra." *Irish Hosp. Gaz.*, Jan. 1, Feb. 15, and April 15. A most instructive and interesting paper.

DISEASES OF THE RECTUM.

Mason, Erskine.—"On Venereal Stricture of the Rectum." *Amer. Jl. Med. Sci.*, Jan. The author concludes that the disease is peculiar to women, and is most common between eighteen and thirty-five years of age; that its most usual locality is between one and two inches from the anus; that anti-syphilitic remedies do not benefit it; that syphilitic stricture as a sequence of syphilitic ulcer is rare, and that, as the stricture is really due to chancroid, it should be termed chancroid stricture. He states that treatment by caustics only aggravates the disease. His experience of the introduction of a bougie twice or thrice a week is satisfactory, and he gives some valuable information with reference to this mode of treatment.

MISCELLANEA.

Morgan, John.—"Contraction of the Finger." *Surg. Soc., Irel.*, Jan. 17. Prof. Morgan suggested from examination of this specimen that in cases of contracted fingers where the contraction was not in the palmar fascia, the flexor tendon should first be divided, and the tenotomy knife passed under it, so as to free the retinacula, and that then the lateral ligaments should be divided.

Althaus, Julius.—"Groh on Electrolysis in Surgery." *Lond. Med. Record*, March 5. Groh inserts the positive as well as the negative electrode into the tumour. By means of electrolysis Groh has destroyed very extensive tumours without the loss of a drop of blood. He considers electrolysis preferable to any other operation hitherto devised for nævus. Cases of lupus, sarcoma, cancer, and extensive tumours are recorded, in which electrolysis was successfully employed.

MIDWIFERY.

Elkington, Francis.—"Ergot Per Rectum in Labour." In a letter to the *Lancet*, Feb. 22, Dr. Elkington draws attention to a case in which a marked effect resulted from an enema of a strong infusion of ergot, the patient being unable to swallow.

Isdell, James.—"Emphysema in Parturition." *Irish Hosp. Gaz.*, Feb. 1.

Tait, Lawson.—"Successful Case of Gastrotomy in Extra-Uterine Gestation." *R. Med.-Chir. Soc.*, Feb. 11. The patient was aged 27, retro-uterine pregnancy was diagnosed on September 23rd, the child having arrived at the term, and died about the end of the July previous. The peculiarities of the case were—the absence of any false labour before the death of the child; the leaving the placenta undisturbed; the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly open.

DISEASES OF WOMEN.

Atthill, Lombe.—"Two Cases of Epithelioma of the Cervix Uteri removed by the Ecraseur." Adelaide Hosp., reported *Irish Hosp. Gaz.*, Feb. 15. These were good examples of the malignant "cauliflower growth" of the cervix uteri; in both the affection appeared to be as yet a local disease. In the operations little or no blood was lost.

Bennet, P. Henry.—"The Orifices of the Uterus and their Surgical Treatment." *Br. Med. Jl.*, Feb. 22. The author holds that the constant recourse to severe surgical treatment and operations in women originates in the failure to recognise the following facts: 1. That if the os externum will admit a good-sized sound, say No. 6 or 8, it is an absurdity to divide it on any grounds; 2. That the cervical canal between the os externum and the os internum is an infundibuliform cavity, and seldom or never is contracted or requires dilatation, except in congenital cases, or in cases where there are adhesions from the action of caustics or of labour; 3. That the os internum, so far from being open, as described in anatomical works, is closed by a vital contraction of the circular fibres, like the anus, and so closed that, except in morbid conditions, force has to be used with the sound in perfectly healthy women.

Kidd, George.—"Recurrent Fibrous Tumour of the Uterus." *Path. Soc., Dub.*, Feb. 8. This case was interesting, not only on account of the rarity with which fibrous tumours grow again after removal, but also inasmuch as the tumour became prominent at a point opposite to the attachment of its pedicle.

Smith, Heywood.—"On Dilatation of the Cervix Uteri." *Br. Med. Jl.*, Feb. 15. The object of this paper is to uphold Dr. Matthew Duncan's teaching that "dilatation quickly, or by instruments which are not allowed to remain, is safer than, and therefore preferable to, dilatation slowly, or by instruments which are left for hours or a day in the passages." Some objections advanced by Dr. Aveling against Dr. Duncan's teaching are replied to.

HYGIENE.

Gordon, Inspector-General.—"Lessons on Hygiene and Military Surgery from the Franco-Prussian War." London, 1873. Dr. Gordon, as the official delegate from the British Government during the late war, gives the results of his valuable experience in a most able and instructive manner. The work, which is of a semi-official character, should be carefully studied by all military surgeons.

Gordon, Inspector-General.—"A Manual of Sanitation; or, First Help in Sickness and Accident." London, 1873. Simple and much to the point.

Plasse.—"Etiology of Epidemics and of Epizootics." *Trib. Méd.*, Jan. 12.

Tidy, Dr. C. Meymott.—"On Vitiated Air." Med. Press and Circ., March, 1873.

Wilson, George. — "A Handbook of Hygiene." London, 1873.

MATERIA MEDICA AND THERAPEUTICS.

Beard, George M.—"On Electro-Physiology and Electro-Therapeutics." *Quart. Jl. Psychol. Med.*, No. 3. The author says that it is possible to affect diseases of the skin by central galvanisation, and without application to the diseased surface; that by external electrisation over the region of the cervical sympathetic the retinal circulation is temporarily influenced; that it is possible to improve the general nutrition of marasmic and debilitated children by general faradisation; that there are certain constitutions for which electricity in any form, or however administered, is contraindicated, and that there are no therapeutic advantages in favour of the slow interruption.

Blunt, T. P.—"On the Chemical History of the Eruption sometimes following the Use of Chloral." *Br. Med. Jl.*, Feb. 22. The author contends that when chloral comes into contact with the alkali of the blood, chloroform is produced, together with formiate of the alkali; that when the alkaline formiate comes into contact with the lactic acid of the sweat, formic acid is set free, and so causes the characteristic irritant action familiar to us in the sting of the ant and the nettle.

Dujardin-Beaumetz.—"Researches on Chloroform in Oil of Bitter Almonds." *Bull. Gén. de Thér.*, Feb. 15.

Griffiths, Dr. Handsel.—"Notes on the Pharmacopœial Preparations; specially arranged for the use of Students preparing for Examinations, and as a Note-Book for General Practitioners." London, 1873.

Kennedy, Henry.—"On the Use of Hemlock." *Surg. Soc., Irel.*, Jan. 17th. The author thinks that hemlock has fallen into disrepute mainly because it is given in too small doses. He gives it in doses sufficient to produce the physiological effect, and he prefers the extract to the succus for children, as the latter contains spirit, and is, therefore, sometimes objectionable. He has given it with advantage in chronic bronchitis, neuralgia, phthisis, asthma, and chorea, &c. It is especially useful in chronic diseases. In the discussion which followed the reading of this paper, Mr. R. P. White and other speakers called attention to the great value of the drug in glandular affections.

Voisin.—"On the History and Therapeutics of Bromide of Potassium." *Archiv. Gén. de Méd.*, Jan. and Feb. He gives a very full account of the chemistry, physiology, and therapeutics of this salt; he ascribes its therapeutic effects to its sedative action on the cord and medulla oblongata, and to its contracting the arterioles, thus producing anæmia of the tissues.

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Reports
ON
DISEASES OF THE THROAT.

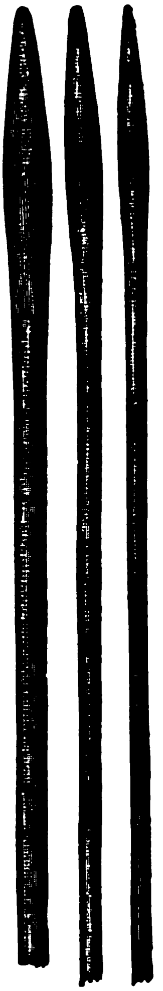
Edited for the "Medical Press and Circular."

By Prosser James, M.D., M.R.C.P.,

Lecturer on Materia Medica and Therapeutics at the London Hospital.

DISEASES OF THE ŒSOPHAGUS.

In a former report a full account appeared of some papers on the Œsophagus and its Diseases, for translating which thanks were expressed to Dr. Clinton Wagner, who spent some time in London, and is now settled at New York. In consequence of the enquiries of some correspondents I now say a few words on the use of bougies—a subject on which little appeared before.



Some considerable difference of opinion exists as to the use of bougies in the treatment of stricture of the œsophagus.

Mr. Pollock, for instance, quite condemns them, and doubtless accidents have occurred in skilled hands. For diagnosis bougies are necessary, and their use for treatment—if not too frequent—is mostly advised. In his article in Holmes's "System of Surgery," Mr. Pollock pronounces very emphatically against "meddlesome" surgery in this respect, and there is no doubt that great care should be exercised.

Mr. Durham employs a bougie with a bulb near the end, as shown in the annexed diagram. They are made by Messrs. Krohne and Sesemann, of Duke Street.

Some authorities prefer to have bougies with a small, round and hard knob at the end. The majority of surgeons content themselves with the old ordinary form. It may be observed that, in certain forms of stricture, the shape depicted in the engraving as made for Mr. Durham, by Messrs. Krohne and Sesemann, would be very advantageous, and would probably be safer than some others. We have seen them used, and known them give satisfaction. Considering how frequently œsophageal bougies are employed, it is perhaps to be wondered at that our instrument makers have not given more attention to them. Perhaps it is that surgeons are shy of them in the face of all that has been said.

RUPTURE OF THE ŒSOPHAGUS.

In the May number of the *New York Medical Journal* Dr. James S. Bailey reports a case of this unusual accident, which occurred in Alabama, in a healthy young man, æt. 22, induced, it would appear, by a violent attack of vomiting. For twelve hours before death, it was noticed that, during the attempts to vomit, nothing was brought up, and that full doses of castor oil failed to produce catharsis. Death ensued at the end of twenty-four hours. At the *post-mortem*, the thoracic and abdominal organs were found to be healthy, but in the cavity of the chest were found the various fluids swallowed, including the castor oil, which led to the conclusion that the œsophagus had been ruptured. A more minute dissection revealed the seat of this rupture, which proved to be half or three-quarters of an inch in length, and situated an inch above the cardiac orifice of the stomach. Oppolzer only reports one case of rupture of a healthy œsophagus, the accident merely occuring when the viscus is ulcerated.

GOITRE AND CRETINISM IN THE BARI DOOAB, GURDASPUR.

Turning to another subject, it may be remarked that many papers have appeared within a recent period on the subject of Bronchocele. It is not proposed to analyse or classify these, but to select some for the readers of this paper. First of all may be mentioned the latest that has appeared—one official report of which the *Indian Medical Gazette* gives the following account :—

Dr. J. Ferguson, Civil Surgeon of Gúrdaspúr, has recently written a valuable report of a personal sanitary survey of 330 villages situated in the Bári Dooab.

The tract of country surveyed is watered by the Bári Doab Canal, included between the rivers Biás and Rávi; bounded on the north by the low range of hills, known elsewhere as the Sewaliks, and terminates towards the south at or about a line drawn at right angles to the debouch of the Biás into the Sutlej. The main object of Dr. Ferguson's survey was to determine the influence of canal irrigation and elevated spring-level on health. His paper is not very conclusive, but he asserts, as a general inference from the facts which he has collected, that "spleen disease and fever are highest where the water-level is nearest, and lowest where it is furthest from the surface." Among other sanitary subjects which engaged his attention, was the prevalence of goitre in certain parts of the tract of country surveyed. His observations on this subject, which are quoted *in extenso* in the following extract, add another proof of the dependence of this affection on the geology of the tract of country to which its manifestation was limited :—

"Of the other endemic diseases of the Bári Dooab, besides spleen diseases and fever, the most important of all is bronchocele or goitre; for it occurs to such an extent in the extreme north as, to all appearance, seriously to affect the health of the inhabitants. For this reason, as well as because the subject interested me, I went into as full an inquiry in regard to it as time and means permitted me to do.

"The disease shows itself at Sháhpúr, close upon the foot of the hills—how far it extends into the hills I have not had an opportunity of ascertaining—and for a few miles southward is to be met with in all the villages along the Rávi, and inland from it. From the table I have constructed in Appendix C., it will be seen that the part most subject to the disease, however, is the locality immediately south and east of Pathánkot, where it prevails to the enormous extent of sixty per cent. of the population, and this among men and children only. From this centre it appears gradually to slide away, until it reaches its minimum at the Rávi in one direction, and at a curved line north of Dhobera and Jakrawar in another, few cases being found south of this. Within these limits also its distribution is at first somewhat anomalous and puzzling; for there is a mere trace of it at Pathánkot, and in a few villages between that and Sujánpúr, while at the latter place its uddenly rises to 32·5 per cent. Again at Batráli, on the Rávi, there is very little, while at Mirzapúr, only a short distance inland, it is common. And my notes tell me there is 'next to the goitre' at Narot, while at Gatora, within a mile of it, it shows a prevalence of sixty per cent. At Kotlí, Nanghán, and Phangarean it diminishes to twenty per cent., and at Dhobera, a little way beyond, its extent is very insignificant, or none at all.

"These facts puzzled me until I began to trace out the limits of the goitre-infected area on the map, with a view to seeking an explanation of them, when I discovered that the limits of goitre corresponded exactly with the limits of the boulder sub-soil layer described in the earlier part of this report.(*a*) And here we have not only an explanation of its distribution, but also of its cause, which is neither more nor less than the sub-soil water charged with salts dissolved by its chemical action on these boulders. That many of them are limestone we may safely conclude from the fact that boulder limestone is collected in large quantities from the bed of the Chaki close by; and from this source much of the lime used in the canal-head works at Mádhopúr is derived. And it comes down from the low hills above, which are simply upheavals of boulder gravel, and has the same source, therefore, as the stratum found at their foot. The streams from these hills, too, are largely charged with lime. I have even seen it lying white on the gravel bed of a rivulet whose volume had been diminished by the heat of the sun. We have sufficient proof that the boulder sub-soil area terminates short of Narot and Jakrawah, and the gravel cropping out on the surface near Dhobera shows that it terminates there too. At Pathánkot, on the other hand, it has just begun, so that the water there which is not got from any of these hill streams is as likely to be less impregnated with the lime salt as that a little lower down. To prove this I made a rough analysis of the water at Pathánkot, and also of some from Dherewala; the former I calculated to contain 43·6 grains of lime per gallon, while the latter contained 59·5 grains.

"My examinations were of course entirely confined to males and children. It is to be regretted that an opportunity for ascertaining the prevalence of the disease in females could not be got; for, from the persistence of the thyroid gland in adult life in that sex, they are generally more subject to it than males. But some idea of the relative amount in the two sexes may be got from an enquiry which I made on this point when residing at Mádhopúr in 1869. Out of 50 men I examined, 14 were goitrous, or 28 per cent., and of 24 women, 9 were goitrous, or 37·5 per cent.; while another batch of 44 males and 22 females yielded 15·9 per cent. and 40·9 per cent. of goitrous persons respectively.

"I have not been able to ascertain how young a person can have goitre, or whether sucking children can have it. I have ascertained, however, that it is not uncommon in children under five years of age. Besides those instances recorded in the table, out of 20 children I examined at Mádhopùr under five and over one year old, five boys and two girls had distinct goitres.

"The length of time necessary to produce goitre is not easily ascertained. I know a lady who contracted the disease within two years of her arrival from England; but it is probable that a much shorter period would suffice. Out of a gang of coolies I examined at Mádhpoúr in 1869, 97 were Ladakh man, and had only been a short time on the works. One of them only was affected with goitre. In a gang of females I examined at the same time, 10 were Bikaneris, and were a recent immigration; 21 were Kashmiris, and had resided long in the neighbourhood, chiefly in Sujanpur; while other 21 were villagers of all castes. The amount of goitre in each class was as follows :—

The 10 Bikaneris showed 0 goitre.
,, 21 Kashmiris ,, 8 goitres or 38·0 per cent.
" 21 villagers ,, 3 " 14·2 ,,

"In the majority of the cases I saw both lobes of the glands were affected, but where only one is involved, the right side appears to be the more common. And singularly enough, in many the isthmus was alone enlarged in the form of a round nodular tumour right in front of the windpipe.

"Goitrous subjects are pale and anæmic, more especially if the tumour be of any size; in short, they present an appearance of bloodlessness very similar to that observed in enlargement of the spleen. Both the thyroid gland and the spleen are blood-forming glands, and it is even probable that an enlargement of the former may cause the same leucocythemic condition observed in enlargements of the latter.

"The cretinism found along with goitre in this neighbourhood has already been referred to. It appears to prevail only where goitre is worst. As some are inclined to doubt

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(*a*) It only remains for me to allude to a more recent formation which overlies all these strata close under the hills—viz., a layer of boulder gravel and alluvium,—debris carried down from the low hills on the north. These hills are composed of boulder gravel embedded in fine red clay, with intervening layers of sand, and these are also the constituents of the soil for about five miles from their base. The boulders which are at first scattered over the surfaces by-and-bye disappear below it, and are found south of Pathánkot from ten to fifteen feet down, while further south still nothing is left in the sub-soil but shingle, and this soon disappears also. I have no exact evidence that the clay and kankar layers underlie this deposit, but a few facts seem to point to this conclusion. I was told, for example, by the zemindars of one or two villages, that a stratum of "rohi" existed under the boulders; and clay and kankar are seen to crop out of the hill sides above Pathánkot, thereafter to disappear from view till we reach Bhimpur, when they are again visible in a cutting made for the canal through a high bank; and that the boulder layer terminates near this, we have the evidence of Colonel Crofton, R.E., who writes to me that, "above Faridnagar the foundations of the (canal) works are, I believe, without exception on boulder strata; at Bhimpur, and some distance below, on "pure sand." This boulder soil is exceedingly permeable to moisture, as is shown by the fact that during the annual closures of the canal for repairs, if the weather be dry, the water disappears from the wells in its neighbourhood; and I myself have seen, during one of these periods, a stream of water in the canal bed, which a mile nearer its head was perfectly dry. We may presume, therefore, that this soil, which is of considerable depth, is constantly saturated with moisture, its amount depending on the fall of rain as well as the extent of canal irrigation.

the co-existence of these two diseases, I was especially anxious to get at the truth, and used every endeavour to see all the cretins in the villages I examined; and I hope I did see them all. Natives of this country are well known to be reticent of exposing their weak points, and these idiots are probably also looked upon with a superstitious veneration; and it was only by dint of much coaxing that I could get the people to produce one after another of those I did see; but the simple fact of their being all males would lead to the conclusion that female idiots were there, but not produced.

"It will serve no useful purpose for me to go into details regarding each of these cases. Suffice it, therefore, to say that they were of all ages between 40 and 1½ years, and their mental development ranged from the utmost fatuity to simple obtuseness of intellect; they were all stunted in growth, inclining to stoutness of figure rather than length; the skin was generally thick, and the bridge of the nose flattened; the palate sometimes vaulted, and the teeth extremely notched and irregular. Several had not the power of walking; and most could walk but imperfectly. One or two I saw, with the head set well back, ran along on all fours with great speed, monkey-like; and, in short, wanted only the caudal appendage to make the resemblance most striking."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 25, 1873.

HOMŒOPATHS SENTENCED.

OUR brethren across the Atlantic have a somewhat different mode from ours of proceeding in many cases, but they are, as a body, quite as anxious as we to uphold the honour and dignity of the Profession.

Some of our readers may remember that the Massachusetts Medical Society some two years ago resolved to attempt to expel certain members, who, by advertising themselves as homœopaths, had brought the society into contempt. The homœopaths resolved to resist by every possible means, and a most protracted trial has been the result. At length the trial is concluded, the following sentence having been passed on the 19th May, and shortly afterwards transmitted to the parties accused:—

The undersigned having been appointed a board of trial for the purpose of trying William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, I. T. Talbot, David Thayer, and Benjamin H. West, upon the foregoing charges and specifications, met the several parties charged on the 29th day of April, A.D. 1873, and by adjournment, on the days between said 29th of April and the date hereof, and heard the evidence adduced in support of said charges, and heard the said several defendants, all of whom were personally present, and their evidence, averments and arguments in answer to said charges and specifications, and the parties having been fully heard and the evidence and arguments on each side fully considered, we do find and determine that the said charges and specifications are all fully proved against each of said accused persons, and they are severally guilty of the charges aforesaid; and we thereupon adjudge and determine that the said William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, I. T. Talbot, David Thayer, and Benjamin H. West, be therefore expelled from their membership of the Massachusetts Medical Society, and report this our determination to the Massachusetts Medical Society at its annual meeting, for such action thereupon as to the society may seem fit.

(Signed)
JEREMIAH SPOFFORD,
AUGUSTUS TORREY,
GEORGE HAYWARD,
FREDERICK WINSOR,
Being a majority of the Board of Trial.
May 19, 1873.

While we congratulate the society upon the courage and perseverence with which it has asserted the right of excluding all who bring upon it reproach, we see clearly enough that many difficulties have attended the trial, and that it may be well for some other societies to revise their by-laws, in order to be able to act with effect. It is a strange thing that homœopaths should manifest such a desire to associate themselves with regular practitioners, while their writings consist so largely of abuse of all who will not accept their dogma. Still, some changes are coming over the proceedings of the homœopaths, and as we have lately had occasion to comment upon them, we cannot do better than add the story of the late trial from the pages of the *Boston Medical and Surgical Journal.* This able periodical tells us that:—

The charter of the Homœopathic Society was granted in May, 1856, to seven members of the Massachusetts Medical Society, three of whom were among the individuals lately sentenced to expulsion, not for practising homœopathy, but for being members of an exclusive Medical sect, and advertising themselves as practitioners of a special system of treatment.

"By the charter of the Homœopathic Society, in its 4th section, it becomes the duty of its officers 'to examine all candidates for membership concerning the practice of specific medicine and surgery.'

"On the part of the accused, every quibble has been made use of during the trial to enable them to retain membership. Some of them had joined the new association, knowing that the laws of the older organization forbade it, and the others were members when the laws of the Massachusetts Medical Society were passed concerning irregular practice; but no one of them ever objected either to their letter or their spirit. They have done certain things which, of late, they have tried to undo by *ex post facto* action. They have now tried to make it appear that there is no requirement for membership in the Homœopathic Society, that its members belong to no exclusive sect, and profess to practise according to no special dogma; that is to say, that, being homœopaths, they do not, in fact, practise homœopathy. As evidence of this, they point out article xvii. of their by-laws, which reads :—

> **'Any person, having received the degree of Doctor of Medicine from a legally authorized Medical institution and who sustains a good moral character, may become eligible to membership, after having been approved by the Board of Censors. He shall be elected by ballot at the annual or semi-annual meeting, and, after his election, shall sign the by-laws before becoming a member.'**

"They also call attention to article second as showing their excess of liberty in scientific matters. This reads :

> **'This society demands for itself absolute liberty in science, and, hence, requires of its applicants for membership no creed or confession of Medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.'**

"The expulsion of members of the Massachusetts Medical Society for belonging to an association so liberal as this, would appear to be uncalled for, to those who can look no further. The trial commenced nearly two years ago, and the proposal to make these by-laws read as above only dates back to October 9, 1872, a year after the trial had begun, and they were only adopted on the 9th of April, 1873, less than two months ago. But how did their laws read previously to that time? Put aside the charter which speaks of the 'practice of specific medicine and surgery,' and which their new by-law ii. violates. Article xv. of the by-laws, in force a year ago, says :—

> **'Any person who has received the degree of Doctor of Medicine from a legally authorized Medical institution, who sustains a good moral character and practises medicine in accordance with the maxim "*similia similibus curantur*" (the italics are theirs), may become eligible to membership after having been examined and approved by the Board of Censors.'**

"The amount of the matter is this. These men have advertised themselves as practitioners according to a specific dogma; their names have even appeared in the directory as such ; they have been warned that in so doing they were violating a law which they helped to make or signed an agreement to obey ; they altered their own law after they were accused of violating that which they acknowledged themselves subject to ; they stated their belief in the doctrine, that to cure a disease one must give the medicine which will produce the symptoms of it, and yet say now that they practise what they call 'allopathy,' or any other system, if they think proper.

"No one has objected to their giving any medicine they chose to. No one found fault that they believed in '*similia similibus curantur*.' No one cared if they thought that a curative effect was produced by the ten billionth of a grain of anything. No one had anything to say because they pretended to believe, that the more a medicine is diluted the more its power is developed. No one disputed their right to believe, that chronic diseases all originate in the itch. The fault found was, that, having signed an agreement to do certain things, they violated that agreement by publicly professing to practise according to a certain dogma ; although they have stated in their defence that the public profession was a falsehood, and that they practise according to circumstances, using any drugs as they please, and in any dose.

"The finding and sentence of the Board of Trial stand as the deliberate and careful conclusion of a protracted investigation, and they are an assurance that the Massachusetts Medical Society will harbour no professed exclusiveness in dogma or practice within the pale of its membership, no matter how plausible or 'liberal' the 'new school' delusion may be made to appear to the public.

"We can see no reason why homœopaths should desire to belong to the Massachusetts Medical Society at all. According to their present claim, they are far in advance of it and far more liberal. Noble martyrs in the cause of science, their trial has certainly advertised them to the world. They can act under their *new* by-laws as they may choose. They can give little pills or big ones ; they can purge and blister ; they can call themselves disciples of 'absolute liberty in science ;' but they must remember that their diplomas as members of the Massachusetts Homœopathic Medical Society read '*ob accuratam Medicinæ et Chirurgiæ Scientiam, insignem peritiam Rationis Similia Similibus Curantur.*' The Latin is their own ; they may decide for themselves whether it alludes to any dogma or not."

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AN IMPORTANT INTERPRETATION OF ADULTERATION LAW.

Our readers will bear in mind that during the progress of the new Adulteration Act through Parliament, we pointed out repeatedly the impolicy and uselessness of any enactment which could not be brought into effectual operation against the vendor of fraudulent goods, unless it were possible to prove that such vendor had a guilty knowledge that the goods were not what they professed to be. We pointed out that in ninety-nine sales out of each hundred, the vendor would be able to plead that the goods were sold by him as he received them from the merchant and that he never thought of enquiry whether they were pure or not, and in fact, we endeavoured to show, that the only safeguard to the purchaser would lie in making the vendor directly responsible, who, if the goods were sold to him in an impure state, would have his ready remedy against the merchant.

The Bill was, however, passed with a clause which seemed to imply that the seller of an adulterated article should not be punishable unless it could be proved that he knew it was impure.

The intention of the drawer of the Bill was, undoubtedly to exempt, as we have stated, the trader from responsibility, but we derive much satisfaction from observing that the ambiguity of the wording of the clauses has rendered useless this protection to the fraudulent trader, and that henceforth the seller should buy his goods from the merchant under a guarantee that they are what they are represented to be, and if he sells fraudulent articles, either with or without the knowledge that they are so, he will be responsible for doing so.

Three of the judges of the English Court of Queen's Bench have, the week before last, delivered judgment to this effect in the Liverpool butter case of Fitzpatrick and Kelly, and have thus put it beyond doubt that the Adulteration Act will not permit a trader, under any circumstances, to represent his wares as being anything but what they really are. He may sell a mixture of chicory and coffee, or of starch and cocoa, or of butter and grease at whatever prices he likes and, if he makes the articles attractive and cheap, no doubt he will find purchasers. But he must not put such articles upon the purchaser as genuine coffee, cocoa, or butter, but must, on the contrary, put it plainly before him that they are actually what they are represented to be.

Such a law is simple justice to the consumer and, but for the great power of the shop-keeper in our senate, would have been adopted long ago. In any case in which the consumer cannot, by any exercise of care, protect himself against fraud, the legislature is bound, if possible, to protect him, and if the judges' interpretation of this Act stand good, it will, at least, put it in everyone's power to punish the tradesman who cheats him, if he thinks it worth his while to do so.

Notes on Current Topics.

Earlswood Asylum for Idiots.

THE annual fête and summer entertainment of this institution will take place to-morrow Thursday, the 26th. The report of the Medical Superintendent, Dr. Grabham, says the year has in no way been an eventful one, the number of inmates is 565, 375 males, and 190 females. The average number resident during the past twelve months has been 553. During the previous year the average number was 524.

The general health has been excellent, and no epidemic has occurred during the year; but the appearance of measles in one of the servants, in November last, again forcibly drew attention to the want of a detached infirmary. The present number of epileptic patients is 82; of these a large number are at times prostrated by fits, necessitating their removal to the infirmary. It is, moreover, often found beneficial to send an inmate to the infirmary when not suffering from any disease, but merely from general debility, which a few days of quiet and careful nursing often remove.

No serious accident of any kind has occurred during the year. The death-rate has been low, viz.: less than four per cent. of the total number treated.

Dr. Attfield on Fires.

WE have lately been imitating our American friends as regards the frequent occurrence of fires, and it will not be amiss to draw attention to a pamphlet upon the above subject, by Dr. Attfield, of the Pharmaceutical Society. This book, of about thirty pages, consists of four letters originally inserted in the *Times*, and now collected and republished with additional matter. The author says, fire is a mode of chemical action, hence the authority with which a chemist speaks on the subject. Much valuable information will be found in these letters upon the origin and prevention of fires. The pamphlet deals with one of the questions of the day.

The Anæsthetic Controversy.

THE recent death by chloroform at the Broadmoor Asylum, England, again excites attention to the subject, we have heard also of a death occurring in private practice of which we hope to obtain further particulars for our next publication. We would refer our readers to the report given in our number of May 28th last, and can confirm the efficacy of etherisation by observation of a case last week in a gentleman of 84 years, who was etherised with most perfect results, and the lens extracted without a *contretemps* of any kind whatever; a boy of 10 years, and a girl of 6, were etherised in ½ to 2 minutes and operated upon, also with the most satisfactory results, showing that the extremes of life give most complete successes, although it has been otherwise supposed.

Borrowed Thunder.

WE have never been disposed to complain that the American periodicals have paid us the compliment of quoting largely and frequently from our pages, frequently giving the credit of originality to one of their own journals which had copied directly from us. We are pleased that our opinions should be popular, nevertheless, it appears hardly fair that the ideas to which the "we" of the MEDICAL PRESS gives expression should be adopted *ipsissima verba* by other editors. We note that the *Philadelphia Reporter* quotes *verbatim* a recent editorial article of ours on "The Statistics of Linear Extraction of Cataract," and prints it with all seriousness as an editorial pronouncement of its own.

Re-appearanc of the "Charleston Medical Journal."

THE *Boston Medical Journal* announces the re-establishment of this periodical, which formerly took so high a rank among our scientific journals.

Trichiniasis Epidemic.

FROM *France Médicale* we learn that a veritable epidemic of trichiniasis is prevailing in the civil and military hospitals of Magdeburg.

According to this communication small morsels of flesh of the weight of 1 gramme removed from several patients by a fine trocar contained as many as 8,000 trichinæ, and they could only be reckoned by milliards in the body of a soldier dead after thirty-two days of atrocious suffering. Hitherto, Medical records have only registered a few rare and isolated cases, here more than 250 people have been attacked, many of whom are already dead, while 150 are still in an alarming condition.

Ether Spray as a Means of Diagnosis.

THE *Lyon Medical* reports that ether in the form of spray has recently been employed to determine the degree of sensibility in a case of obscure paralysis, and with the following result:—

The affected parts when subjected to the jet of atomised ether were found to be frozen at the end of two or three seconds, whereas the other portions of the body, as well as the corresponding parts of another healthy individual, could not be frozen in this manner in less than eight or nine seconds.

The first Lady "Chemist and Druggist."

WE understand that, at the last examination of the Pharmaceutical Society of Great Britain, held in Bloomsbury Square on the 18th inst., a lady, Miss Alice Vickery, passed a very satisfactory examination, and obtained the diploma of *Chemist and Druggist*. Miss Vickery is, we understand, lady superintendent of the Ladies Medical College in the Portland Road, and has passed the Obstetrical Society's examination in midwifery. We hear, too, that, as soon as the London Medical schools throw open their doors to ladies, she intends prosecuting her studies for a Medical diploma. Such patient study will, we hope, be rewarded eventually by the success it deserves.

Changes in the Irish District Asylum Medical Staffs.

OUR Limerick correspondent telegraphs that at the fortnightly meeting of the governors of the Lunatic Asylum on Monday a letter was read from the Under Secretary, by command of the Lord Justices, appointing Dr. Edward Maziere Courtenay, Resident Medical Superintendent, in the room of Dr. Fitzgerald, resigned. Dr. Courtenay, at the time of the appointment, was assistant Medical officer in Derby County Asylum. He is an Irishman, unmarried, and about 28 years of age. He was a student of Dublin University, Bachelor of Medicine, Master in Surgery, and Bachelor of Arts, Trinity College.

James A. Eames, Esq., M.D., Resident Medical Superintendent of the Letterkenny Lunatic Asylum, co. Donegal, has been promoted to a similar position in the Asylum at Cork.

The emoluments of the Limerick residency are £450 a year and allowances of the value of £125 a year. Dr. Eames, by his exchange of office acquires an increase of salary and allowances from £550 to £700 a year.

Grant of the M.Ch. Hon. Caus. Univ. Dub. to Mr. Porter.

We learn that the Board of Trinity College has decided to grant the degree of Magister Chirurgiæ (*honoris causa*) to Mr. Porter, and that that distinction will be conferred at the summer commencements of the University of Dublin to-day. The present occasion is but the second on which this very high honour has been granted, and it completes the roll of the decorations which it is in the power of the Profession to confer upon Mr. Porter. Although barely fifty years of age he has already held the Presidency of the Royal College of Surgeons, the Surgeoncy to the Queen in Ireland, the Presidency of the Pathological Society, and the Senior Surgeoncy of one of the first clinical hospitals in Dublin, and his contributions to surgery are a standard quotation in the works of the leading surgical authors. The determination of the University of Dublin to mark their sense of his high surgical attainments is, therefore, deserving of our warm congratulations to him, and we are satisfied that the Board has made an addition to their roll of honorary graduates which does credit to them and to Irish surgery.

Evolution not supported by Myology.

In his interesting lectures at the Royal College of Surgeons of England Professor Humphry alluded to Mr. Darwin's views in a manner that will commend itself to mere thinkers. There is just now such a tendency to see evolution everywhere that it is a relief to hear facts that do not support the doctrine. Professor Humphry showed that variations in the muscular system do not exactly coincide with the doctrine of evolution. Lest we should be misunderstood we give the passage on this subject. He said:—

"The varieties themselves are very variable; that is, an unusual muscular factor, such as an additional head of the biceps brachii, differs a good deal in the different instances in which it is found. Still, there are lines, or 'directions,' as they have been called by Wood, which the variation most frequently takes; and these are so often in the direction of muscles normally existing in the lower animals, as to be strongly suggestive of a common origin of the muscular system in the several members of the animal kingdom. All that we can say, however, with any degree of certainty is, that they are illustrations and results of the similarity of the forces which are in operation of the several animals. The forces which evolve the coraco-brachialis of a Man and of an Echidna are similar; the materials are similar, and the surroundings are similar. It is probable, therefore, that the variations in the human coraco-brachial will present a resemblance more or less close to that muscle in the Echidna; and it does not necessarily follow that the muscle in the one instance has been evolved from that in the other, and that the variation is consequently a reversion. It may be asked, and with some reason, why, then, does not the coraco-brachial of the Echidna sometimes vary in the direction of that of Man? Perhaps it does so. At present we know too little of the varieties in animals to draw inferences from them. Still, we should judge it to be more probable that the higher and more nicely adjusted frame of Man would vary in the direction of the lower animals, than that the reverse should be the case. We should also expect that an animal would be more likely to vary in the direction of another near to it in the animal scale, and resembling it, than of one more remote and dissimilar, because the forces which evolve the two are more alike in the one instance than in the other. Unquestionably the variations in Man are not unfrequently reminders of the anatomy of the Ape; though somewhat too much has been made of this, for these variations are often reminders of the anatomy of other animals as well as of the Ape. Often the variations are reminders of the anatomy of other animals, and not of the Ape; sometimes of animals far distant in the zoological scale. Often, too, they are *sui generis*, and not reminders of the anatomy of any other animal.

"Much, therefore, as we may be tempted to adduce variations in the muscular system as additional arguments in favour of the evolution of men and animals from a common origin, it is perhaps more philosophical to refrain for the present, and to leave the mind unfettered by the bias attendant upon the consideration of this great subject, which, in the present epoch of scientific inquiry, tends rather too much to engross the thoughts, and which sometimes casts too strong a shadow upon the work, and too obviously obscures the view, of the investigators of Nature."

A statue is to be erected at Munich in honour of Baron Liebig. Dr. Hugo Miller, of 110 Bunhill Row, acts as secretary for the English committee.

A grand ball in aid of the Ventnor Hospital, which is erected on the cottage principle in the Isle of Wight, was held on Tuesday evening at Willis's Rooms, London, under the patronage of H.R.H. the Princess Christian, H.R.H. the Princess Mary Adelaide, and a distinguished list of the ladies of the nobility and friends of the charity.

The festival dinner of King's College Hospital was held on Thursday evening at Willis's Rooms, London, under the presidency of Mr. Justice Honyman. Amongst the guests present were Sir Charles Daubeny, Sir W. Fergusson, Major General Sir R. Wilbraham, Canon Barry, Professor Bentley, Dr. Guy, Dr. Bruce, Dr. Garrod, Dr. Baxter, Dr. Pritchard, Dr. Kelly, &c. Subscriptions to the amount of £2,000 were announced during the evening.

The subjoined resolutions were adopted at a general meeting of the Royal College of Physicians of London, held on the 9th inst:—

1. That the practice of Medical authors frequently advertising their own works in the non-Medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the Profession.

2. That the above resolution be communicated to the President of the Royal College of Surgeons, and to every Fellow and Member of this College.

There was a General meeting of the Royal Irish Academy at their House last Monday evening when the following papers were to be read :—

1. Alex. McAlister, M.D., "On the Muscular Anatomy of the Civets."

2. John Ribtn Garstin, F.S.A.: "On an Ancient Parish Register of Stabannon, Co. Louth," and to present a Transcript of it.

3. G. Sigerson, M.D.: "On Changes in the Physical Geography of Ireland," and 4, a "Note on a cause of the Buoyancy of Bodies of greater density than Water."

We have authority for the statement that Mr. Tufnell intends to offer himself as a candidate for the Vice-Presidency of the Royal College of Surgeons in Ireland at the annual election of honorary officers of the College in 1874.

Mr. Tufnell was formerly Professor of Military Surgery and for many years has been one of the surgical examiners of the College, and surgeon to the City of Dublin Hospital, and, in virtue of his military rank of surgeon-major, has had prominent charge of the Dublin military prison and hospital.

Mr Tufnell's candidature for the Vice-Presidency will strongly recommend itself to the Fellows, for he is, both as a surgeon and a gentleman, very popular with all parties, and is, moreover, possessed of ample means to sustain the dignity of the Presidential Chair.

We understand that the members of the Dublin corporation will meet on the 1st of July next to select a candidate for the important office of Lord Mayor for the year 1874. Two gentlemen are named as aspirants to the civic chair, namely, Dr. George B. Owens, and Mr. Maurice Brooks. We believe the latter gentleman to be a very excellent citizen in every respect; but we cannot be silent as to the merits and claims of Dr. Owens. He has spent a long life in Dublin, where, in the most honourable manner, he has practised his profession, and on every occasion offered, both in public and private, he has upheld the honour and rights of his professional brethren. Dr. Owens is a magistrate of Dublin, a Poor-law Guardian, a director of Apothecaries Hall (of which institution he served the office of governor), and lastly, he is a member of the corporation, and now seeks to be placed in the highest position that body can confer on any citizen. Medical men have ably filled the office of Mayor in some of the great towns of Ireland; and in Dublin Sir William Carroll, M.D., twice served the office of Lord Mayor with the greatest satisfaction. We feel confident that if the lot falls on Dr. Owens, he will in every respect uphold the honour and dignity of the office, and prove to his fellow citizens that a Medical man can adorn the civic chair, and dispense the hospitality of the Mansion House.

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THE IRISH MEDICAL ASSOCIATION.

We commend to our readers and the supporters of the long-established Irish Medical Association the straightforward letter of the secretary Dr. Quinan to the *Lancet* as to the ill-directed remarks of its Dublin correspondent. We referred last week to the indication of speedy dissolution given by the neophyte Poor-law Medical Officers Association, by its non-appearance in the shape of annual meeting. We must congratulate the Poor-law Medical officers who were ill-advised enough to join it, on its early decease, when we find that the only instance to a claim for existence was composed of such baseless fabrics as are alluded to by Dr. Quinan who thus vigorously remonstrates.

"IRISH MEDICAL ASSOCIATION.

"*To the Editor of* "The Lancet."

"Sir,—In justice to the Irish Medical Association, a society which for upwards of twenty years has been carrying on its useful operations, I claim of your well-known courtesy and fairness, space in the next issue of your paper to contradict the injurious misstatements of your Dublin correspondent referring to the last meeting of the Society, and which nothing but the most wilful ignorance, or something worse, on his part, could have induced him to publish.

"Passing over the ill-natured question as to the annual meeting of the Society as unworthy of notice, I proceed to the statement 'that the Council of the Society takes credit to itself for the work done by other Societies.' This is so vague an accusation that it is difficult to deal with it otherwise than by the simplest but most positive denial of its truth. The Council against which your correspondent makes this gross charge is composed of gentlemen of the highest standing in their profession, among whom are the Presidents and three ex-presidents of the Royal College of Surgeons, and is a sufficient guarantee that any report drawn up with its approval would contain nothing but a most truthful statement of the business transacted by it during its official year, and I defy your correspondent to point out a single statement in the report that cannot be proved by the records of the Society. But your correspondent is guilty of another error in reference to the proposal made by the Society to form among its members some provision for the widows and children of Poor-law and dispensary Medical officers. This scheme has now been under the consideration of the profession, and has been so fully canvassed and discussed by its promoters that the fact of your correspondent mixing up with it the Superannuation Act obtained by the association two years ago as a provision for the worn-out Medical officer (not for his widow), confirms my opinion that he did not take the trouble of being present at the meeting he so incorrectly describes and unfairly maligns.

"I remain, Sir, your obedient servant,
"Dublin, June 19th, 1873. "E. J. Quinan, M.D.,
"Hon. Sec. Irish Medical Association."

"⁂ We have not had time to communicate with our Dublin correspondent on the subject of Dr. Quinan's letter, but feel sure he can give an explanation next week."

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Correspondence.

CONTAGIOUS DISEASES (WOMEN'S) ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I find the author of a communicated article in a late issue of the Medical Press and Circular "On the recent Debate on the Contagious Diseases Acts," makes allusion to what he calls "the extraordinary assertions" of the witnesses who gave evidence against the Acts. It would have been more interesting if he had cited a few examples, as he has neglected to do so, however, permit me to supply the deficiency from an opposite source. Almost all the astounding assertions as to the beneficial results of these Acts, have been founded upon the evidence of a certain detective, who has made himself notorious as one of the police employed to carry them out.

This inspector stated, "that in December, 1863, he visited the three towns of Plymouth, Devonport, and Stonehouse, and there found '386 brothels, and 1,960 prostitutes' (495-503), (see Blue Book, Report of the Royal Commission). He further asserted that he obtained these statistics by personal visits, without extraneous aid (507); that he, in addition, took down the names of the majority of the women (514), and that he made these visits in the five hours intervening between eight in the morning and one o'clock each day (815)." He says that he "did Devonport in two days" (509), and ascertained that there were 86 brothels, and 440 prostitutes (510-517), so that he must have discovered and visited brothels, and 44 prostitutes per hour; the "majority of whose names" he also wrote down! He took barely two days to "do" Stonehouse (848), and gave as the result, 50 brothels, and 320 prostitutes (844), being 5 brothels, and 32 prostitutes per hour. To Plymouth itself he gave, at the outside 8 days (848-849), and ascertained that there were 250 brothels, and 1,200 prostitutes (519). And in this latter place he had more trouble, because he was "not so well acquainted with Plymouth, and it was more scattered than Devonport and Stonehouse" (828), and he had to find out the brothels by watching at midnight (831). But it will be noticed that the indefatigable officer did not allow this to interfere with the regularity of his statistics, for he gives as the result, 6 brothels, and 30 prostitutes per hour! So that, by unassisted personal investigation during five hours daily, in "less than a fortnight" (849), he found a total of 386 brothels, and 1,960 prostitutes, and also found the "few women living in private lodgings" (9,315). The inspector further states, that in 1865 he made a "more careful" examination (859), and found there were 356 brothels, and 1,770 prostitutes. These are the figures which are considered to prove, that the Acts have had the effect of diminishing the number of prostitutes from 2,020 to 1,770, and which have been quoted over and over again in the House and elsewhere, as triumphantly conclusive as to the beneficial effect of these iniquitous measures.

So far from diminishing, Parliamentary paper, No. 149, presented on the 1st of May, is proof conclusive that the Acts have the effect of making women prostitutes; thus, in Table No. 1, page 4, it is stated that of 2,290 known common women in the several subjected districts in the past year (1872), 1,625 had been registered *for the first time during that year*. From the same table it may be seen that, during the past five years, an average of 1,958 *fresh women* have been forced on to the register of common prostitutes each year.

The above figures are quoted from an able article in *The Shield*, and speak for themselves.

Another instance of "extraordinary assertion" I also quote from the same source. Mr. Lewis, M.P. for Devonport, in his speech in the House, quoted statistics to show, that for the two years prior to the Acts (1863-64), the admissions to the Plymouth, Devonport, and Stonehouse workhouse for the disease in question were 471, and that for the years 1871-72, there were only 22, thus showing a decrease of 449 cases. Of course the House cheered this result, and those hon. members who rushed out of the House when Mr. Lewis sat down, doubtless were in many cases influenced by the above figures. But what is the fact?

The Devonport Commissioners, at their meeting held last week, loudly complained that both Mr. Bruce and Mr. Lewis, had "*made serious exaggerations*" in the statistics they had quoted. It was declared that, instead of 471 cases being admitted to the workhouse in 1863 and 1864, as stated by Mr. Lewis, the number was only NINETY-ONE, and the Commissioners very properly urged that "*gentlemen ought to be more careful with statistics upon a question on which there was a wide difference of opinion.*"

"It will be seen therefore, that by *accidents*—but one of those accidents that are the main props of the Acts—Mr. Lewis stated 380 cases of disease too many in the workhouse in two years, previous to the Acts, and showed a decrease of cases of disease of 449, instead of 69 only. The fact, also, that an immense proportion of diseased women are now imprisoned in the Devonport Lock Hospital, instead of in the workhouse as formerly, is enough to account for the decrease of 69 admissions to the union."

Is it not simply infamous, Sir, that the opponents of the Acts should be obliged to support a special journal of their own in order to get such facts as these recorded at all. Fancy statesmen accepting figures like these, and parading them in justification of a foul despotism, "Quen Deus vult perdere prius dementat." A town about to be placed under the Acts, is visited by a disguised policeman, who guesses that one woman in every seven of the whole population, is a common prostitute; when the number is carefully ascertained subsequently, and it is found that 1 in 100 is much nearer the mark, the difference between 1 in 7 and 1 in 100, is said to be a reduction effected by the Acts. Such figures are quoted by so-called statesmen, and given a prominent place in the leading journals, and any private individual endeavouring to record the truth is instantly snubbed, and the facts carefully concealed from the public. An English work-girl, suspected of unchastity by a paid spy, is dubbed a common prostitute by our paternal Government, and compared by hon. members (see Speech of Mr. Lewis, M.P. for Devonport), to a Malay running a muck, or a drunken lunatic flourishing a drawn sword in the open street—while the man who seeks out a girl seduces her, or if she be a prostitute bribes her, and either infects her, deliberately inoculates himself, or escapes altogether, though well aware of the risk he incurs, is looked upon as an innocent passer-by who ought to be protected by the infamous degradation of women, who are sometimes innocent and always less to blame than himself, nay, not only so, but constitutional law, the Magna Charta, Habeas Corpus, and Bill of Rights, must be trampled under foot, and legal safeguards swept away from *all women* with the same benevolent end in view. Surely we over-estimate our privileges when such things are possible. The Englishmen of the present day are degenerate, indeed, when they can be persuaded to barter their birthrights for such a mess of dirty pottage as the Contagious Diseases Acts.

I am, Sir, your obedient servant,

"A LOOK HOSPITAL SURGEON."

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HIS MAJESTY THE SHAH (A SUGGESTION).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—His Majesty the Shah, the King of Kings, has travelled from East to West, bent on learning evidently the customs, habits, and secrets of the power of Western nations. Royal display, military and naval, and Guildhall demonstrations, are being afforded to his heart's content; England is the power he wished most to see. Let His Majesty learn by practical observation what he desires to know, but let him see the hidden and silent action of our greatness—Christianity, our care for the sick and poor. Might I suggest through your columns that the Presidents of our Royal Colleges of Physicians and Surgeons should invite His Majesty to a *conversazione*, and show him the surgical and Medical improvements of the day for the relief of illness and poverty. His Majesty is but human, and, if I read it correctly, an English Doctor saved him from serious illness, and travels in his suite in consequence. Could His Majesty be induced to visit our ancient hospitals, St. Bartholomew's and Guy's, and learn their origin and purpose, I venture to say he would carry back impressions greater than our great guns have shown him. A visit to our soldiers' hospital at Netley would repay His Majesty for the time so spent, and I feel sure that the Secretary of State for War, in connection with the gallant Director-General of the Army Medical Department would allow His Majesty the Shah of Persia to see how we care for our soldiers.

I am, Sir,
Your obedient servant,
J. MCGRIGOR CROFT, M.D., M.R.C.P., M.R.C.S.,
Late Staff-Surg. to H.M. Royal Army.

Mandarin Villa, St. John's Wood,
20th June, 1873.

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PROPHYLAXIS OF SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the interest of science and of Medical freedom it is a matter of congratulation to one of your readers, that you open your pages to the honest and forcible letters of such men as Carruthers, Drysdale, and Charles Bell Taylor. No Medical subject can possibly possess half the interest that is embodied in the Contagious and Anti-Contagious Women's Diseases Acts—our future progeny, our future health, the vigour of our race, all depend on a proper understanding of these most important matters, at present Sir, involved, if I understand it at all, in a continued Medical muddle, and kept so by Reviewers who write pseudo-morality at any price per line. Such statements of Tamar, of Rahab, and Mary of Magdalene, presumed prostitutes, won't do for Dr. John Beevor, or Dr. Charles Bell Taylor. What! Sir, is a harlot! What is fornication? and what's a sinner! Does not the present world of fashion, composed of Church and State policy, despise the demi-world? Supposing the world of fashion is more righteous than they. What, indeed, is the cause of prostitution? Dr. Taylor tells us, biting [illegible] on the one hand; and impossible matrimony amongst the rising manhood of our country, *on the* other. Dr. Taylor quotes in his public lecture, that many industrious girls in Nottingham, are offered the magnificent sum of 6d. per dozen for making men's caps, and stop them 2d. a score for learning.

In St. Luke's, the speciality for men's braces, the price given is three farthings a pair and to find their own cotton. Your Reviewer eminently considers, that if a woman is immoral or fast, and marries without matrimony, she is to be branded by the world as a common prostitute, registered as a jail bird, treated as an habitual criminal, and subjected to some hideous periodical outrage, lest the sons of the wealthy, the sons of the clergy, the sons of our army and navy, and our numerous clerks and trade assistants should contract some leucorrhoeal affection, and spread disease.

Sir, put the axe to the root of the tree, and give every man his own wife, and every woman her own husband; turn to the 4,000 prostitutes in Portsmouth, and offer them 4,000 respectable homes under some honourable matron, and relax the wicked laws, that matrimony shall be impossible to our brave defenders, and marriage made honourable amongst them.

Finally, it is men who spread disease. A bull who has many cows, soon becomes what the herdsman calls fired, and the whole neighbourhood is on fire. To what purpose would periodical examination of the cows be? Equally ridiculous is it to say, men do not spread disease. Many do it from malice, some spread it wilfully, and several from the hope of implanting the disease on another, saying, oh! the woman is only a prostitute. When equality of rights may occur, and the "Monde of Fashion" no longer oppress the "Demi Monde," and tyrannise over their weak consciences, liberty will again be possible, and brotherly love return.

I am, Sir, your obedient servant,
John Beevor, M.D., F.R.C.P.
Scarbro' and Newark-on-Trent, June 10th, 1873.

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THE IRISH CONJOINT EXAMINATION SCHEME.

We have been informed on the best authority that the Conference Committee of delegates from the Irish licensing bodies, which has recently been sitting at the Dublin College of Physicians in debate on the scheme for a conjoint examination, has received a communication from the Apothecaries Company, by virtue of which that body expresses its readiness to join in the scheme if it be allowed to send three examiners in pharmacy instead of one to the Conjoint Examining Board. It is probable that such a proposal would be accepted by the Committee and by the licensing bodies, and as a Committee of Reference, whose function it would be to adjust any overbalance in the examination, is provided for by the Scheme, the proposed addition of two pharmaceutists to the twenty-one examiners may be more readily acceded to. It is also, we are assured, likely that the Conference Committee will—to use the Parliamentary phrase—not insist on that part of their proposal which introduces Greek into the preliminary examination, that subject having been expunged by the Medical Council.

Dr. Humphry, of Cambridge, and Mr. Power, of London, are at present in Dublin, engaged on behalf of the Medical Council in visiting the examinations of the various licensing bodies. They were present at the recent examination for Medical degrees at Trinity College.

The death from chloroform which we reported some months since as having occurred in Sir Patrick Dun's Hospital, Dublin, is to be the subject of an action at law, a writ of summons and plaint having been served for the next Wicklow Assizes.

Medical News.

Royal College of Surgeons of England.—The following members, having passed the required examinations for the Fellowship on the 29th, 30th, and 31st ult., were, at a meeting of the Council held on the 19th inst., duly admitted Fellows of the College:—

Anderson, Richard B., L.S.A., Delamere Crescent, Westbourne Terrace.
Bovill, Edward, James Street.
Buckley, Samuel, M.B. Lond., Crumpsall.
Chaffers, Edward, L.S.A., Keighley, Yorkshire.
Clark, Andrew, L.S.A., Old Burlington Street.
Furner, Willoughby, St. Bartholomew's Hospital.
Jalland, William H., L.R.C.P. Lond., Nottingham.
Lowne, Benjamin T., L.S.A., Colville Gardens, Notting Hill.
M'Carthy, Jeremiah, M.B. Lond., South Street.
M'Kellar, Alexander O., Royal Free Hospital.
Morris, Henry, M.B. Lond., Bedford Square.
Warner, Francis, M.B. Lond., Royal Hospital, Guildford.
Wiseman, John G., L.R.C.P. Lond., Ossett, Yorkshire.

Of the twenty-three candidates examined, ten failed to satisfy the Court of Examiners, and were referred to their professional studies for twelve months.

King and Queen's College of Physicians, Ireland.—At examinations recently held, the following gentlemen obtained licences in medicine and midwifery:—*Medicine:* Daniel Robert Alcock, John Henry Boxwell, Henry Eccles Evans, Arthur Benjamin Finny, William Greer, William M'Enery, John Richard Palmer, Luke Peacan, William Henry Warren. *Midwifery:* Daniel Robert Alcock, Henry Eccles Evans, Arthur Benjamin Finny, William M'Enery, Robert Spence, William Henry Warren.

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NOTICES TO CORRESPONDENTS.

Notice to Subscribers.—Gentlemen who have not paid their Subscriptions for the past year are respectfully reminded by the Publishers of the omission.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention

Contagious Diseases Acts.—We are requested to state, that a petition signed by 1,500 bishops and clergy of the Church of England in favour of the entire repeal of the Contagious Diseases Acts, was recently presented to Mr. Gladstone.

Abortion Mongers.—From an American exchange we learn that such is the impunity with which this practice is carried on in Stamboul, that a pharmacien absolutely has for his sign the representation of a foetus complete. A practitioner accused of this crime advocated in his defence the fact that he himself had invented an instrument for procuring abortion easily and satisfactorily.

Mr. W. C. Palmer.—Very important no doubt, but not suitable for our columns.

Dr. McG. C.—With scarcely an exception, those members of the Profession whose names had been fraudulently used in the publication "Whom to Consult," wrote us last year disavowing all knowledge of the same, and with you, we regret they did not at the same time insist upon the withdrawal of their names from such a wretched production. The effect being that the work is now most unblushingly circulated and advertised in every direction, the names and addresses of the most eminent in the Profession lending colour to respectability.

And still they come.—Another new *Medical* journal is to be launched this month, with, of course, the usual high sounding promises. Here are some extracts from its published prospectus, which show at a glance its aims and character. The Profession will doubtless be delighted with such a precious publication in the family circle:—

"Every ill and every remedy will be so classified, that it may be found in its proper place by even the most unlearned,—

"Is designed to supply a want long felt in every *family circle*,—

"The names and addresses of the leading authorities in all special branches of practice,"

which latter probably means the misappropriation of the names and addresses of a few of the most eminent in the Profession, to lend an air of respectability and a cover to deception for two or three quacks, or to men who should rightly be in that category, but who have unfortunately the shield of the "Medical Register" to cover them.

"ATTENDANCE UPON THE CLERGY."

To the Editor of the Medical Press and Circular.

Sir,—When I commenced practice I was led to believe that it was the custom for Medical practitioners to attend the clergy and their families gratis, and I have done so with a few exceptions, *i. e.*, midwifery cases, or where means were sufficiently apparent to render it quite uncalled-for. Some time ago I attended a clerical gentleman, at considerable inconvenience and loss of time, through a very serious illness, and when convalescent, I recommended change to the sea-side, and immediately afterwards I was waited on by a few of his parishioners, book in hand, for a subscription to enable him to pay a *locum tenens*, and carry out my recommendation. I did not remonstrate, although I considered it very sharp practice, but handed them the equivalent of a "fee," and it occurred to me after they left, that probably they were under the impression I was receiving the ordinary remuneration for my services, and, if so, might be excused.

Now, Sir, for future guidance, I would be glad if you or some of your numerous readers would kindly inform me, through your influential Journal, Does the above custom prevail universally amongst the Profession, or not? and oblige, Yours, &c.,

A Rural Surgeon.

[Amongst consulting surgeons and physicians it is the customary practice not to take a fee from a clergyman for advice, but we hold, that our correspondent is not justified in attending a clergyman's family gratuitously. Perhaps some of our provincial readers will favour "A Rural Surgeon" with their experience.—Ed.]

'DYTE *v.* THE ST. PANCRAS GUARDIANS" APPEAL FUND.

To the Editor of the Medical Press and Circular.

Sir,—Kindly allow me space for the appended list, and also to explain to the subscribers to the above fund, that the total subscriptions amounted to £152 8s. 6d., whilst the total of Mr. Dyte's expenses (law-costs of both sides being £234 17s. 4d.) were £288 2s. 6d. He is thus left with a loss of £135 14s., but desires me, whilst conveying his heartiest thanks to the kind friends who assisted him, to say that he does not intend to appeal further to their generosity.

I am, Sir, yours faithfully,

W. Bathurst Woodman, M.D., M.R.C.P.

6 Christopher Street, Finsbury Square, E.C.
June 19th, 1873.

Additional subscriptions (included in total):—Dr. Bush 10s.; Dr. Chaldecott, 10s.; Dr. Drew, 10s.; W. Fuller, Esq., 21s.; Dr. Head, 20s.; Dr. F. Hawthorn, 10s. 6d.; Dr. Howell, 21s.; Dr. Harley, 10s. 6d.; Dr. Hewitt, 21s.; Dr. T. J. Hughes, 10s. 6d.; H. Horton, Esq., 10s. 6d.; J. Jackson, Esq, 20s.; G. H. Macnamara, Esq., 10s.; Dr. Manisty, 10s.; F. Manning, Esq., 10s.; — Meadowscroft, Esq., 12s.; J. Milward, Esq., 10s. 6d.; R. Nason, Esq., 21s.; J. Noble, Esq., 21s.; W. Porter, Esq., 10s.; G. W. Popplewell, Esq., 10s.; T. Robinson, Esq., 10s. 6d.; Dr. Steer, 10s. 6d.; W. F. Teevan, Esq., 21s.; Dr. Stephen Ward, 21s.; Dr. Wilson, 21s.; F. Welch, Esq., 10s. 6d.; Dr. Woodman, 21s. Smaller sums, £2 8s. 6d.

Erratum.—In the Analysis of Well Water from Clontarf, published in our last, by Mr. Abbott, of the Dublin College of Science, the proportion of "Nitrogen in the form of Nitrates and Nitrites was stated as 7·1820, it should be 1·1820.

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VACANCIES.

Leeds. Medical Officer of Health. Salary £400 per annum. Applications to be addressed to the Town Clerk.

Tormoham District, Torquay. Medical Officer of Health. Salary £400 per annum. Applications to be addressed to the Town Clerk, Town Hall, Torquay.

Wandsworth Union, Surrey. Dispenser. Salary £120 per annum. Applications to be addressed to the Clerk, Union Offices, Clapham.

Liverpool Infirmary for Children. House-Surgeon. Salary £80 per annum, with board and residence. Address the Honorary Secretary.

Sheffield Public Hospital. Honorary Physician. Application to Dr. Hall.

Clayton Hospital. House-Surgeon. Salary £100 per annum, with residence, &c. Address the Hon. Sec.

Warwick and Rugby Rural Sanitary District. Medical Officer of Health. Salary £800 per annum. Applications to be addressed to Mr. H. C. Passman, Clerk to the authorities, Leamington.

Hexham District. Medical Officer of Health. Salary £300 per annum. Applications to Mr. John Stokoe, Hexham

Leeds Infirmary. House Physician. Salary £100 per annum, with board and residence. Address the Secretary.

Stamford Infirmary House-Surgeon. Salary £100, with board and residence.

Liverpool Eye Infirmary. House-Surgeon. Salary £80 per annum, with board and residence. Address Mr. Hornby, Tithebarn Street, Liverpool.

Bradford Infirmary. Physician. Honorary.

Wolverhampton Hospital. House-Governor and Secretary. Salary commencing at £150, with board, residence, and washing. Applications to the Chairman of the Board.

Glasgow. Barony Parish. Assistant Medical Officer and Dispenser for the Poor House and Asylum. Salary from £100 to £120, according to qualifications, with furnished residence, &c. (See advt.)

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APPOINTMENTS.

Adamson, J. G., M.D., Medical Officer, &c., for the Bellaghy Dispensary District of the Magherafelt Union, co. Londonderry.

Balfour, W. G., L.R.C.P.Ed., Resident Medical Superintendent of the Metropolitan Asylum District Asylum for Imbeciles, Haverstock Hill.

Courtenay, E. M., A.B., M.B., Medical Superintendent of the District Asylum, Limerick.

Finny, A., L.R.C.S.I., L.K.Q.C.P.I., Resident Registrar and Assistant-Surgeon to the County Down Infirmary, Downpatrick.

Grigg, W. C., M.D., M.R.C.P.L., Assistant-Physician to the Victoria Hospital for Sick Children, Chelsea.

Horsley, J., F.C.S., Public Analyst for the City of Gloucester.

Leonard, W., M.R.C.S.E., Resident Medical Officer and Secretary to the Chelsea, Brompton, and Belgrave Dispensary.

Neligan, J. W., M.B., L.R.C.S.I., Medical Officer, &c., for the Tralee Dispensary District of the Tralee Union.

Shearman, W. M., M.R.C.S.E., L.R.C.P., Medical Officer for the Swinton District of the Barton-upon-Irwell Union.

Spencer, L. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Longton or No. 5 District of the Preston Union.

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OPERATION DAYS AT THE LONDON HOSPITALS.

Wednesday, June 25.

Middlesex Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 2 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 2 p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
St. George's Hospital.—Ophthalmic Operations, 1½ p.m.
London Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Cancer Hospital.—Operations, 3 p.m.

Thursday, June 26.

St. George's Hospital.—Operations, 1 p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
University College Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Friday, June 27.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal South London Ophthalmic Hospital.—Operations, 2 p.m.
Central London Ophthalmic Hospital.—Operations, 2 p.m.

Saturday, June 28.

Hospital for Women, Soho square.—Operations, 9½ p.m.
Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 9 a.m. and 2 p.m.

Monday, June 30.

Royal Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
St. Mark's Hospital.—Operations, 2 p.m.
Metropolitan Free Hospital.—Operations, 2 p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.

Tuesday, July 1.

Royal Westminster Ophthalmic Hospital,—Operations, 1½ p.m.
Guy's Hospital.—Operations, 1½ p.m.
Westminster Hospital.—Operations, 2 p.m.
Throat Hospital.—Demonstration, 2½ p.m.
National Orthopædic Hospital.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.

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Marriages.

Barnards—Elmslie.—On the 17th inst., at Mr. Spurgeon's Tabernacle, T. J. Barnards, M.D., of Stepney, to Syrie, daughter of W. Elmslie, Esq., of Richmond Hill.

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Deaths.

Bursey.—On the 23rd of May, Henry Bursey, M.R.C.S.E., of Newbury, aged 54.

Empson.—On the 24th of May, C. F. Empson, L.R.C.P.Ed., of Darlaston.

Ferguson.—On the 14th of June, at Bath, P. B. Ferguson, M.D., formerly of Vere, Jamaica.

Hunter.—On the 22nd of May, W. F. Hunter, M.R.C.S.E., of Margate, aged 32.

Robinson.—On the 13th of June, suddenly, at Dorking, Chas. Robinson, F.R.C.S.Eng., F.R.C.P.Edin., late of Edgeware, aged 53.

Stewart.—On the 12th of June, Thomas A. Stewart, M.D., M.R.C.S.E., late Surgeon to the Plymouth Public Dispensary, aged 71.